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Meridians and Acupoints



INTERNATIONAL ACUPUNCTURE TEXTBOOKS

China Beijing International Acupuncture Training Center
Institute of Acupuncture and Moxibustion
China Academy of Chinese Medical Sciences

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International Acupuncture Textbooks



International
Acupuncture
Textbooks

Meridians and Acupoints

**Chief Editors: Zhu Bing
and Wang Hongcai**

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London and Philadelphia

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CHINA BEIJING INTERNATIONAL ACUPUNCTURE TRAINING CENTER

China Beijing International Acupuncture Training Center (CBIATC) was set up in 1975 at the request of the World Health Organization (WHO) and with the approval of the State Council of the People's Republic of China. Since its foundation, it has been supported and administered by WHO, the Chinese government, the State Administration of Traditional Chinese Medicine (SATCM) and the China Academy of Chinese Medical Sciences (CACMS). Now it has developed into a world-famous, authoritative training organization.

Since 1975, aiming to popularize acupuncture to the world, CBIATC has been working actively to accomplish the task, 'to perfect ways of acupuncture training and provide more opportunities for foreign doctors', assigned by WHO. More than 30 years' experience has created an excellent teaching team led by the academician, Professor Cheng Xinnong, and a group of professors. The multiple courses here are offered in different languages, including English, German, Spanish and Japanese. According to statistics, so far CBIATC has provided training in acupuncture, Tuina Massage, Traditional Chinese Medicine, Qigong, and so on for over 10,000 medical doctors and students from 106 countries and regions.

The teaching programmes of CBIATC include three-month and various short courses, are carefully and rationally worked out based on the individual needs of participants. Characterized by the organic combination of theory with practice, there are more than ten cooperating hospitals for the students to practice in. With professional teaching and advanced services, CBIATC will lead you to the profound and wonderful world of acupuncture.

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PREFACE

More than 2000 years ago, a Chinese doctor named Bianque saved the life of a crown prince simply with an acupuncture needle. The story became one of the earliest acupuncture medical cases and went down in history. It is perhaps since then that people have been fascinated by the mystery of acupuncture and kept on studying it. In 1975, at the request of the World Health Organization, an acupuncture school was founded in Beijing, China, namely the China Beijing International Acupuncture Training Center. As one of the sponsor institutions, the Center compiled a textbook of Chinese Acupuncture and Moxibustion for foreign learners, published in 1980 and reprinted repeatedly afterwards, which has been of profound, far-reaching influence. It has been adopted as a 'model book' for acupuncture education and examination in many countries, and has played a significant role in the global dissemination of acupuncture.

Today, with the purpose of extending this 'authentic and professional' knowledge, we have compiled a series of books entitled *International Acupuncture Textbooks* to introduce incisively the basic theories of Traditional Chinese Medicine (TCM) and acupuncture–moxibustion techniques, by building on and developing the characteristics of the original textbook of Chinese Acupuncture and Moxibustion; and presenting authoritatively the systematic teaching materials with concise explanation based on a core syllabus for TCM professional education in China.

In addition, just as the same plant might have its unique properties when growing in different geographical environments, this set of books may reflect, in its particular style, our experience accumulated over 30 years of international acupuncture training.

Zhu Bing and Wang Hongcai



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INTRODUCTION



I. BRIEF HISTORY

1. THE ORIGINS OF CHINESE ACUPUNCTURE AND MOXIBUSTION

Acupuncture and moxibustion, an important invention of the Chinese nation, originated as early as the clan commune period of primitive society. There is evidence of human activity in China about 1,700,000 years ago, and it was about 100,000 years ago that China entered the clan commune period, which lasted till 4,000 years ago. In the ancient literature there were many legends about the origins of acupuncture and moxibustion, such as Fu Xi's creation of therapeutic techniques with stone needles, and Huang Di's invention of acupuncture and moxibustion. The above-mentioned Fu Xi and Huang Di in legend are actually the representatives of the clan commune of primitive society.

In the classics of two thousand years ago, there were frequent mentions of acupuncture instruments made of stone, which was called 'Bian stone'. For example, in *Commentary on the Spring and Autumn Annals*, there is a paragraph in the historical records for 550 BCE saying 'Praise pleasant to hear that does an ill turn is worse than advice unpleasant to hear that acts like a stone.' Fu Qian in the second century explained that 'stone' here meant Bian stone. Quan Yuanqi, who lived around the fifth to sixth centuries pointed out:

Bian stone is an ancient appliance for external treatment and was known by three names: 1. needle stone; 2. Bian stone; 3. arrow-headed stone. In fact, they all refer to the same issue. Because there was no iron casting in ancient times, the needles were made of stone.

This correlates with the fact that stone instruments were extensively used in primitive society.

The primitive period in China was divided into two eras – the Old Stone Age (from remote antiquity to 10,000 years ago) and the New Stone Age (from 10,000 to 4,000 years ago). By the time of the Old Stone Age, ancient peoples had acquired the techniques of using stone knives and scrapers to incise an abscess, drain pus, and let Blood out for therapeutic purposes. Meanwhile, experience in treating the spectrum of diseases by Bian stone was gradually enriched. In the New Stone Age, because of the increased knowledge of how to work stone, ancient people were able to make use of Bian stone as a special tool for more medical purposes. A Bian stone needle 4.5 cm long was discovered in the New Stone Age ruins in Duolun County of Inner Mongolia in China. At one end, it is oval shaped, with a semicircular edge used for incising boils and abscesses; and at the other end, it is pyramid shaped,



with a square base used for bloodletting. Two more Bian stones were discovered as funerary objects in a late New Stone Age grave in Rizhao County of Shandong Province. They are 8.3 cm and 9.1 cm in length respectively, with three-edged and cone-shaped ends used for bloodletting and regulating Qi circulation. The relics of Bian stone that have been discovered have provided powerful evidence that acupuncture originated early in primitive society.

According to the records in *Plain Questions*:

The treatment with Bian stone needle originated in the East coast of China where the inhabitants lived by fishing, and moxibustion originated in the North where the people subsisted on animal husbandry. Because it was Cold and windy in the northern areas, people had to warm themselves by Fire. Living in camps and subsisting on milk, they easily suffered from abdominal pain and distention by Cold, appropriately treated by Heat. Through long-term accumulation of experience, moxibustion therapy and hot compression were created.

2. THE ACADEMIC ACCOMPLISHMENTS OF ANCIENT ACUPUNCTURE AND MOXIBUSTION

From the twenty-first century BCE, when China became a slave society, to 476 BCE, Chinese history encompassed the Xia, Shang and Western Zhou dynasties and the Spring and Autumn period. Three thousand years ago in the Shang dynasty, hieroglyphs of acupuncture and moxibustion appeared in inscriptions on bones and tortoise shells. Because of the development of bronze-casting techniques bronze medical needles appeared. But Bian stone was still used as the main tool for treating diseases. During this period the philosophical thinking of Yin–Yang and the Five Elements was formed, and in the field of medicine the ancient physicians had a preliminary understanding of pulse, Blood, Body Fluid, Qi, Shen (manifestations of vitality), Essence, five sounds, five colours, five flavours, six Qi, eight winds, etc., as well as the ideology of the relevant adaptation of the human body to the natural environment, thus germinating the seeds of the basic theory of Traditional Chinese Medicine.

The Warring States period (475 BCE – 221 BCE) through to the Qin dynasty (221 BCE – 207 BCE), to the Western Han dynasty (206 BCE – AD 24), was a period during which the feudal system in China was established and strengthened. With the introduction and application of iron instruments, Bian stone needles were replaced by Metal medical needles. This broadened the field of acupuncture practice, bringing forward the development of acupuncture by leaps and bounds. As recorded in the book *Miraculous Pivot*, there were nine kinds of metallic needles at that time with different shapes and usage. They are called the nine needles and included

needles for puncturing, surgical incision and massage. In 1968, in Mancheng County, Hebei Province, an ancient tomb of the Western Han dynasty dating from 113 BCE was excavated. Among the relics found there were four golden needles and five decaying silver ones. These discoveries demonstrate the original shapes of the ancient needles. The doctors of this period treated diseases with multiple techniques. For example, the famous doctor Qin Yueren (or Bian Que), who lived in about the fifth to fourth century BCE, had a good command of medical knowledge in various clinical branches: he treated patients by needling, moxibustion, herbal decoction, massage and hot compression. In particular, he rescued a critically ill prince through the use of acupuncture, and this story went down in history. Another famous doctor, Chunyu Yi, of the second century BCE was good at acupuncture-moxibustion and herbal treatment. There is an account of his case reports of 25 patients in the book *Historical Records*, in which four cases were treated by acupuncture and moxibustion.

In the Warring States period, ancient doctors began to generalize about and summarize medicine and pharmacology, and writings on acupuncture and moxibustion appeared. Two silk scrolls recording meridians and collaterals written in the third century BCE were discovered in the excavation of the No.3 Han Tomb at Mawangdui, Hunan Province, which reflected the earliest description of the theory of meridians and collaterals. The book *Huangdi's Internal Classic* went on to become a medical classic concerning the theory of Traditional Chinese Medicine, with its authorship ascribed to the ancient Emperor Huang Di. It is made up of two parts: *Miraculous Pivot*, (also known as *Huangdi's Canon of Acupuncture*) and *Plain Questions*. On the basis of previous literature, it takes the theories of Yin–Yang, Five Elements, Zang Fu, meridians and collaterals, mentality and spirit, Qi and Blood, Body Fluid, the five emotions and the six exogenous pathogenic factors as the fundamental body of knowledge in Traditional Chinese Medicine, and acupuncture and moxibustion as the main therapeutic technique; it explained the physiology and pathology of the human body, the principles of diagnosis, the prevention and treatment of diseases from a non-religious perspective, the holistic conception, the understanding of development and change, and the relationship between the human body and the natural environment. This laid the theoretical foundation for Chinese medicine and pharmacology, including acupuncture and moxibustion. During this period the books *Huangdi's Canon of Eighty-One Difficult Problems* and *Essentials of Points, Acupuncture and Moxibustion* also appeared, both relating to the fundamental theories of acupuncture and moxibustion, but the latter has since been lost.

From the Eastern Han dynasty (AD 25–220) to the Three Kingdoms period (220–265), further generalizations and summarization of Traditional Chinese Medicine and pharmacology were made. Many famous doctors paid great attention to the study of acupuncture and moxibustion. For example, Hua Tuo who was the pioneer in applying herbal anesthesia in surgical operations only selected one to

two points in acupuncture treatment and took much notice of the propagation of the needling sensation. The authorship of the *Canon of Moxibustion and Acupuncture Preserved in Pillow* (now lost) was ascribed to him. The outstanding medical doctor Zhang Zhongjing also mentioned the methods of acupuncture, moxibustion, Fire needling, warm needling, etc. in his book *Treatise on Febrile and Miscellaneous Diseases*. He put much stress on combining acupuncture with medicinal herbs, as well as applying the treatment according to the differentiation of symptom complex.

During this period the basic theories of acupuncture and moxibustion had already been formed, but the locations and names of acupuncture points were neither unified nor systemized. A bamboo scroll containing medical information from the Eastern Han dynasty, which was excavated from Wuwei County in Gansu Province, mistook Zusanli (ST36) as being located 'five cun below the knee'. Hua Tuo located Back-Shu points as '1 cun bilaterally along the spine', with great differences in the locations and names of points when compared with other books. Because the earliest acupuncture books contained mistakes and differences, and were missing information, the famous medical doctor Huangfu Mi compiled the book *Systematic Classic of Acupuncture and Moxibustion* in 256–260 AD by collecting together material on acupuncture and moxibustion from the ancient books *Plain Questions*, *Canon of Acupuncture* and *Essentials of Points, Acupuncture and Moxibustion*. The book consists of 12 volumes with 128 chapters, including 349 acupuncture points. He edited and arranged the contents in the following order: the theories of Zang Fu, Qi and Blood, meridians and collaterals, acupuncture points, pulse diagnosis, and manipulating techniques of acupuncture and moxibustion and their clinical application in various branches of medicine. This is the earliest exclusive and systemized book on acupuncture and moxibustion and has been one of the most influential works in the history of acupuncture and moxibustion.

During the Jin dynasty and the Northern and Southern dynasties (265–581), the upheavals of war caused chaos. Acupuncture and moxibustion therapy was favoured by physicians because of its convenience in times of turmoil, and the majority of Chinese people also knew something about moxibustion therapy. The famous doctor Ge Hong wrote the book *Prescriptions for Emergencies* to popularize medical knowledge, especially the therapeutic methods of acupuncture and moxibustion. From the Jin dynasty to the Northern and Southern dynasties, Xu Xi's family were, for several generations, expert in the art of healing, including family members Xu Qifu, Xu Wenbo and Xu Shuxiang, all well known in the history of acupuncture and moxibustion. In this period there appeared an increasing number of monographs on acupuncture and moxibustion, as well as charts of acupuncture points, such as *Acupuncture Chart from Lateral and Posterior Views* and *Diagrams of Meridians and Points*.

During the Sui (581–618) and Tang dynasties (618–907), China experienced the economic and cultural prosperity of the feudal society. The science of

acupuncture and moxibustion was also fully developed. The famous physician Zhen Quan and his contemporary Sun Simiao both had a good command of the knowledge of Traditional Chinese Medicine and made deep studies of acupuncture and moxibustion. In the years around 627–649, the Tang government ordered Zhen Quan and others to revise the books and charts of acupuncture and moxibustion. Sun Simiao compiled *Prescriptions Worth a Thousand Gold for Emergencies* (650–652), and *A Supplement to the Prescriptions Worth a Thousand Gold* (680–682), in which a great deal of the clinical experience in the acupuncture treatment of various schools was collected. He also designed and created *Charts of Three Views*, in which ‘the twelve main meridians and the eight extra meridians were illustrated in various colours, and there were altogether 650 points.’ These were the earliest multicoloured charts of meridians and points, but unfortunately were lost. In addition, Yang Shangshan of the Tang dynasty compiled *Acupuncture Points in Internal Classic*, which revised the relevant contents of *Internal Classic*; Wang Tao wrote the book *The Medical Secrets of An Official*, in which a range of moxibustion methods from various schools was recorded. During this period there also appeared monographs on the treatment of special diseases; for example, the book *Moxibustion Method for Consumptive Diseases* written by Cui Zhidi, in which the moxibustion treatment of tuberculosis was described. It has been established that the earliest block-printed edition of acupuncture and moxibustion was *A New Collection of Moxibustion Therapy for Emergency*, which appeared in the year 862, giving a description of moxibustion therapy for emergencies.

By the seventh century, acupuncture and moxibustion had already become a special branch of medicine, and those specialized in this field were entitled ‘acupuncturists and moxibustionists’. During the Tang dynasty the Imperial Medical Bureau responsible for medical education was divided into four departments of medical specialities and one department of pharmacology. The department of acupuncture was one of these, in which there was one professor of acupuncture, one assistant professor, 10 instructors, 20 technicians and 20 students. The acupuncture professor was in charge of teaching the students on issues such as the meridians, collaterals and acupuncture points, pulse diagnosis, and manipulating methods of needling.

In the Five dynasties (907–960), Liao dynasty (916–1125), Song dynasty (960–1279), Jin dynasty (1115–1234) and Yuan dynasty (1206–1368), the extensive application of printing techniques greatly promoted the accumulation of medical literature and speeded up the dissemination and development of Chinese medicine and pharmacology. Supported by the Northern Song government, the famous acupuncturist Wang Weiyi revised the locations of the acupuncture points and their related meridians, and made a supplement to the indications of acupuncture points. In 1026, he wrote the book *Illustrated Manual on the Points for Acupuncture*

and *Moxibustion on a New Bronze Figure*, which was block printed and published by the government. In 1027, two bronze figures designed by Wang Weiyi were manufactured, with the internal organs set inside and the meridians and points engraved on the surface for visual teaching and examination. These achievements and measures promoted the unification of the theoretical knowledge of acupuncture points and meridians.

The famous acupuncturist Wang Zhizhong of the Southern Song dynasty wrote the book *Canon on the Origin of Acupuncture and Moxibustion*, in which he laid stress on practical experiences, including folk experiences, which exerted a great influence on later generations. The famous doctor Hua Shou of the Yuan dynasty did textual research on the pathways of meridians and collaterals, as well as their relationship with acupuncture points, and in 1341 he wrote the book *Exposition of the Fourteen Meridians*, which further developed the theory of meridians and acupuncture points.

In this period there were plenty of famous doctors who were good at acupuncture and moxibustion. Some of them laid emphasis on the theory and technique of a particular aspect, thus forming different branches of acupuncture and moxibustion. For example, the publication of books such as *Canon of Acupuncture and Moxibustion for Children's Diseases* (now lost), *Moxibustion Methods for Emergencies*, and *The Secret of Moxibustion for Abscess and Ulcer* and so on, showed the deep development of acupuncture and moxibustion into various branches of the clinic. Xi Hong of the early Southern Song dynasty, who was from a famous acupuncturist family, particularly stressed the manipulating technique of acupuncture, and his contemporary Dou Cai wrote a book entitled *Bian Que's Medical Experiences*, in which he highly praised scorching moxibustion, and even gave a general anesthesia to avoid pain while applying scorching moxibustion. At the same time, Yang Jie and Zhang Ji observed autopsies, and advocated selecting acupuncture points in the light of anatomical knowledge. He Ruoyu and Dou Hanqin of the Jin and Yuan dynasties suggested that acupuncture points should be selected according to Ziwu liuzhu (Chinese two-hour time on the basis of Heavenly Stems and Earthly Branches).¹

In the Ming dynasty (1368–1644) acupuncture and moxibustion reached a pinnacle as many problems were studied deeper and more broadly. There were an increasing number of famous doctors specializing in this field. Chen Hui of the early stage of Ming dynasty, Ling Yun of the middle stage, and Yang Jizhou of the later stage, were all widely known in China, and exerted a tremendous influence upon the development of acupuncture and moxibustion. The main accomplishments in the Ming dynasty were as follows:

1 Each 24-hour period is divided into two-hour periods, each of which relates to a different organ and meridian system.

1. The extensive collection and revision of the literature of acupuncture and moxibustion, e.g. the chapter of acupuncture and moxibustion in the book *Prescriptions for Universal Relief* (1406); *A Complete Collection of Acupuncture and Moxibustion* by Xu Feng in the fifteenth century; *An Exemplary Collection of Acupuncture and Moxibustion* by Gao Wu in 1529; the *Compendium of Acupuncture and Moxibustion* in 1601 based on Yang Jizhou's work; *Six Volumes on Acupuncture Prescriptions* by Wu Kun in 1618; and *An Illustrated Supplement to Systematic Compilation of the Internal Classic* by Zhang Jiebin in 1624, etc. All these works were the summarization of the existing literature on acupuncture and moxibustion down the ages.
2. Studies of the manipulating methods of acupuncture. On the basis of a single manipulation of acupuncture, more than 20 kinds of compound manipulation were developed, and an academic debate occurred about different manipulation methods. *Questions and Answers Concerning Acupuncture and Moxibustion* by Wang Ji in 1530 was the representative work summarizing that academic dispute.
3. Development of warm moxibustion using a moxa stick from burning moxibustion using a moxa cone.
4. Sorting out of the previous records of acupuncture sites located away from the fourteen meridians and the formation of a new category of extra points.

From the establishment of the Qing dynasty to the Opium War (1644–1840), medical doctors regarded herbal medication as being superior to acupuncture, and therefore the practice of acupuncture and moxibustion gradually fell into decline. In the eighteenth century Wu Qian and his collaborators compiled the book *Golden Mirror of Medicine* under Imperial Order. In this book the chapter 'Essentials of Acupuncture and Moxibustion in Verse' took the practical form of rhymed verse with illustrations. Li Xuechuan compiled *The Source of Acupuncture and Moxibustion* (1817), in which the selection of acupuncture points according to the differentiation of syndromes was emphasized, acupuncture and herbal medication were stressed equally, and the 361 points on the fourteen meridians were systematically listed. Besides these books, there were many other publications, but none of them was influential. In 1822, the authorities of the Qing dynasty permanently abandoned the acupuncture-moxibustion department of the Imperial Medical College because 'acupuncture and moxibustion are not suitable to be applied to the Emperor.'

3. MODERN DECLINE AND THE NEW LIFE OF ACUPUNCTURE AND MOXIBUSTION

Following the Opium War in 1840, China declined into a semifeudal and semicolonial society. The Revolution of 1911 ended the rule of the Qing dynasty, but the broad masses of Chinese people were in deep distress until the founding of New China, and acupuncture and moxibustion were also disregarded. The introduction of Western medicine to China should have been of benefit, but unfortunately colonisers used it as a medium for aggression. They claimed that ‘Western medicine is the vanguard of Christianity, and Christianity is the forerunner of promoting the sale of goods.’ To such ends, the colonizers denounced and deprecated Chinese traditional medicine, and even defamed acupuncture and moxibustion as medical torture, calling the acupuncture needle a ‘deadly needle’. From 1914, the reactionary government of China continuously preached against traditional medicine and adopted a series of measures to restrict its development, resulting in a decline of Chinese traditional medicine including acupuncture and moxibustion.

However, because of the great need of the Chinese people for medical care, acupuncture and moxibustion got its chance to spread among the masses. Many acupuncturists made unstinting efforts to protect and develop this great medical legacy by founding acupuncture associations, publishing books and journals on acupuncture, and launching correspondence courses to teach acupuncture. Among those acupuncturists, Cheng Dan’an made a particular contribution. In this period, in addition to inheriting the techniques of traditional acupuncture and moxibustion, they attempted to explain the theory of acupuncture and moxibustion in terms of modern science and technology. In 1899, Liu Zhongheng wrote a book entitled *Illustration of the Bronze Figure with Chinese and Western Medicine*, paving the way for the study of acupuncture through a combination of traditional Chinese and Western medicine in the context of the history of acupuncture. In 1934 *The Technique and Principles of Electro-acupuncture* and the *Study of Electro-acupuncture* written by Tang Shicheng *et al.* initiated the use of electro-acupuncture in China.

During this period, acupuncture and moxibustion gained a new life in the revolutionary area led by the Communist Party of China. In October of 1944, after Chairman Mao Zedong made a speech on the ‘United Front of Cultural Work’ at the meeting of the cultural and educational workers in the Shanxi-Gansu-Ningxia border region, many medical doctors who were trained in Western medicine began to learn and to do research work on acupuncture and moxibustion, and to spread its use in the army of the base area. In April 1945, an acupuncture clinic was opened in the International Peace Hospital in the name of Dr Norman Bethune in Yan’an. This was the first time that acupuncture and moxibustion was practised in a general hospital. In 1947, the Health Department of Jinan Military Area Command compiled and published *Practical Acupuncture and Moxibustion*, and an acupuncture

training course was sponsored by the health school affiliated to the Health Bureau of the People's Government in Northern China in 1948. All these efforts were like seeds spread over the liberated area of China and promoted the understanding of acupuncture and moxibustion by Western medical doctors.

4. THE REJUVENATION OF ACUPUNCTURE AND MOXIBUSTION IN NEW CHINA

Since the founding of the People's Republic of China, the Chinese Communist Party has paid great attention to its medical heritage and has developed the legacy of Traditional Chinese Medicine and pharmacology. In 1950 Chairman Mao Zedong adopted the important policy of uniting the doctors of Western and traditional schools; in the same year, Comrade Zhu De wrote an inscription for the book *New Acupuncture*, pointing out that:

Chinese acupuncture treatment has a history of thousands of years. It is not only simple and economical, but also very effective for many kinds of diseases. So this is the science. I hope that the doctors of both Western and traditional schools can unite for the further improvement of its technique and science.

Comrade Deng Xiaoping contributed to the book *Newly Compiled Acupuncture* with the following statement: 'It is an important job for us to critically assimilate and systematize our multifarious scientific legacies.' With the support and concern of party and government leaders, authorities of different levels thus took a series of measures to develop the cause of Chinese medicine and acupuncture and moxibustion were thereby popularized and promoted in an unprecedented way.

July 1951 saw the setting up of the Experimental Institute of Acupuncture-Moxibustion Therapy affiliated directly to the Ministry of Public Health, which then went on to become the Institute of Acupuncture and Moxibustion attached to the Academy of Traditional Chinese Medicine in 1955. Since then, research organizations of Traditional Chinese Medicine and pharmacology at provincial, municipal and autonomous regional levels have been set up one after the other, including research divisions of acupuncture and moxibustion. In some other provinces and cities, institutes of acupuncture and moxibustion have also been established. There are teaching and research groups of acupuncture and moxibustion in every college of Traditional Chinese Medicine, and in some of the colleges departments of acupuncture and moxibustion have been founded. In many city hospitals special clinical departments of acupuncture and moxibustion have also been set up. Acupuncture and moxibustion have been carried out even in commune hospitals. Furthermore, many institutions and colleges of Western medicine have

included acupuncture and moxibustion in the curriculum and taken them as a scientific research topic.

Applying and exploring modern scientific knowledge in the context of traditional acupuncture and moxibustion is the prominent characteristic of present-day research on acupuncture and moxibustion. In the early 1950s, the main work was to systematize the basic theory of acupuncture and moxibustion, in order to observe its clinical indications, and to make a systematic exposition of acupuncture and moxibustion with modern methods. From the late 1950s to the 1960s, the following were carried out:

- a deep study of the ancient literature
- extensive summarization of the clinical effect on various diseases
- propagation of acupuncture anesthesia in clinical use
- experimental research to observe the effect of acupuncture and moxibustion upon the functions of each system and organ.

From the 1970s up until the present day, investigations have been carried out on:

- the mechanism of acupuncture anesthesia and acupuncture analgesia from the viewpoints of operative surgery, anesthesiology, neuroanatomy, histochemistry, analgesia physiology, biochemistry, psychology and medical electronics
- the phenomena and nature of the meridians from the viewpoint of propagated acupuncture sensation and other aspects
- the relationship between acupuncture points and needling sensation, and between acupuncture points and Zang Fu organs.

At this point in history, Chinese accomplishments in acupuncture and moxibustion research, in knowledge of its clinical effects and in theoretical research using modern scientific methods mean that China leads the world in this field.

II. THE DISSEMINATION OF ACUPUNCTURE AND MOXIBUSTION TO THE WORLD

In the sixth century, acupuncture and moxibustion were introduced to Korea. The Emperor Liangwu sent medical doctors and craftsmen to Baiji in AD 541, and the Xinluo royal court of Korea in AD 693 gave the title of Acupuncture Professor to those who taught acupuncture students. It was also in the sixth century that



acupuncture and moxibustion were passed on to Japan. The Chinese government presented the book *Canon of Acupuncture* to the Mikado of Japan in AD 552, and Zhi Cong of Wu County brought *Charts of Acupuncture and Moxibustion* and other medical books to Japan. In the seventh century, the Japanese government sent many doctors to China to study Chinese medicine, and in AD 702 the Japanese government issued an Imperial Order to imitate the medical educational system of the Chinese Tang dynasty and set up a speciality in acupuncture and moxibustion. Since the introduction of Chinese acupuncture and moxibustion to Japan and Korea, acupuncture and moxibustion have been regarded as an important part of their traditional medicine and have been handed down ever since.

Acupuncture and moxibustion were also disseminated to Southeast Asia and the continent of India. In the sixth century, Mi Yun from Dun Huang of Gansu Province introduced Hua Tuo's therapeutic methods and prescriptions to Daochang State of North India. In the fourteenth century, Chinese acupuncturist Zou Yin went to Vietnam to treat Vietnamese nobles, and he was given the title of Magi Doctor. Acupuncture and moxibustion then began to be introduced to Europe in the sixteenth century. Later more and more people engaged in the use of acupuncture and moxibustion, and France made an early contribution to spreading this therapy through Europe.

Since the founding of the People's Republic of China in 1949, the propagation of acupuncture and moxibustion to the world has accelerated. In the 1950s, China offered assistance to former Soviet Union and other Eastern European countries in the training of acupuncturists. Since the establishment of three International Acupuncture Training Courses at Beijing, Shanghai and Nanjing in 1975, thousands of acupuncturists have been trained from many countries and regions. At this point, more than one hundred countries have had acupuncturists, and in some countries teaching and scientific research on acupuncture and moxibustion have been carried out with highly satisfactory results. Since its founding in 1979, the All-China Association of Acupuncture and Moxibustion has strengthened its connections and exchanges with corresponding academic organizations in various countries; and China will continue to increase its contributions to the international development of acupuncture and moxibustion.



CHAPTER

1

**THE MERIDIANS AND
COLLATERALS**



I. INTRODUCTION

The meridians and collaterals are pathways in which the Qi and Blood of the human body are circulated. They pertain to the Zang Fu organs internally and also extend over the exterior of the body, forming a network and linking the tissues and organs into an organic whole. The meridians, which constitute the main trunks, run longitudinally and internally within the body; while the collaterals, which represent branches of the meridians, run transversely and superficially from the meridians. They are collectively termed 'Jingluo' (meridians and collaterals) in Traditional Chinese Medicine. This system of meridians and collaterals includes the twelve main meridians, eight extra meridians, fifteen collaterals, twelve divergent meridians, twelve muscle regions and twelve cutaneous regions.

It is said in *Miraculous Pivot* that 'internally, the twelve main meridians connect with the Zang Fu organs, and externally with the joints, limbs and other superficial tissues of the body.' The meridians and collaterals are distributed both internally and externally over the body, transporting Qi and Blood to nourish the Zang Fu organs, skin, muscles, tendons and bones. Normal functioning of various organs is thus ensured, and a relative equilibrium maintained. It is also stated in *Miraculous Pivot* that:

So important are the meridians and collaterals which determine life and death in the treatment of all diseases and the regulation of deficiency and excess conditions that one must gain a thorough understanding of them.

The importance of studying the theory of meridians and collaterals can indeed, never be over-emphasized.

The theory of meridians and collaterals was systematized by the Ancient Chinese people as a result of extensive clinical practice. Its formation was based on the observation of the symptoms and signs of diseases and the transmission of needling sensations, and the application of Tuina (Chinese remedial massage), Daoyin (ancient deep-breathing exercises), and ancient anatomical knowledge. Just like the other basic Traditional Chinese Medical theories, such as that of the Zang Fu organs, of Qi and Blood, etc., the theory of meridians and collaterals is of great significance in guiding diagnosis and treatment in Traditional Chinese Medicine, and acupuncture in particular.



II. THE COMPOSITION OF THE SYSTEM OF THE MERIDIANS AND COLLATERALS

The system includes: the twelve main meridians, the eight extra meridians and those subordinate to the twelve main meridians, the twelve divergent meridians, the twelve muscle regions, the twelve cutaneous regions; the system of the collaterals includes the fifteen collaterals, the minute collaterals and superficial collaterals. The composition of the system of the meridians and collaterals is shown in Figure 1.1.



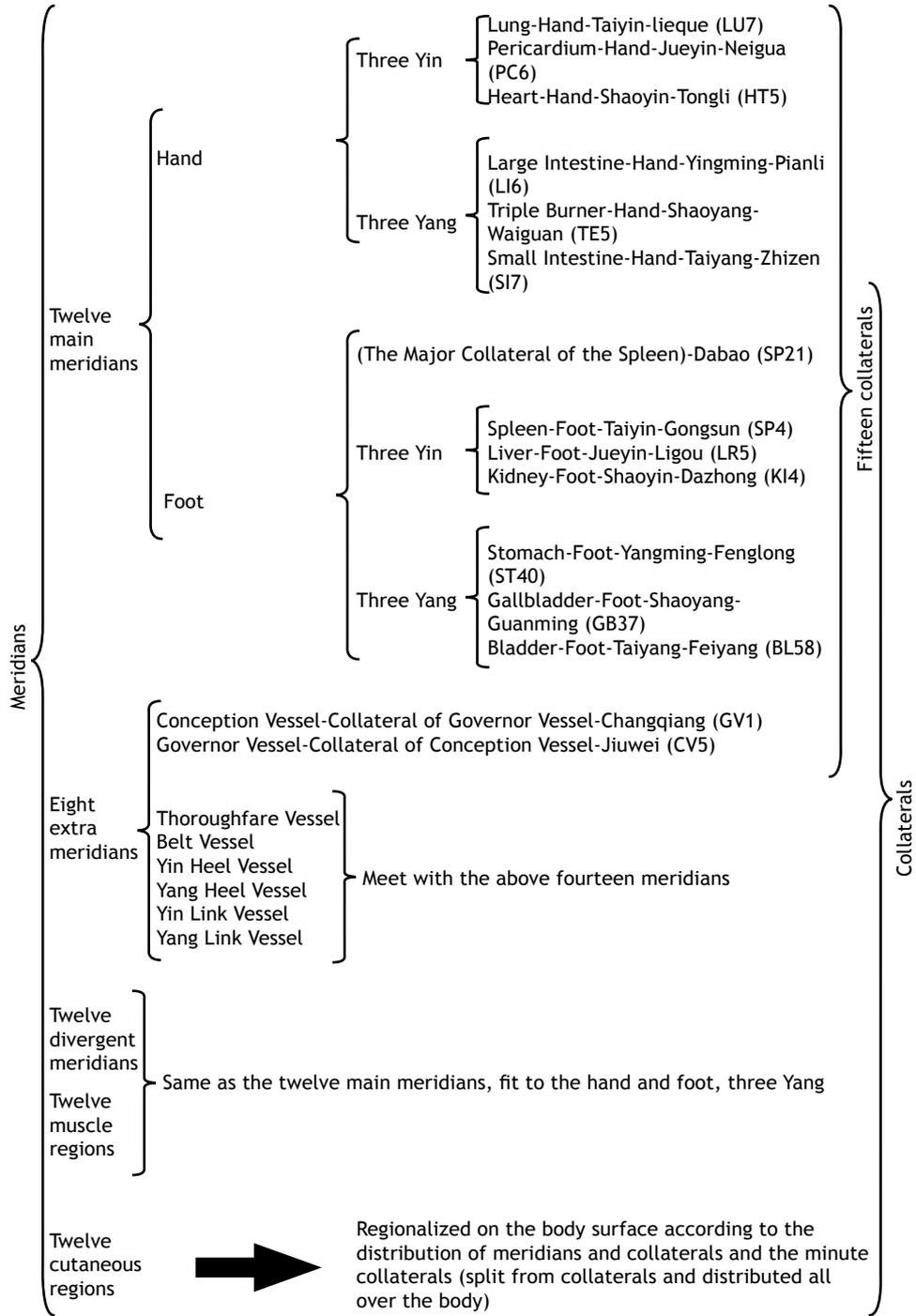


Figure 1.1: Classification of meridians and collaterals

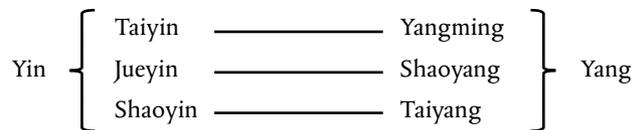
1. THE NOMENCLATURE OF THE MERIDIANS AND COLLATERALS

The twelve main meridians include:

- the three Yin meridians of the hand (the Lung Meridian of Hand-Taiyin, the Pericardium Meridian of Hand-Jueyin and the Heart Meridian of Hand-Shaoyin)
- the three Yang meridians of the hand (the Large Intestine Meridian of Hand-Yangming, the Triple Burner Meridian of Hand-Shaoyang and the Small Intestine Meridian of Hand-Taiyang)
- the three Yang meridians of the foot (the Stomach Meridian of Foot-Yangming, the Gallbladder Meridian of Foot-Shaoyang and the Bladder Meridian of Foot-Taiyang), and
- the three Yin meridians of the foot (the Spleen Meridian of Foot-Taiyin, the Liver Meridian of Foot-Jueyin and the Kidney Meridian of Foot-Shaoyin).

They are called the ‘twelve main meridians’ because they are the major trunks in the system.

The nomenclature of the twelve main meridians is based on the following three factors: hand or foot, Yin or Yang, and a Zang or a Fu organ. Both the upper limbs (hands) and lower limbs (feet) are divided into six regions, which are supplied respectively by the three Yin (Taiyin, Shaoyin and Jueyin) and three Yang (Yangming, Taiyang and Shaoyang) meridians. There exists an external–internal relationship between the three Yin and three Yang meridians:



In accordance with the fact that the Zang organs pertain to Yin, the Fu organs to Yang, and the medial aspect is attributed to Yin and the lateral aspect to Yang, the meridians that pertain to the Zang organs are Yin meridians, which are mainly distributed on the medial aspect of the four limbs. Those distributed on the medial aspect of the upper limbs are three Yin meridians of the hand; while those distributed on the medial aspect of the lower limbs are three Yin meridians of the foot.

The meridians that pertain to the Fu organs are Yang meridians, which mainly travel along the lateral aspect of the four limbs. Those travelling along the lateral aspect of the upper limbs are three Yang meridians of the hand; while those along the lateral aspect of the lower limbs are the three Yang meridians of the foot.



The eight extra meridians, different from the twelve main meridians, are called the 'extra meridians' for short. Their nomenclature is explained as follows:

- Du means 'governing'. Running along the midline of the back, the Dumai (Governor Vessel) governs all the Yang meridians.
- Ren means 'fostering and responsibility'. Going along the midline of the abdomen, the Renmai (Conception Vessel) is responsible for all the Yin meridians.
- Chong means a vital pass. As it regulates the flow of Qi and Blood in the twelve regular meridians, the Chongmai (Thoroughfare Vessel) is called 'the sea of the twelve primary meridians'.
- Dai means a girdle. The Daimai (Belt Vessel) goes around the waist, binding up all the meridians.
- Qiao means the heel. The meridian starting from below the external malleolus is the Yangqiaomai (Yang Heel Vessel), while the one starting from below the internal malleolus is the Yinqiaomai (Yin Heel Vessel).
- Wei denotes connection and network.
- The Yangweimai (Yang Link Vessel) connects and networks the external Yang of the whole body, while the Yinweimai (Yin Link Vessel) connects and networks the internal Yin of the whole body.

In addition, the twelve divergent meridians are those going out from the main meridians, and the fifteen collaterals are branches arising from the main meridians. Connected with their own relating main meridians, the twelve muscle regions and cutaneous regions of the twelve main meridians are named after the hand or foot, with three Yin or three Yang respectively as well.

2. THE DISTRIBUTION OF THE FOURTEEN MERIDIANS

The twelve main meridians together with the Governor Vessel and Conception Vessel are called 'the fourteen meridians'. The twelve main meridians are distributed symmetrically at the left and right sides of the body. Both the Governor Vessel and the Conception Vessel emerge from the perineum, and ascend respectively along the midlines of the back and front of the body.

2.1 Distribution in the limbs

The medial aspect of the limbs attributes to Yin, the lateral to Yang. Each limb is supplied by the three Yin and three Yang meridians. On the upper limbs:

- the anterior border of the medial aspect and the radial end of the thumb are supplied by the Meridian of Hand-Taiyin
- the middle of the medial aspect and the radial end of the middle finger by the Meridian of Hand-Jueyin
- the posterior border of the medial aspect and the radial end of the small finger by the Meridian of Hand-Shaoyin, while
- the Meridian of Hand-Yangming goes from the radial end of the index finger to the anterior border of the lateral aspect
- the Meridian of Hand-Shaoyang from the ulnar end of the ring finger to the middle of the lateral aspect
- the Meridian of Hand-Taiyang from the ulnar end of the small finger to the posterior border of the lateral aspect.

On the lower limbs:

- the anterior border of the lateral aspect and the lateral end of the second toe are supplied by the Meridian of Foot-Yangming
- the middle of the lateral side and the lateral end of the fourth toe by the Meridian of Foot-Shaoyang
- the posterior border of the lateral aspect and the lateral end of the little toe by the Meridian of Foot-Taiyang, while
- the Meridian of Foot-Taiyin runs from the medial end of the great toe to the middle of the medial aspect of the lower limb and further goes round to its anterior border
- the Meridian of Foot-Jueyin goes from the lateral and of the great toe to the anterior border of the medial aspect of the lower limb and further shifts to the middle, and
- the Meridian of Foot-Shaoyin starts under the little toe, crosses the sole and further goes along the posterior border of the medial aspect of the lower limb.

2.2 Distribution in the body trunk

In the thoracic and abdominal regions, the Conception Vessel is situated on the midline:

- the first line lateral to it is the Kidney Meridian of Foot-Shaoyin
- the second lateral line is the Stomach Meridian of Foot-Yangming, and



- the Lung Meridian of Hand-Taiyin and the Spleen Meridian of Foot-Taiyin correspond to the third line
- the Gallbladder Meridian of Foot-Shaoyang is located at the lateral side of the hypochondrium and the lumbar region, while
- the Liver Meridian of the Foot-Jueyin is in the region of the anterior external genitalia and hypochondrium.

On the back, the Governor Vessel stays in the middle, while both the first and second lines lateral to the Governor Vessel are the Bladder Meridian of Foot-Taiyang.

2.3 Distribution in the hand, face and neck

The Yangming Meridians of Hand and Foot run in the facial region, and the Shaoyang Meridians of Hand and Foot travel in the lateral aspect of the head. The Governor Vessel goes along the midline of the neck and head, while the Bladder Meridian of Foot-Taiyang runs on both sides of the Governor Vessel.

Among the twelve main meridians, the Yin meridians pertaining to the Zang organs communicate with the Fu organs, while the Yang meridians pertaining to the Fu organs communicate with the Zang organs, thus forming an external–internal relation between Yin and Yang, the Zang and Fu organs. The Zang organs (the Lungs, Heart and Pericardium) that are situated in the chest are connected with the Yin meridians of the hand, while those in the abdomen (the Spleen, Liver and Kidneys) are linked with the Yin meridians of the foot. The six Fu organs, however, are related to Yang meridians in accordance with their respective external–internal relations.

All three Yang meridians of the hand and foot traverse the head and facial regions. In this way, between the twelve main meridians and the head, face, chest and abdomen a specific relationship is established. *Miraculous Pivot* states:

The three Yin meridians of the hand go from the chest to the hand; the three Yang meridians of the hand run from the hand to the head; the three Yang meridians of the foot travel from the head to the foot; and the three Yin meridians of the foot go from the foot to the abdomen.

The meridians of the hand and foot are connected with each other, forming a continuous circulation of Yin and Yang.

Not only do the twelve main meridians have their fixed courses, but they also cross at given places as follows:

- the Yin meridians (the internal meridians) meet the Yang meridians (the external meridians) in the four limbs

- the Yang meridians meet the Yang meridians bearing the same name on the head and face, and
- the three Yin meridians of the hand and the three Yin meridians of the foot meet in the chest.

3. THE CIRCULATION DIRECTION AND LINKING LAW OF THE TWELVE MAIN MERIDIANS

The twelve main meridians link with one another in a fixed order:

- the three Yin meridians of the hand travel from the chest to the hand
- the three Yang meridians of the foot travel from the head to the foot, and
- the three Yin meridians travel from the foot to the abdomen and chest.

The linking law of the twelve main meridians are as follows:

- the internal–external Yin meridians link with the Yang meridians at the extremities of the hand and foot
- the Yang meridians with the same names link at the head and face
- the Yin meridians connecting with each other link at the chest.

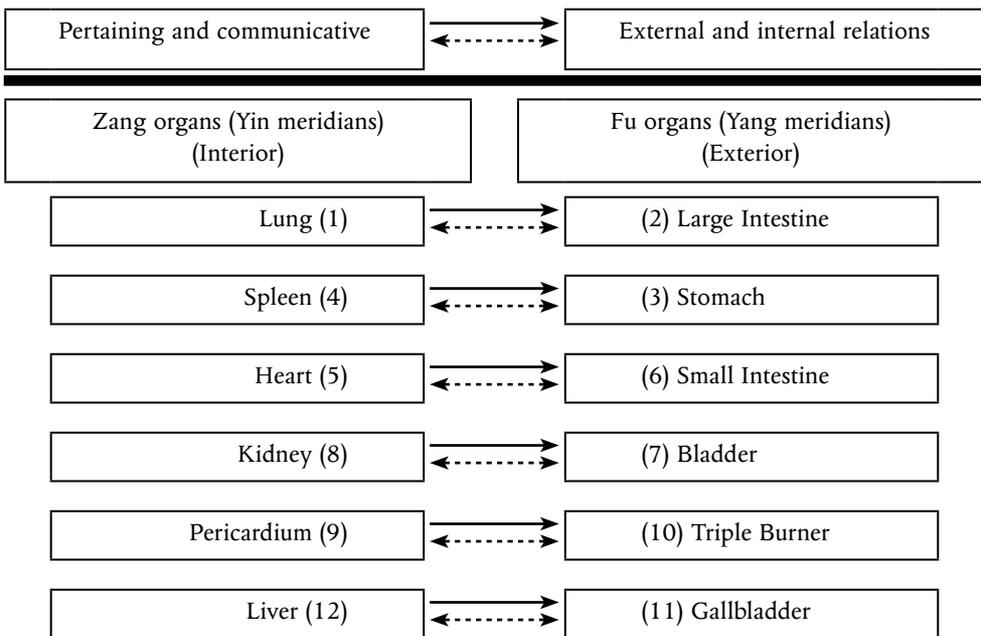


Figure 1.2: The cyclical flow of Qi in the twelve main meridians

4. THE CYCLICAL FLOW OF QI AND BLOOD IN THE TWELVE MAIN MERIDIANS

A cyclical flow of Qi and Blood is maintained by the connection of the meridians of the hand and foot, Yin and Yang, external and internal (see Figure 1.2).

5. THE TWELVE MAIN MERIDIANS

As the major part of the meridian system, the twelve main meridians share the following features:

- each, with its own acupuncture points, is distributed on a fixed portion of the body surface
- each pertains to either a Zang or a Fu organ (those that pertain to the Zang organ communicating with the Fu organ, and vice versa)
- among the meridians there exists an external–internal relation of mutual connection, and
- each meridian presents its pathological manifestation(s), in cases where its Qi fails to travel in a smooth flow.

The courses of the twelve main meridians are described respectively in their circulative order below.

5.1 The Lung Meridian of Hand-Taiyin

The numbering in the following description relates to that shown in Figure 1.3.

The Lung Meridian of Hand-Taiyin originates from the Middle Burner, running downward to connect with the Large Intestine (1). Winding back, it goes along the upper orifice of the Stomach (2), passes through the diaphragm (3), and enters the Lung, its pertaining organ (4). From the Lung system, which refers to the portion of the Lung communicating with the throat, it comes out transversely (Zhougfu, LU 1) (5). Descending along the medial aspect of the upper arm, it passes in front of the Heart Meridian of Hand-Shaoyin and the Pericardium Meridian of Hand-Jueyin (6), and reaches the cubital fossa (7). Then it goes continuously downward along the anterior border of the radial side in the medial aspect of the forearm (8) and enters Cunkou (the radial artery at the wrist for pulse palpation) (9). Passing the thenar eminence (10), it goes along its radial border (11), ending at the medial side of the tip of the thumb (Shaoshang, LU 11) (12).

The branch proximal to the wrist emerges from Lieque (LU 7) (13) and runs directly to the radial side of the tip of the index finger (Shangyang, LI 1) where it links with the Large Intestine Meridian of Hand-Yangming (see Figure 1.3).

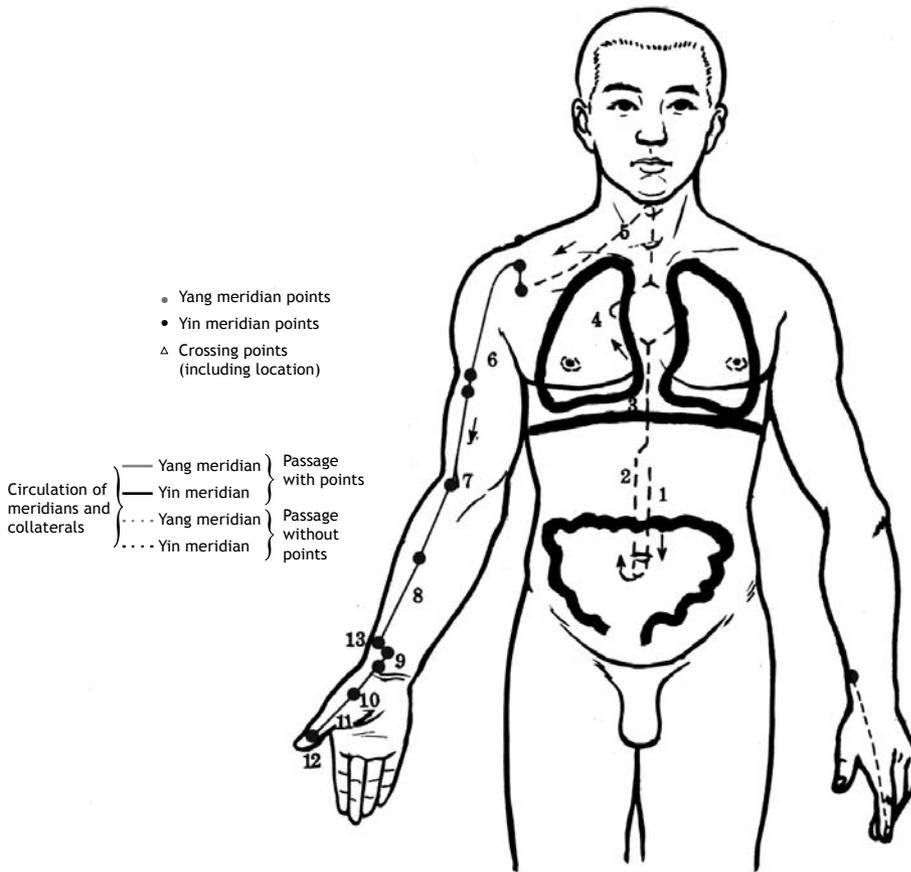


Figure 1.3: The Lung Meridian of Hand-Taiyin

5.2 The Large Intestine Meridian of Hand-Yangming

The numbering in the following description relates to that shown in Figure 1.4.

The Large Intestine Meridian of Hand-Yangming starts from the tip of the index finger (Shangyang, LI 1) (1). Running upward along the radial side of the index finger and passing through the interspace of the first and second metacarpal bones (Hegu, LI 4), it dips into the depression between the tendons of *m. extensor pollicis longus* and *brevis* (2). Then, following the lateral anterior aspect of the forearm (3), it reaches the lateral side of the elbow (4). From there, it ascends along the lateral anterior aspect of the upper arm (5) to the highest point of the shoulder (Jianyu, LI 15) (6). Then, along the anterior border of the acromion (7), it goes up to the seventh cervical vertebra (the confluence of the three Yang meridians of the hand and foot) (Dazhui, GV14) (8), and descends to the supraclavicular fossa (9) to connect with the Lung (10). It then passes through the diaphragm (11) and enters the Large Intestine, its pertaining organ (12).

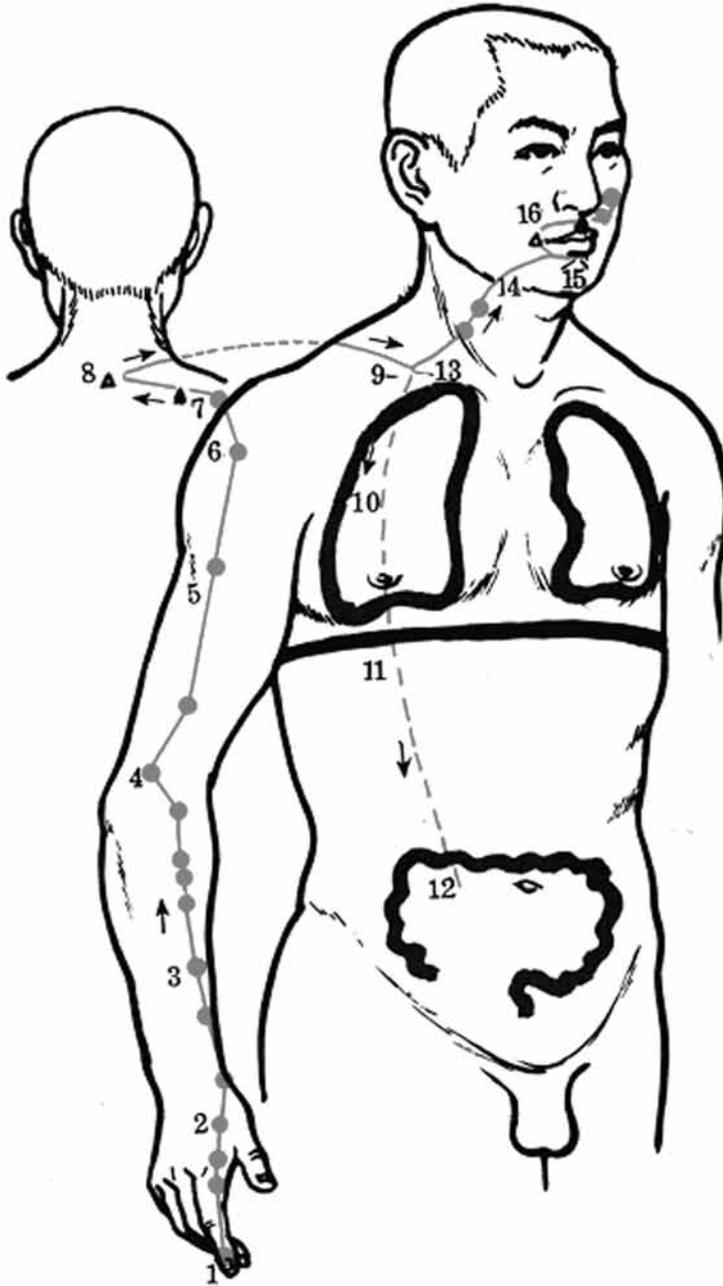


Figure 1.4: The Large Intestine Meridian of Hand-Yangming

The branch from the supraclavicular fossa runs upward to the neck (13), passes through the cheek (14) and enters the gums of the lower teeth (15). Then it curves around the upper lip and crosses the opposite meridian at the *philtrum*. From there, the left meridian goes to the right and the right meridian to the left, to both sides of the nose (Yangxiang, LI 20), where the Large Intestine Meridian links with the Stomach Meridian of Foot-Yangming (16) (see Figure 1.4).

5.3 The Stomach Meridian of Foot-Yangming

The numbering in the following description relates to that shown in Figure 1.5.

The Stomach Meridian of Foot-Yangming starts from the lateral side of ala nasi (Yingxiang, LI 20) (1). It ascends to the bridge of the nose, where it meets the Bladder Meridian of Foot-Taiyang (Jingming, BL 1) (2). Turning downward along the lateral side of nose (Chengqi, ST 1) (3), it enters the upper gum (4). Re-emerging, it curves around the lips (5) and descends to meet the Conception Vessel at the mentolabial groove (Chengjiang, CV 24) (6).

Then it runs postero-laterally across the lower portion of the cheek at Daying (ST 5) (7). Winding along the angle of the mandible (Jiache, ST 6) (8), it ascends in front of the ear and traverses Shangguan (GB 3) (9). Then it follows the anterior hairline (10) and reaches the forehead (11).

The facial branch emerging in front of Daying (ST5) runs downward to Renying (ST 9) (12). From there it goes along the throat and enters the supraclavicular fossa (13). Descending, it passes through the diaphragm (14), enters the Stomach, its pertaining organ, and connects with the Spleen (15).

The straight portion of the meridian arising from the supraclavicular fossa runs downward (16), passing through the nipple. It descends by the *umbilicus* and enters Qichong (ST 30) on the lateral side of the lower abdomen (17).

The branch from the lower orifice of the Stomach (18) descends inside the abdomen and joins the previous portion of the meridian at Qichong (ST 30). Running downward, traversing Biguan (ST 31) (19), and further through Femur-Futu (ST 32) (20), it reaches the knee (21). From there, it continues downward along the anterior border of the lateral aspect of the tibia (22), passes through the dorsum of the foot (23), and reaches the lateral side of the tip of the second toe (Lidui, ST 45) (24).

The tibial branch emerges from Zusanli (ST 36), 3 cun below the knee (25), and enters the lateral side of the middle toe (26).

The branch from the dorsum of the foot arises from Chongyang (ST 42) (27) and terminates at the medial side of the tip of the great toe (Yinbai, SP 1), where it links with the Spleen Meridian of Foot-Taiyin (see Figure 1.5).

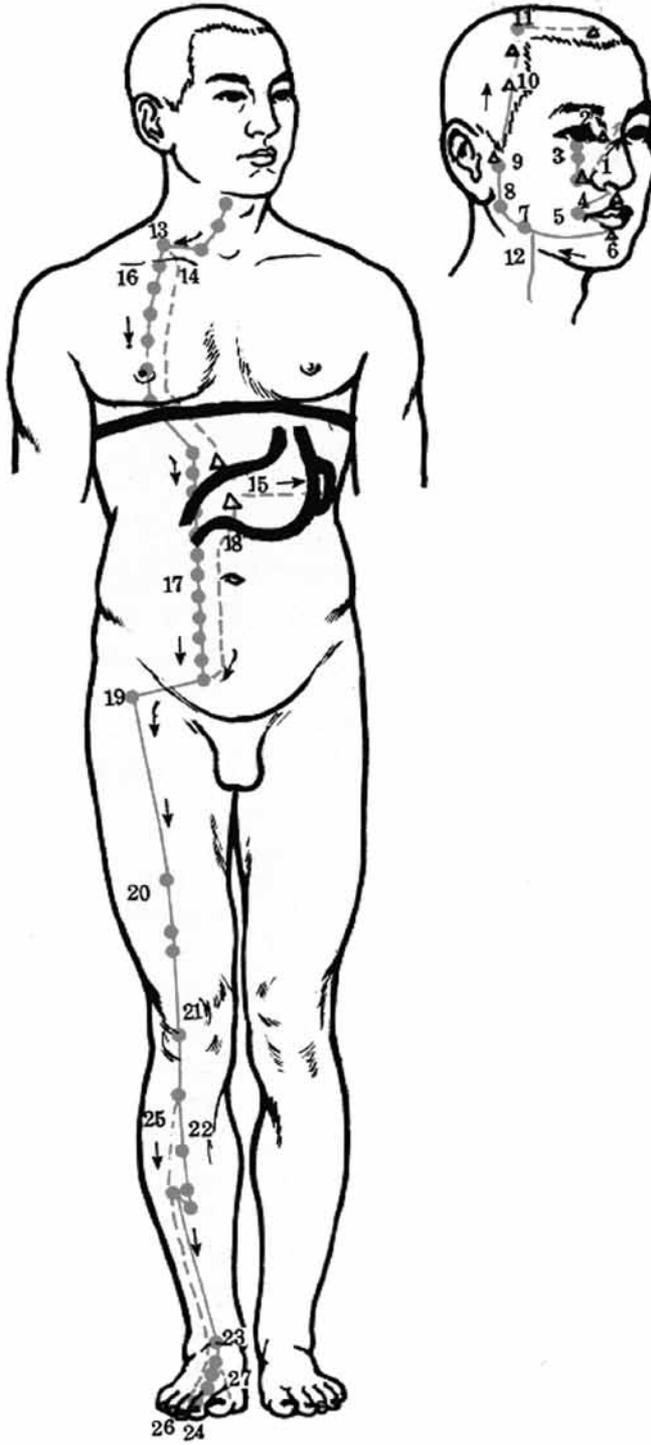


Figure 1.5: The Stomach Meridian of Foot-Yangming

5.4 The Spleen Meridian of Foot-Taiyin

The numbering in the following description relates to that shown in Figure 1.6.

The Spleen Meridian of Foot-Taiyin starts from the tip of the big toe (Yinbai, SP 1) (1). It runs along the medial aspect of the foot at the junction of the red and white skin (2), and ascends in front of the medial malleolus (3) up the medial aspect of the leg (4). It follows the posterior aspect of the tibia (5), crosses and goes in front of the Liver Meridian of Foot-Jueyin (6). Passing through the anterior medial aspect of the knee and thigh (7), it enters the abdomen (8), then the Spleen, its pertaining organ, and connects with the Stomach (9). From there it ascends, passing through the diaphragm (10) and running alongside the oesophagus (11). When it reaches the root of the tongue it spreads over its lower surface (12).

The branch from the Stomach goes upward through the diaphragm (13), and flows into the Heart to link with the Heart Meridian of Hand-Shaoyin (14) (see Figure 1.6).

5.5 The Heart Meridian of Hand-Shaoyin

The numbering in the following description relates to that shown in Figure 1.7.

The Heart Meridian of Hand-Shaoyin originates from the Heart. Emerging, it spreads over the 'Heart system' (i.e. the tissues connecting the Heart with the other Zang Fu organs) (1). It passes through the diaphragm to connect with the Small Intestine (2).

The ascending portion of the meridian from the 'Heart system' (3) runs alongside the oesophagus (4) to connect with the 'eye system' (i.e. the tissues connecting the eyes with the brain) (5).

The straight portion of the meridian from the 'Heart system' goes upward to the Lung (6). Then it turns downward and emerges from the axilla (Jiquan, HT 1). From there it goes along the posterior border of the medial aspect of the upper arm behind the Lung Meridian of Hand-Taiyin and the Pericardium Meridian of Hand-Jueying (7) down to the cubital fossa (8). From there it descends along the posterior border of the medial aspect of the forearm to the pisiform region proximal to the palm (9) and enters the palm (10). Then it follows the medial aspect of the little finger to its tip (Shaochong, HT 9) (11) and links with the Small Intestine Meridian of Hand-Taiyang (see Figure 1.7).

5.6 The Small Intestine Meridian of Hand-Taiyang

The numbering in the following description relates to that shown in Figure 1.8.

The Small Intestine Meridian of Hand-Taiyang starts from the ulnar side of the tip of the little finger (Shaoze, SI 1) (1). Following the ulnar side of the dorsum





Figure 1.6: The Spleen Meridian of Foot-Taiyin

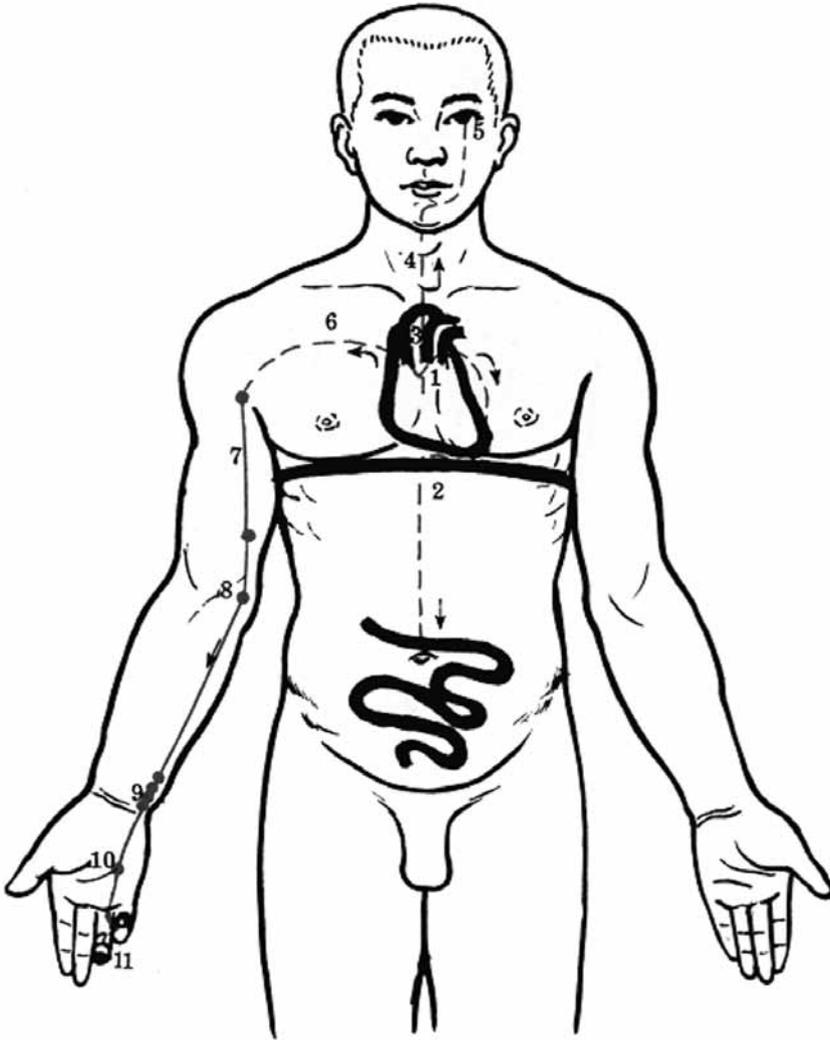


Figure 1.7: The Heart Meridian of Hand-Shaoyin

of the hand it reaches the wrist where it emerges from the styloid process of the ulna (2). From there it ascends along the posterior aspect of the forearm (3), passes between the olecranon of the ulna and the medial epicondyle of the humerus, and runs along the posterior border of the lateral aspect of the upper arm (4) to the shoulder joint (5). Circling around the scapular region (6), it meets Dazhui (GV 14) on the superior aspect of the shoulder (7). Then, turning downward to the supraclavicular fossa (8), it connects with the Heart (9). From there it descends

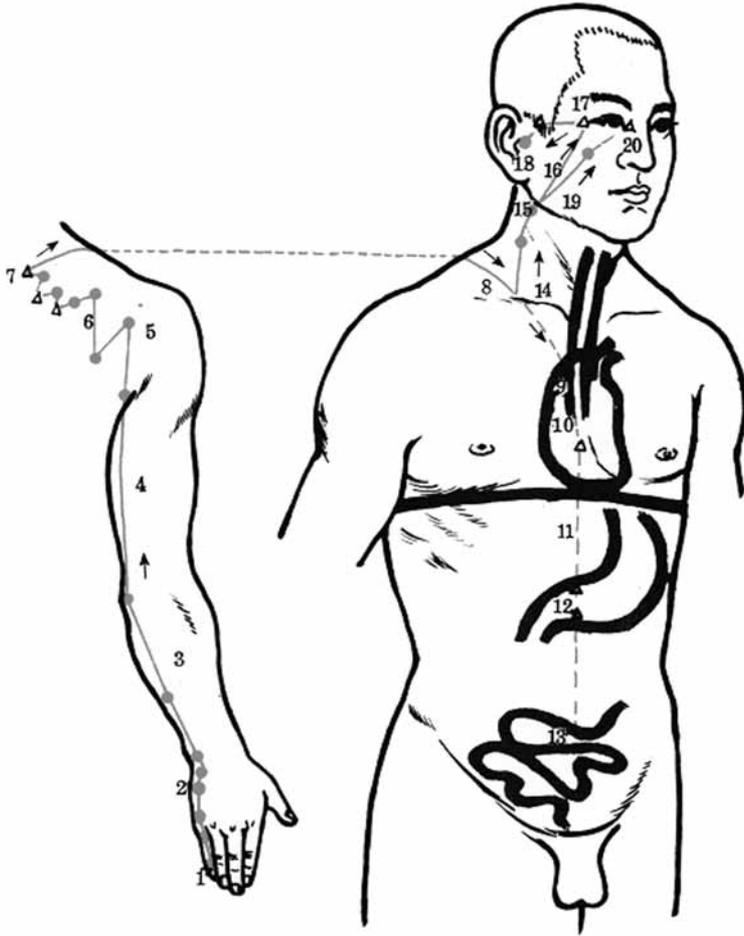


Figure 1.8: *The Small Intestine Meridian of Hand-Taiyang*

along the oesophagus (10), passes through the diaphragm (11), reaches the Stomach (12), and finally enters the Small Intestine, its pertaining organ (13).

The branch from the supraclavicular fossa (14) ascends to the neck (15), and further to the cheek (16). Via the outer canthus (17), it enters the ear (Tinggong, SI 19) (18).

The branch from the neck (19) runs upward to the infraorbital region (Quanliao, SI 18) and further to the lateral side of the nose. Then it reaches the inner canthus (Jingming, BL 1) to link with the Bladder Meridian of Foot-Taiyang (20) (see Figure 1.8).

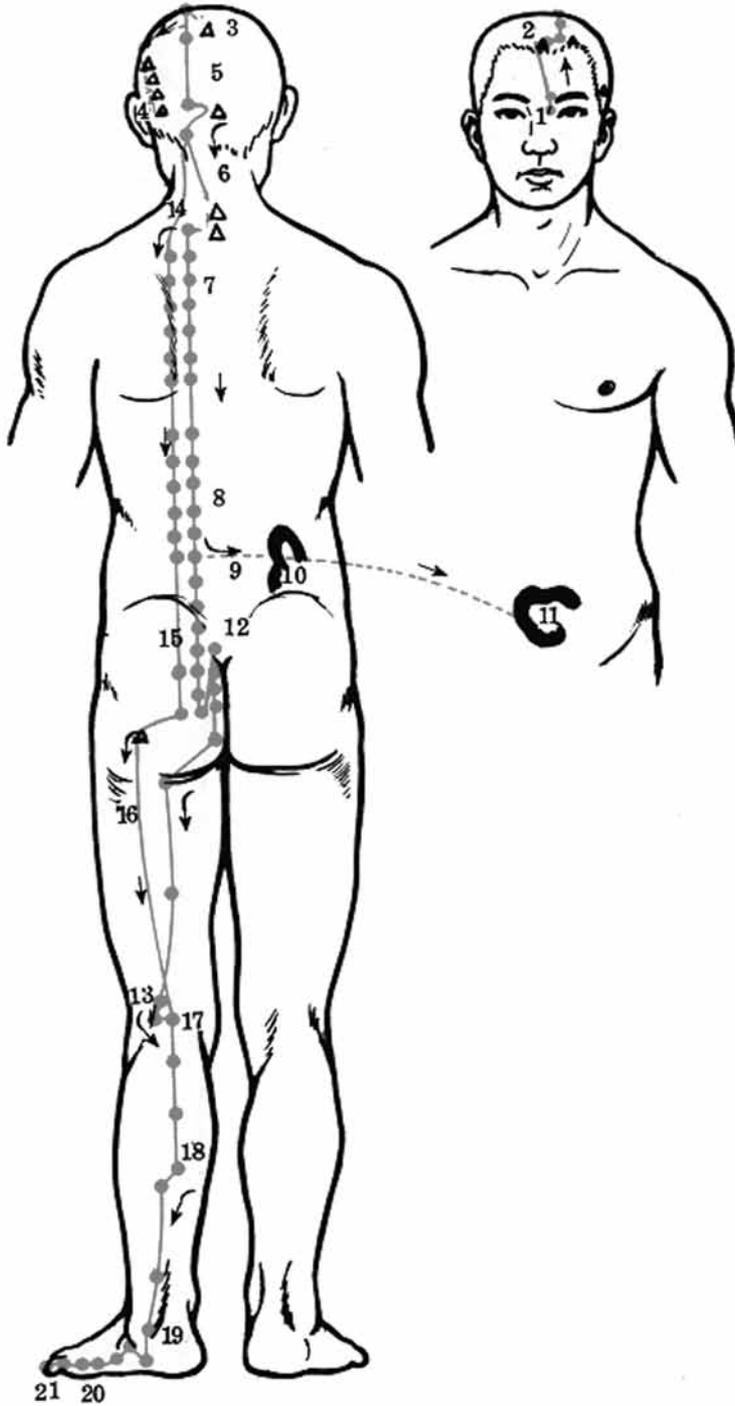


Figure 1.9: The Bladder Meridian of Foot-Taiyang

5.7 The Bladder Meridian of Foot-Taiyang

The numbering in the following description relates to that shown in Figure 1.9.

The Bladder Meridian of Foot-Taiyang starts from the inner canthus (Jingming, BL 1) (1). Ascending to the forehead (2), it joins the Governor Vessel at the vertex (Baihui, GV 20) (3), where a branch arises, running to the temple (4).

The straight portion of the meridian enters and communicates with the brain from the vertex (5). It then emerges and bifurcates to descend along the posterior aspect of the neck (6). Running downward alongside the medial aspect of the scapula region and parallel to the vertebral column (7), it reaches the lumbar region (8), where it enters the body cavity via the paravertebral muscle (9) to connect with the Kidney (10) and join its pertaining organ, the Bladder (11).

The branch of the lumbar region descends through the gluteal region (12) and ends in the popliteal fossa (13).

The branch from the posterior aspect of the neck runs straight downward along the medial border of the scapula (14). Passing through the gluteal region (Huantiao, GB 30) (15) downward along the lateral aspect of the thigh (16), it meets the preceding branch descending from the lumbar region in the popliteal fossa (17). From there it descends to the leg (18) and further to the posterior aspect of the external malleolus (19). Then, running along the tuberosity of the fifth metatarsal bone (20), it reaches the lateral side of the tip of the little toe (Zhiyin, BL 67), where it links with the Kidney Meridian of Foot-Shaoyin (21) (see Figure 1.9).

5.8 The Kidney Meridian of Foot-Shaoyin

The numbering in the following description relates to that shown in Figure 1.10.

The Kidney Meridian of Foot-Shaoyin starts from the inferior aspect of the small toe (1) and runs obliquely towards the sole (Yongquan, KI 1). Emerging from the lower aspect of the tuberosity of the navicular bone (2) and running behind the medial malleolus (3), it enters the heel (4). Then it ascends along the medial side of the leg (5) to the medial side of the popliteal fossa (6) and goes further upward along the postero-medial aspect of the thigh (7) towards the vertebral column (Changqiang, GV 1), where it enters the Kidney, its pertaining organ (8), and connects with the Bladder (9).

The straight portion of the meridian re-emerges from the Kidney (10). Ascending and passing through the Liver and diaphragm (11), it enters the Lung (12), runs along the throat (13) and terminates at the root of the tongue (14).

A branch springs from the Lung, joins the Heart and runs into the chest to link with the Pericardium Meridian of Hand-Jueyin (15) (see Figure 1.10).

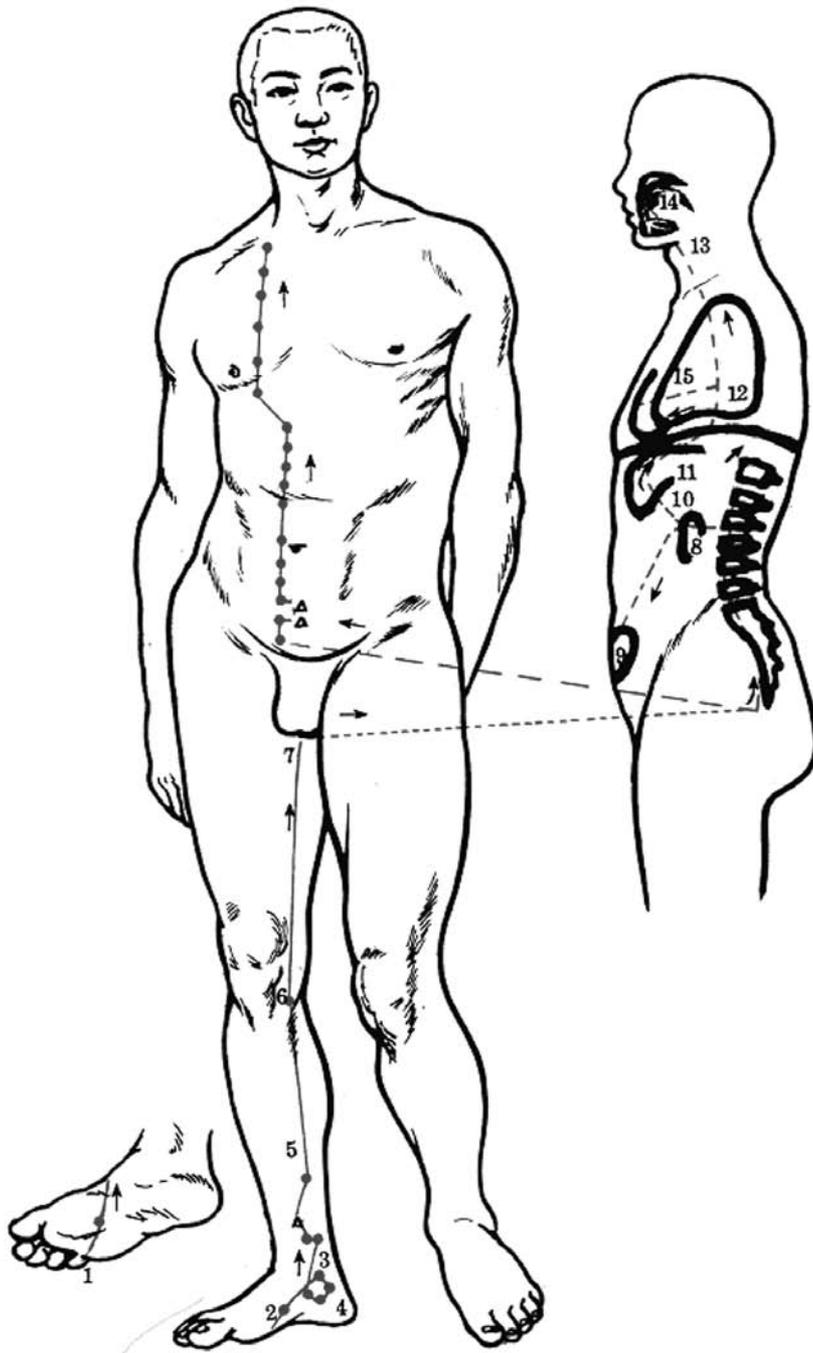


Figure 1.10: The Kidney Meridian of Foot-Shaoyin

5.9 The Pericardium Meridian of Hand-Jueyin

The numbering in the following description relates to that shown in Figure 1.11.

The Pericardium Meridian of Hand-Jueyin originates from the chest. Emerging, it enters its pertaining organ, the Pericardium (1). Then, it descends through the diaphragm (2) to the abdomen, connecting successively with the Upper, Middle and Lower Burner (i.e. Triple Burner) (3).

A branch arising from the chest runs inside the chest (4), emerges from the costal region at a point 3 cun below the anterior axillary fold (Tianchi, PC 1) (5) and ascends to the axilla (6). Following the medial aspect of the upper arm, it runs

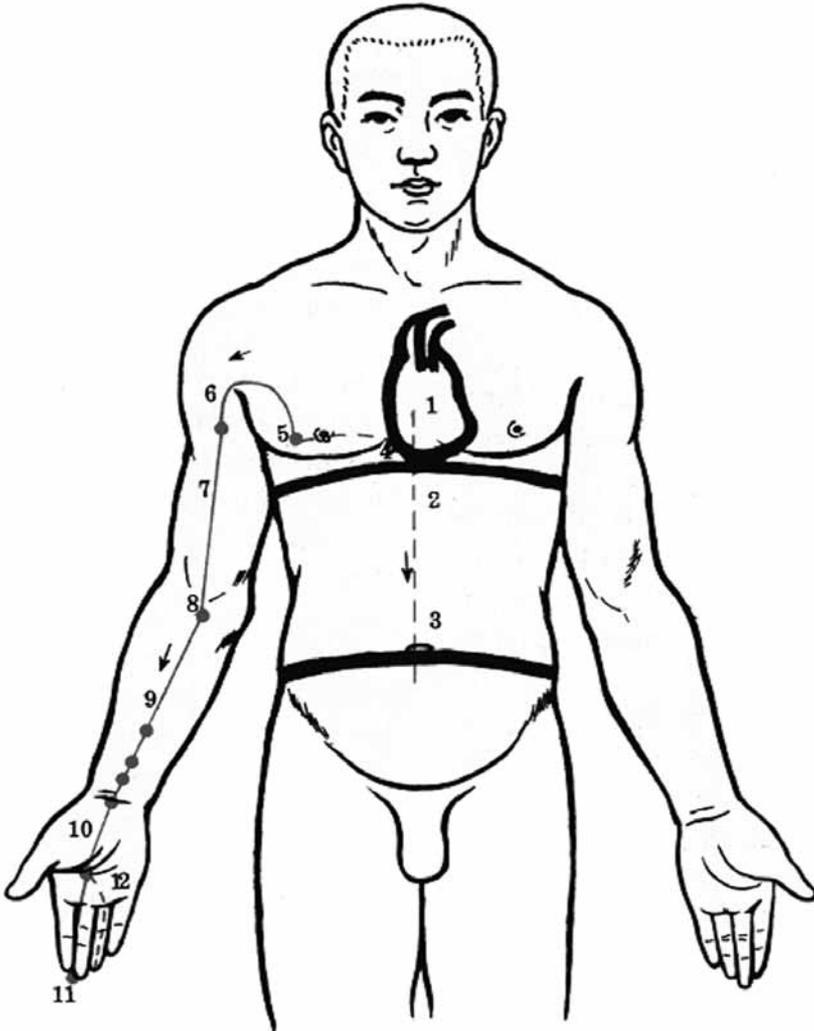


Figure 1.11: The Pericardium Meridian of Hand-Jueyin

downward between the Lung Meridian of Hand-Taiyin and the Heart Meridian of Hand-Shaoyin (7) to the cubital fossa (8), further downward to the forearm between the two tendons (the tendons of *m. palmaris longus* and *m. flexor carpi radialis*) (9), ending in the palm (10). From there it passes along the middle finger right down to its tip (Zhongchong PC 9) (11).

Another branch arises from the palm at Laogong (PC 8) (12), runs along the ring finger to its tip (Guanchong, TE 1) and links with the Triple Burner Meridian of Hand-Shaoyang (see Figure 1.11).

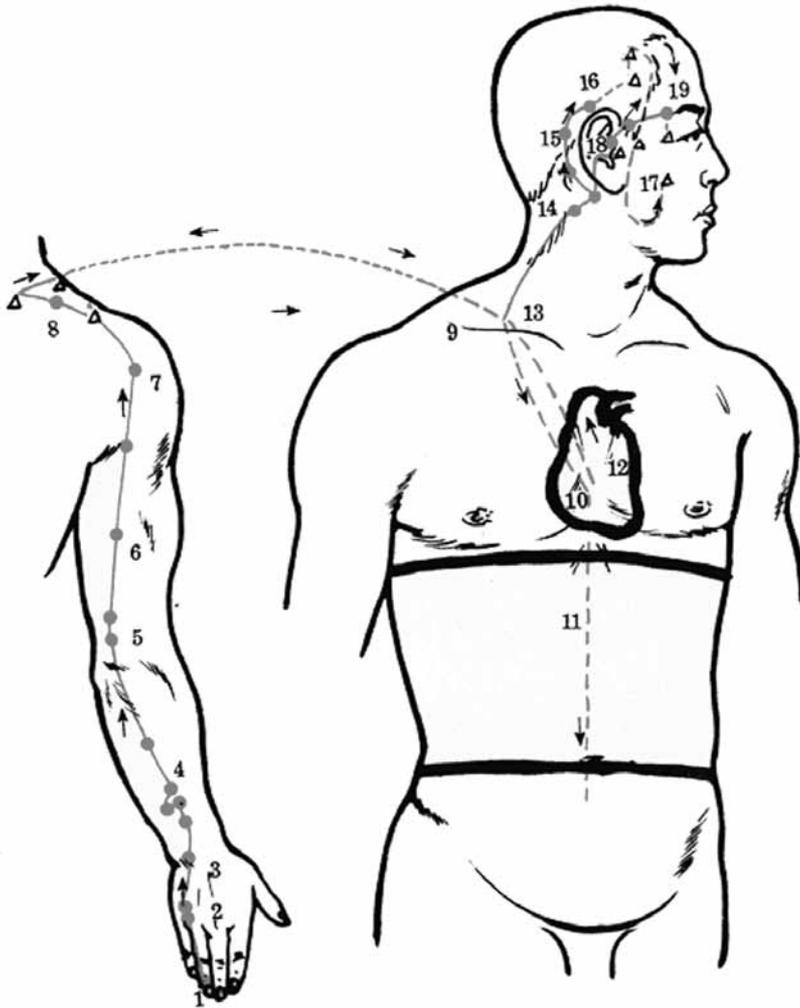


Figure 1.12: The Triple Burner Meridian of Hand-Shaoyang

5.10 The Triple Burner Meridian of Hand-Shaoyang

The numbering in the following description relates to that shown in Figure 1.12.

The Triple Burner Meridian of Hand-Shaoyang originates from the tip of the ring finger (Guanchong TE) (1), running upward between the fourth and fifth metacarpal bones (2) along the dorsal aspect of the wrist (3) to the lateral aspect of the forearm between the radius and ulna (4). Passing through the olecranon (5) and along the lateral aspect of the upper arm (6), it reaches the shoulder region (7), where it goes across and passes behind the Gallbladder Meridian of Foot-Shaoyang (8). Winding over to the supraclavicular fossa (9), it spreads in the chest to connect with the Pericardium (10). It then descends through the diaphragm down to the abdomen, and joins its pertaining organ, the Upper, Middle and Lower Burner (i.e. Triple Burner) (11).

A branch originates from the chest (12). Running upward, it emerges from the supraclavicular fossa (13). From there it ascends to the neck (14), running along the posterior border of the ear (15), and further to the corner of the anterior hairline (16). Then it turns downward to the cheek and terminates in the infraorbital region (17).

The auricular branch arises from the retroauricular region and enters the ear (18). Then it emerges in front of the ear, crosses the previous branch at the cheek and reaches the outer canthus (Sizhukong, TE 23) to link with the Gallbladder Meridian of Foot-Shaoyang (19) (see Figure 1.12).

5.11 The Gallbladder Meridian of Foot-Shaoyang

The numbering in the following description relates to that shown in Figure 1.13.

The Gallbladder Meridian of Foot-Shaoyang originates from the outer canthus (Tongziliao, GB 1) (1), ascends to the corner of the forehead (Hanyan, GB4) (2), then curves downward to the retroauricular region (Fengchi, GB 20) (3) and runs along the side of the neck in front of the Triple Burner Meridian of Hand-Shaoyang to the shoulder (4). Turning back, it traverses and passes behind the Triple Burner Meridian of Hand-Shaoyang down to the supraclavicular fossa (5).

The retroauricular branch arises from the retroauricular region (6) and enters the ear. It then comes out and passes the preauricular region (7) to the posterior aspect of the outer canthus (8).

The branch arising from the outer canthus (9) runs downward to Daying (ST 5) (10) and meets the Triple Burner Meridian of Hand-Shaoyang in the infraorbital region (11). Then, passing through Jiache (ST 6) (12), it descends to the neck and enters the supraclavicular fossa where it meets the main meridian (13). From there it further descends into the chest (14), passes through the diaphragm to connect with the Liver (15) and enters its pertaining organ, the Gallbladder (16). Then it

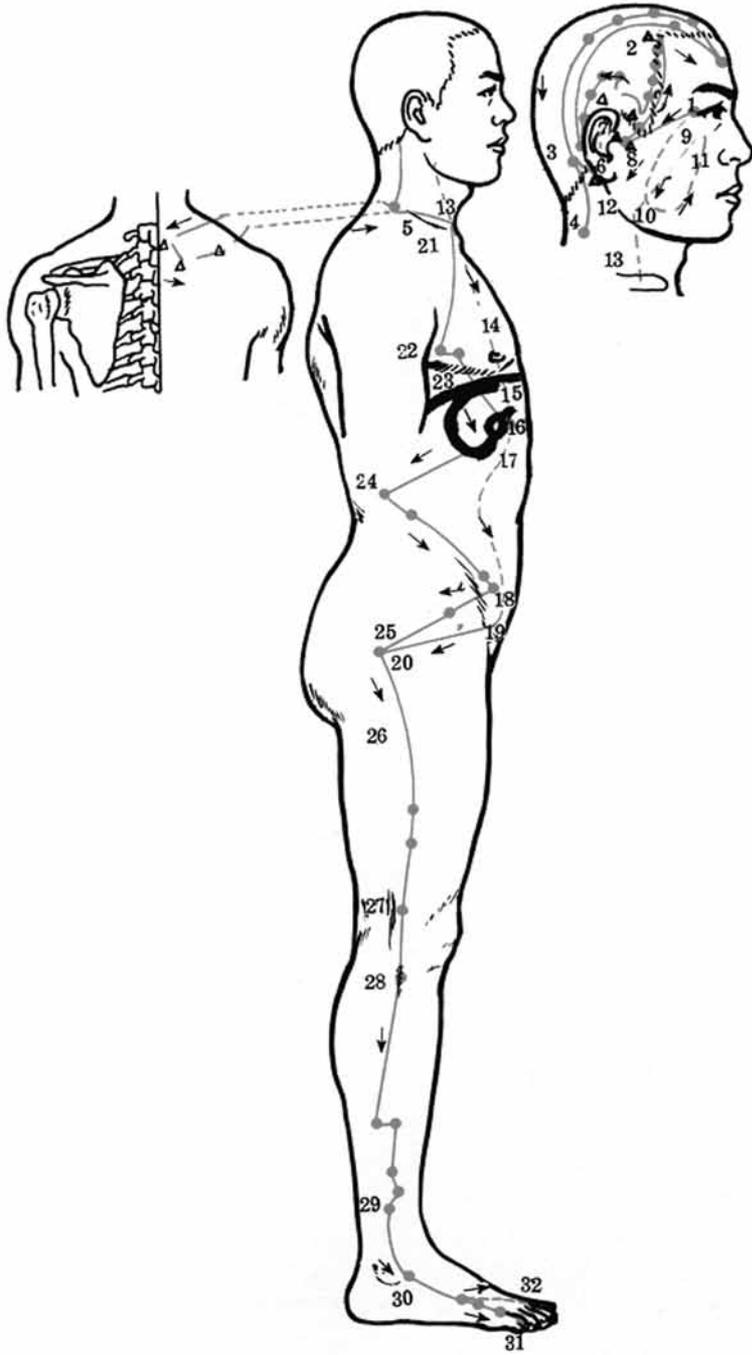


Figure 1.13: The Gallbladder Meridian of Foot-Shaoyang

runs inside the hypochondriac region (17), comes out from the lateral side of the lower abdomen near the femoral artery at the inguinal region (18). From there it runs superficially along the margin of the pubic hair (19) and goes transversely into the hip region (Huantiao, GB 30) (20).

The straight portion of the channel runs downward from the supraclavicular fossa (21), passes in front of the axilla (22) along the lateral aspect of the chest (23) and through the free ends of the floating ribs (24) to the hip region where it meets the previous branch (25). Then it descends along the lateral aspect of the thigh (26) to the lateral side of the knee (27). Going further downward along the anterior aspect of the fibula (28) all the way to its lower end (Xuanzhong, GB 39) (29), it reaches the anterior aspect of the external malleolus (30). It then follows the dorsum of the foot to the lateral side of the tip of the fourth toe (Foot-Qiaoyin GB 44) (31).

The branch of the dorsum of the foot springs from Zulinqi (GB 41), runs between the first and second metatarsal bones to the distal portion of the great toe and terminates at its hairy region (Dadun, LR 1), where it links with the Liver Meridian of Foot-Jueyin (32) (see Figure 1.13).

5.12 The Liver Meridian of Foot-Jueyin

The numbering in the following description relates to that shown in Figure 1.14.

The Liver Meridian of Foot-Jueyin starts from the dorsal hairy region of the great toe (Dadun, LR 1) (1). Running upward along the dorsum of the foot (2), passing through Zhongfeng (LR 4), 1 cun in front of the medial malleolus (3), it ascends to an area 8 cun above the medial malleolus, where it runs across and behind the Spleen Meridian of Foot-Taiyin (4). Then it runs further upward to the medial side of the knee (5) and along the medial aspect of the thigh (6) to the pubic hair region (7), where it curves around the external genitalia (8) and goes up to the lower abdomen (9). It then runs upward and curves around the Stomach to enter the Liver, its pertaining organ, and connects with the Gallbladder (10).

From there it continues to ascend, passing through the diaphragm (11), and branching out in the costal and hypochondriac region (12). Then it ascends along the posterior aspect of the throat (13) to the nasopharynx (14) and connects with the 'eye system' (15). Running further upward, it emerges from the forehead (16) and meets the Governor Vessel at the vertex.

The branch that arises from the 'eye system' runs downward into the cheek (18) and curves around the inner surface of the lips (19).

The branch arising from the Liver (20) passes through the diaphragm (21), runs into the Lung and links with the Lung Meridian of Hand-Taiyin (22) (see Figure 1.14).

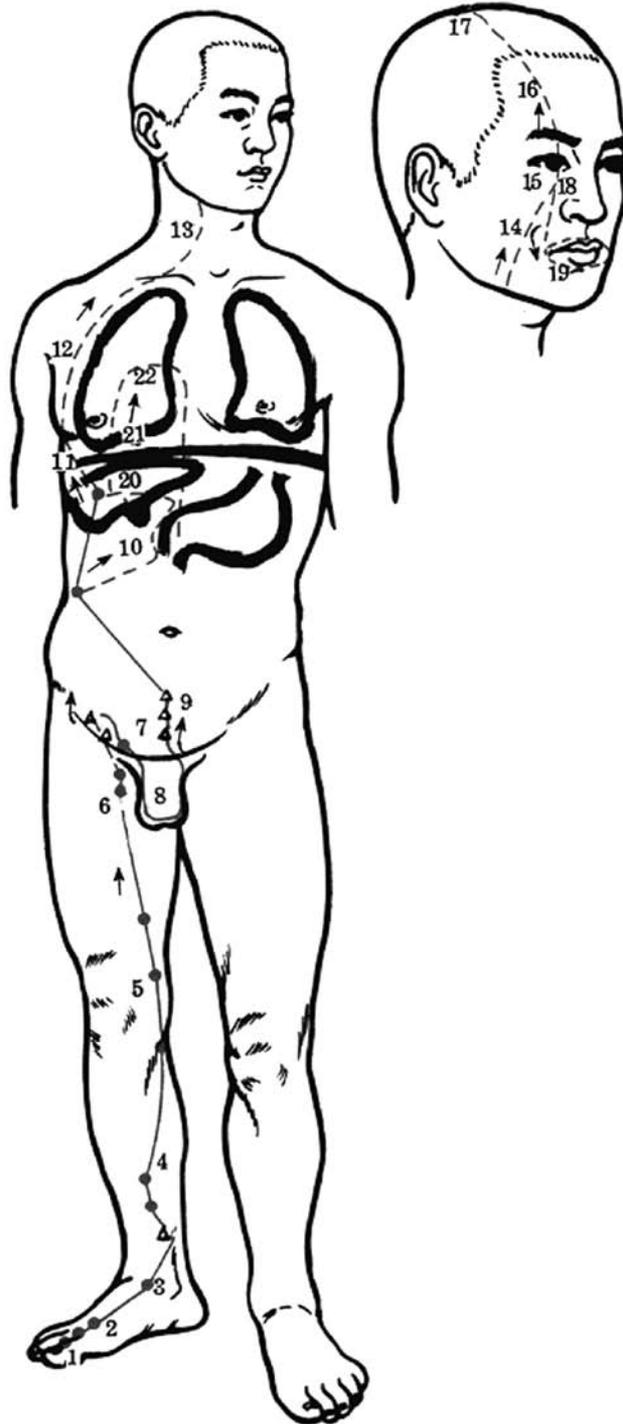


Figure 1.14: The Liver Meridian of Foot-Jueyin

6. THE EIGHT EXTRA MERIDIANS

The eight extra meridians are the:

- Governor Vessel
- Conception Vessel
- Thoroughfare Vessel
- Belt Vessel
- Yang Heel Vessel
- Yin Heel Vessel
- Yang Link Vessel, and
- Yin Link Vessel.

They are different from the twelve main meridians because none of them pertains to the Zang organs and communicates with the Fu organs, or pertains to the Fu organ and communicates with the Zang organs. Also, they are not externally–internally related. Apart from the Governor Vessel and Conception Vessel, which have their own acupuncture points, the extra meridians share their points with other main meridians. Strengthening the association among the meridians, they assume the responsibility to control, join, store, and regulate the Qi and Blood of each meridian.

Running along the midline of the back and ascending to the head and face, the Governor Vessel meets all the Yang meridians. It is therefore described as ‘the Sea of the Yang Meridians’. Its function is to govern the Qi of all the Yang meridians.

Running along the midline of the abdomen and the chest, going upward to the chin, the Conception Vessel meets all the Yin meridians. Thus it is called ‘the Sea of the Yin Meridians’. Its function is to receive and bear the Qi of the Yin meridians.

The Thoroughfare Vessel runs parallel to the Kidney Meridian of Foot-Shaoyin up to the infraorbital region. Meeting all the twelve main meridians, it is termed ‘the Sea of the Twelve Main Meridians’ or ‘the Sea of Blood’. Its function is to preserve the Qi and Blood of the twelve main meridians.

The Belt Vessel, which originates in the hypochondrium and goes around the waist as a girdle, performs a function of binding up all the meridians.

The Yang Heel Vessel starts in the lateral aspect of the heel and merges into the Meridian of Foot-Taiyang to ascend, while the Yin Heel Vessel starts in the medial aspect of the heel and merges into the Meridian of Foot-Shaoyin to go upwards. Following their own courses, the two meridians meet each other at the inner canthus. Motion regulation of the lower limbs is their joint function.

The Yang Link Vessel is connected with all the Yang meridians and dominates the exterior of the whole body; the Yin Link Vessel is connected with all the Yin meridians and dominates the interior of the whole body. The two meridians regulate the flow of Qi in the Yin and Yang meridians, and help maintain coordination and equilibrium between the Yin and Yang meridians.

Distribution of the eight extra meridians and their connecting meridians

Eight extra meridian	Area supplied	Connecting meridians
Governor Vessel (GV)	Posterior midline	Foot-Yangming and CV
Conception Vessel (CV)	Anterior midline	Foot-Yangming and GV
Thoroughfare Vessel	The first lateral line of the abdomen	Foot-Shaoyin
Belt Vessel	Lateral side of the lumbar region	Foot-Shaoyang
Yang Heel Vessel	Lateral side of the lower extremities, shoulder and head	Hand and Foot-Taiyang, Hand and Foot-Yangming and Foot-Shaoyang
Yin Heel Vessel	Medial aspect of the lower extremities and eye	Foot-Shaoyin and Foot-Taiyang
Yang Link Vessel	Lateral aspect of the lower extremities, shoulder and vertex	Hand and Foot-Taiyang, GV, Hand and Foot-Shaoyang and Foot-Yangming
Yin Link Vessel	Medial aspect of the lower extremities, the third lateral line of the abdomen and neck	Foot-Shaoyin, Foot-Taiyin, Foot-Jueyin and CV

6.1 Governor Vessel

The numbering in the following description relates to that shown in Figure 1.15.

The Governor Vessel arises from the lower abdomen and emerges from the perineum (1). Then it runs posteriorly along the interior of the spinal column (2) to Fengfu (GV 16) at the nape, where it enters the brain (3). It further ascends to the vertex (4) and winds along the forehead to the columnella of the nose (5).

The coalescent points of the Governor Vessel are Fengmen (BL 12) and Huiyin (CV 1) (see Figure 1.15).

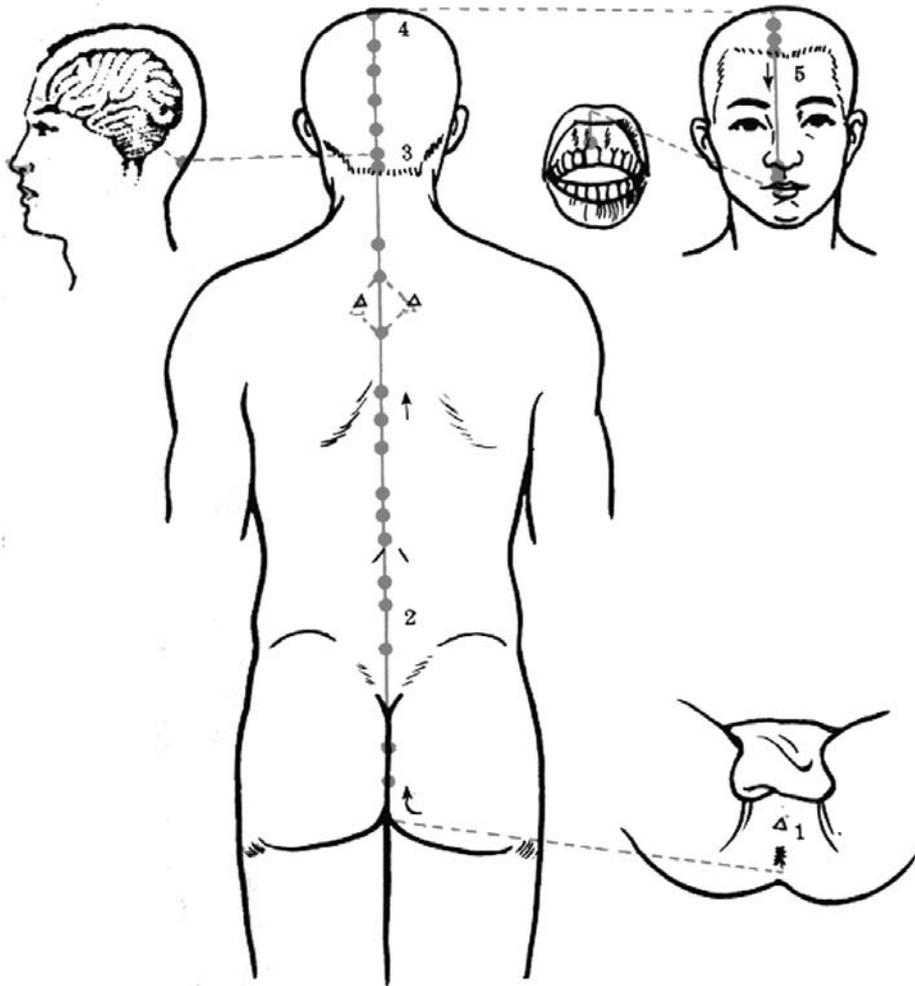


Figure 1.15: The Governor Vessel

6.2 Conception Vessel

The numbering in the following description relates to that shown in Figure 1.16.

The Conception Vessel starts from the inside of the lower abdomen and emerges from the perineum (1). It goes anteriorly to the pubic region (2) and ascends along the interior of the abdomen, passing through Guanyuan (CV 4) and the other points

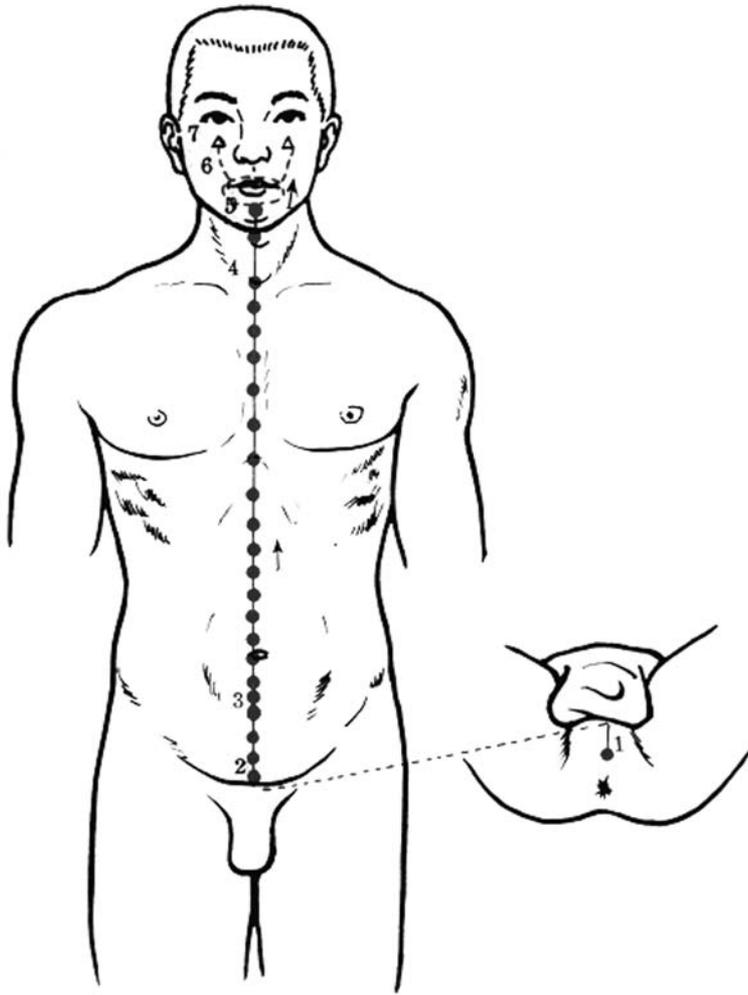


Figure 1.16: The Conception Vessel

along the front midline (3) to the throat (4). Ascending further, it curves around the lips (5), passes through the cheek and enters the infraorbital region (Chenggqi, ST 1).

The coalescent points of the Conception Vessel are Chengqi (ST 1), Yinjiao (GV 28) (see Figure 1.16).

6.3 Thoroughfare Vessel

The numbering in the following description relates to that shown in Figure 1.17.

The Thoroughfare Vessel starts from the inside of the lower abdomen and emerges at the perineum (1). Ascending, it runs inside of the spinal column (2), where its superficial branch passes through the region of Qichong (ST 30) and communicates with the Kidney Meridian of Foot-Shaoyin. Running along both sides of the abdomen, it goes up to the throat and curves around the lips (5).

The coalescent points of the Thoroughfare Vessel are Huiyin (CV 1), Henggu (KI 11), Dahe (KI 12), Qixue (KI 13), Simen (KI 14), Zhongzhu (KI 15), Huangshu (KI 16), Shangqu (KI 17), Shiguan (KI 18), Yindu (KI 19), Futonggu (KI 20) and Youmen (KI 21) (see Figure 1.17).

6.4 Belt Vessel

The numbering in the following description relates to that shown in Figure 1.18.

The Belt Vessel originates below the hypochondriac region and runs obliquely downward through Daimai (GB 26), Wushu (GB 27), and Weidao (GB 28) (1). It runs transversely around the waist like a belt (2).

The coalescent points of the Belt Vessel are Daimai (GB 26), Wushu (GB 27), and Weidao (GB 28) (see Figure 1.18).

6.5 Yang Heel Vessel

The numbering in the following description relates to that shown in Figure 1.19 (A).

The Yang Heel Vessel starts from the lateral side of the heel (Shenmai, BL 62), Pushen (BL 61) (1). It runs upward along the external malleolus (2) and passes the posterior border of the fibula. It then goes onwards along the lateral side of the thigh and posterior side of the hypochondrium to the posterior axillary fold. From there, it winds over to the shoulder and ascends along the neck to the corner of the mouth. Then it enters the inner canthus (Jingming, BL 1) to communicate with the Yin Heel Vessel. Running further upward along the Bladder Meridian of Foot-Taiyang to the forehead, it meets the Gallbladder Meridian of Foot-Shaoyang at Fengchi (GB 20) (3).

The coalescent points of the Yang Heel Vessel are: Shenmai (BL 62), Pushen (BL 61), Fuyang (BL 59), Femur-Juliao (GB 29), Naoshu (SI 10), Jianyu (LI 15), Jugu (LI 16), Dicang (ST 4), Nose-Juliao (ST 3), Chengqi (ST 1), Jingming (BL 1) and Fengchi (GB 20) (see Figure 1.19).

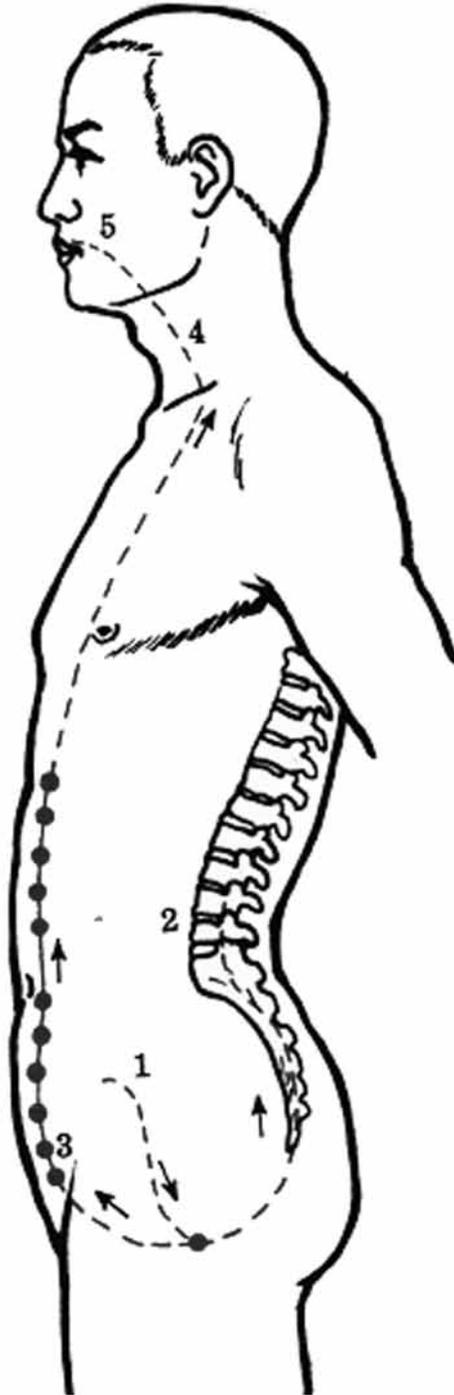


Figure 1.17: The Thoroughfare Vessel



Figure 1.18: The Belt Vessel

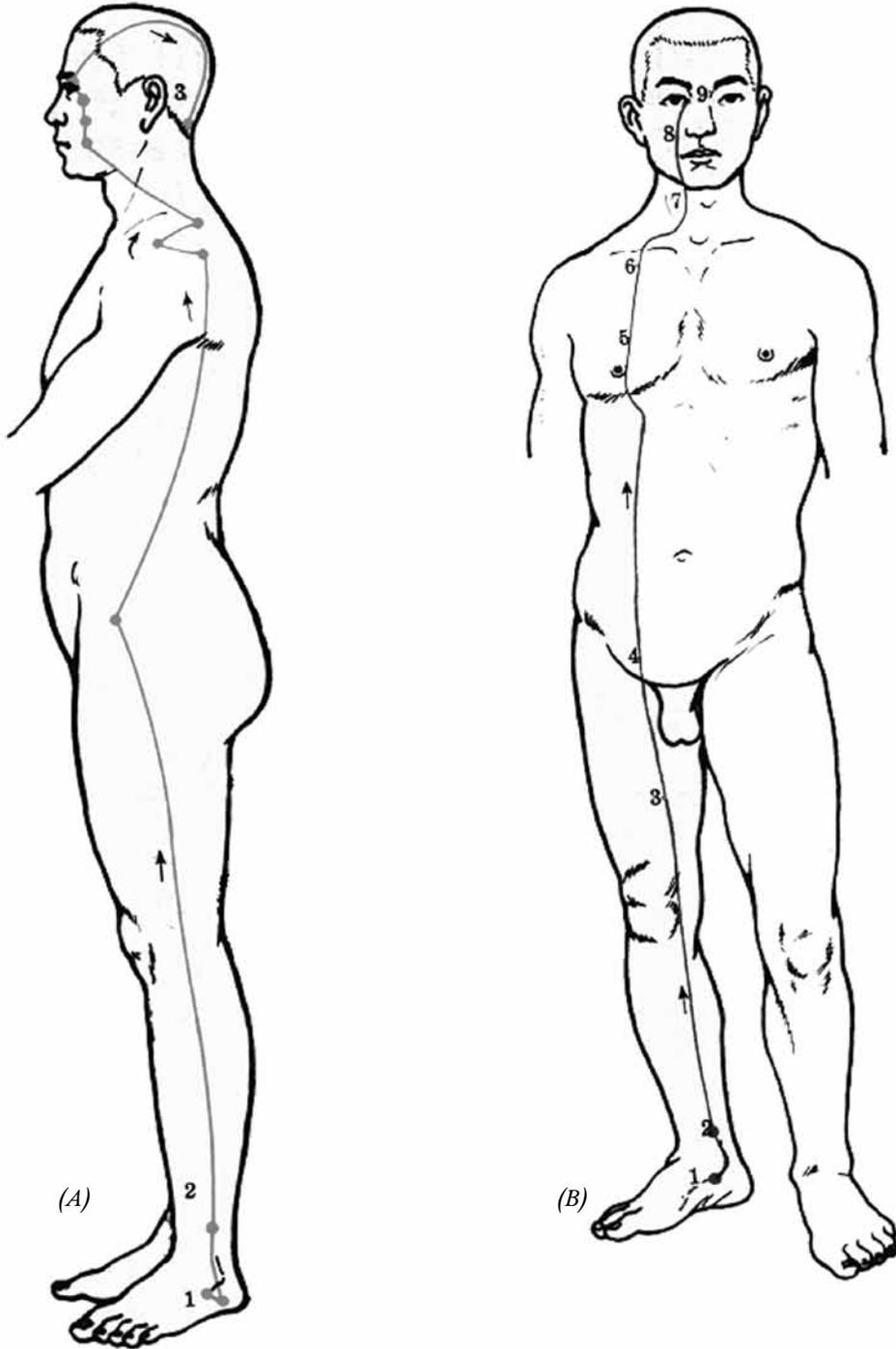


Figure 1.19: The Yang Heel Vessel (A) and Yin Heel Vessel (B)

6.6 Yin Heel Vessel

The numbering in the following description relates to that shown in Figure 1.19 (B).

The Yin Heel Vessel starts from the posterior aspect of the navicular bone (Zhaohai, KI 6) (1). Ascending to the upper portion of the medial malleolus (2), it runs straight upward along the posterior border of the medial aspect of the thigh (3) to the external genitalia (4). Then it goes upward along the chest (5) to the supraclavicular fossa (6) and runs further upward lateral to the Adam's apple in front of Renying (ST 9) (7) and then along the zygoma (8). From there, it reaches the inner canthus (Jingming, BL 1) and communicates with the Yang Heel Vessel (9).

The coalescent points of the Yin Heel Vessel are Zhaohai (KI 6), and Jiaoxin (KI 8) (see Figure 1.19).

6.7 Yang Link Vessel

The numbering in the following description relates to that shown in Figure 1.20 (A).

The Yang Link Vessel originates from the heel (Jinmen, BL 63) (1) and emerges from the external malleolus (2). Ascending along the Gallbladder Meridian of Foot-Shaoyang, it passes through the hip region (3). Then it runs further upward along the posterior aspect of the hypochondriac and costal regions (4) and the posterior aspect of the axilla to the shoulder (5) and to the forehead (6). It then turns backward to the back of the neck, where it communicates with the Governor Vessel (Fengfu, GV 16; Yamen, GV 15) (7).

The coalescent points of the Yang Link Vessel are: Jinmen (BL 63), Yangjiao (GB 35), Naoshu (SI 10), Tianliao (TE 15), Jianjing (GB 21), Benshen (GB 13), Yangbai (GB 14), Toulinqi (GB 15), Muchuang (GB 16), Zhengying (GB 17), Chengling (GB 18), Naokong (GB 19), Fengchi (GB 20), Fengfu (GV 16), and Yamen (GV 15) (see Figure 1.20).

6.8 Yin Link Vessel

The numbering in the following description relates to that shown in Figure 1.20 (B).

The Yin Link Vessel starts from the medial aspect of the leg (Zhubin, KI 9) (1), and ascends along the medial aspect of the thigh to the abdomen (2) to communicate with the Spleen Meridian of Foot-Taiyin (3). Then it runs along the chest (4) and communicates with the Conception Vessel at the neck (Tiantu, CV 22), Lianquan (CV 23) (5).

The coalescent points of the Yin Link Vessel are: Zhubin (KI 9), Fushe (SP 13), Daheng (SP 15), Fuai (SP 16), Qimen (LR 14), Tiantu (CV 22) and Lianquan (CV 23) (see Figure 1.20).

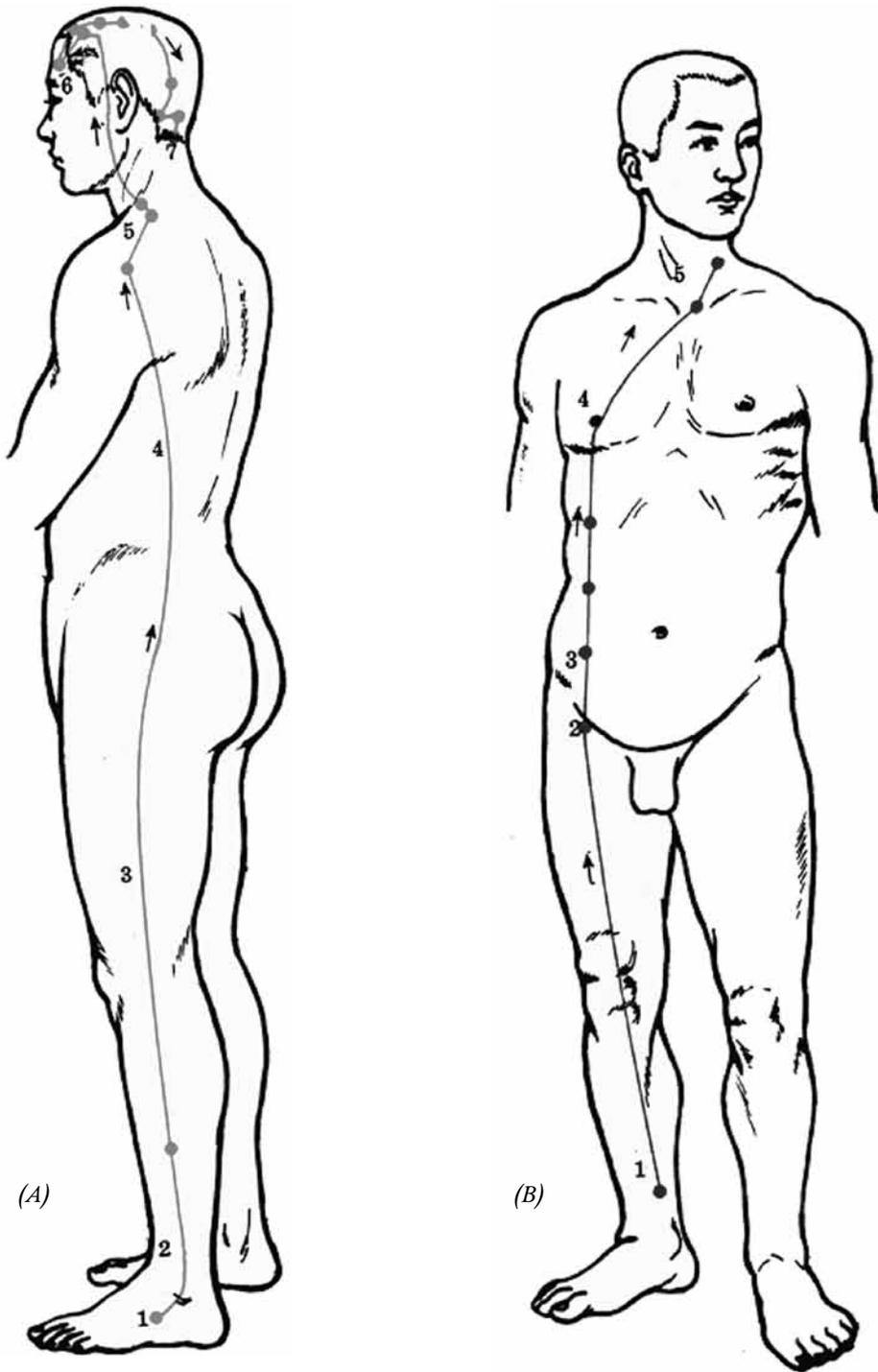


Figure 1.20: The Yang Link Vessel (A) and the Yin Link Vessel (B)

7. THE TWELVE DIVERGENT MERIDIANS AND FIFTEEN COLLATERALS

The divergent meridians and collaterals branch out from the twelve main meridians. The divergent meridians mainly run deeper in the body, with the collaterals being mostly distributed on the body surface. They both strengthen and connect the internally–externally related meridians. The divergent meridians govern the inside of the body, so they do not have points of their pertaining organs, while the collaterals control the body surface, each of them having a Luo (connecting) point, effective in certain diseases. The distribution of the twelve divergent meridians and fifteen collaterals is as described below.

7.1 The twelve divergent meridians

The twelve divergent meridians, which branch out from the twelve main meridians, are mainly distributed on the chest, abdomen and head. Their function is to connect internally–externally related meridians, strengthen their relation with the Zang Fu organs and serve as the extension of main meridians. The distribution of the divergent meridians can be summarized as follows.

Most of them derive from the main meridians at the regions of four limbs, and then enter the thoracic and abdominal cavities. The Yin and Yang divergent meridians run parallel inside the body and emerge from the neck. In the head region, the Yin divergent meridians connect with the Yang divergent meridians and then join the main meridians. Thus the twelve divergent meridians can be paired into six confluences according to their internal and external relationship.

The divergent meridians mainly run deeper in the body, supplementing the pathway that the main meridians do not reach. There are no points located on the divergent meridians.

The first confluence

a. Divergent Meridian of the Bladder Meridian of Foot-Taiyang

After deriving from the Bladder Meridian in the popliteal fossa, this proceeds to a point 5 cun below the sacrum. Winding round to the anal region, it connects with the Bladder and disperses in the Kidneys. Then it follows the spine and disperses in the cardiac region and finally emerges at the neck and converges with the Bladder Meridian of Foot-Taiyang (see Figure 1.21).

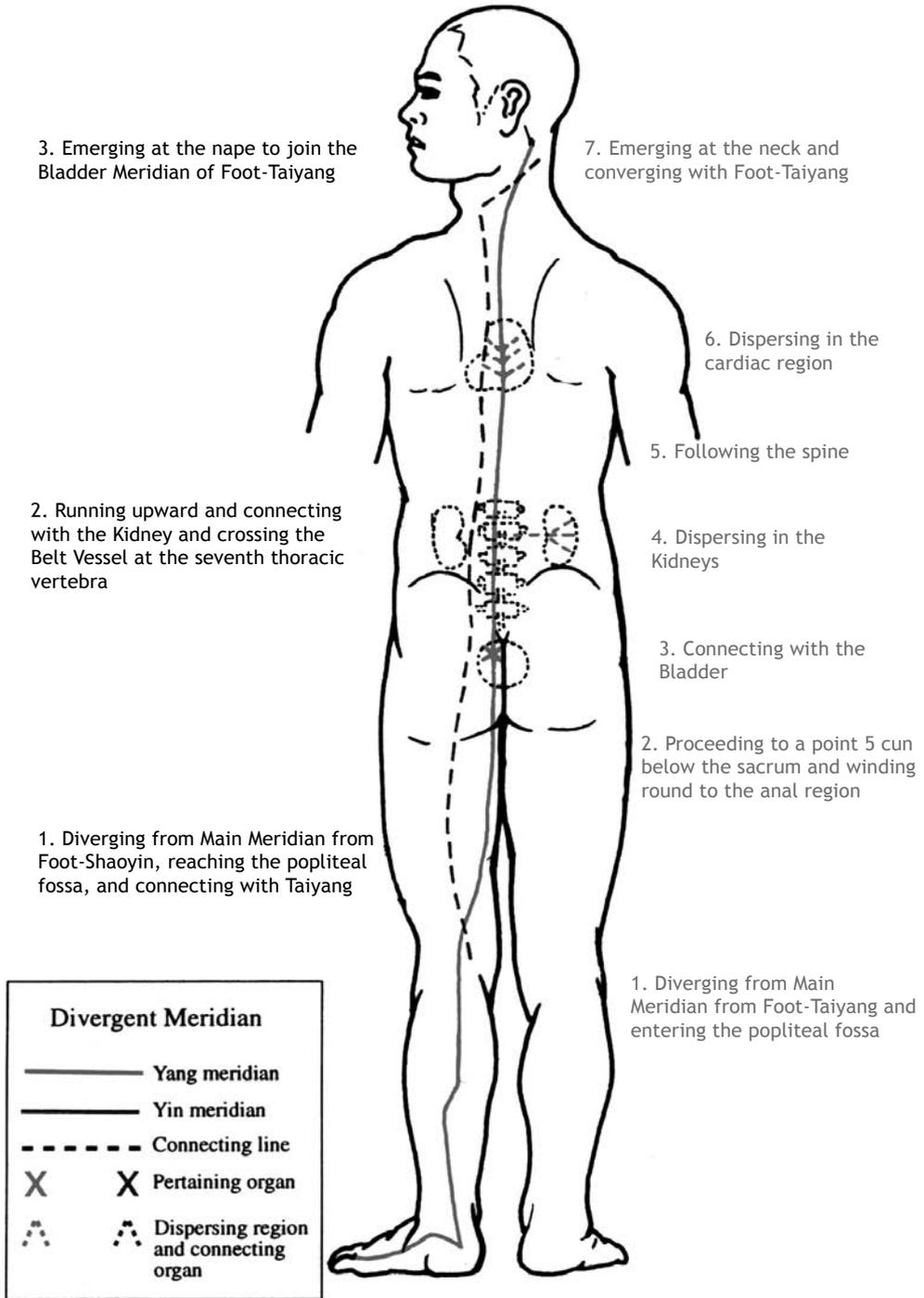


Figure 1.21: Divergent meridians of Bladder Meridian of Foot-Taiyang (solid line) and Kidney Meridian of Foot-Shaoyin (dotted line)

b. Divergent Meridian of the Kidney Meridian of Foot-Shaoyin

After deriving from the Kidney Meridian in the popliteal fossa, this intersects the divergent meridian of the Bladder Meridian on the thigh. It then runs upwards, connecting with the Kidney and crossing the Belt Vessel at about the level of the seventh thoracic vertebra. Further it ascends to the root of the tongue and, finally, emerges at the nape to join the Bladder Meridian of Foot-Taiyang (see Figure 1.21).

The second confluence**a. Divergent Meridian of the Stomach Meridian of Foot-Yangming**

After deriving from the Stomach Meridian on the thigh, this enters the abdomen, connects with the Stomach and disperses in the Spleen. It then ascends through the Heart and alongside the oesophagus to reach the mouth. It then runs upward beside the nose and connects with the eye, before finally joining the Stomach Meridian of Foot Yangming (see Figure 1.22).

b. Divergent Meridian of the Spleen Meridian of Foot-Taiyin

After deriving from the Spleen Meridian on the thigh, this converges with the divergent meridian of the Stomach Meridian of Foot-Yangming and runs upward to the throat, and finally enters the tongue (see Figure 1.22).

The third confluence**a. Divergent Meridian of the Gallbladder Meridian of Foot-Shaoyang**

After deriving from the Gallbladder Meridian on the thigh, this crosses over the hip joint and enters the lower abdomen in the pelvic region and converges with the divergent meridian of the Liver Meridian. Then, it crosses between the lower ribs, connects with the Gallbladder and spreads through the Liver. Proceeding further upward, it crosses the Heart and oesophagus and disperses in the face. It then connects with the eye and rejoins the Gallbladder Meridian of Foot-Shaoyang at the outer canthus (see Figure 1.23).

b. Divergent Meridian of the Liver Meridian of Foot-Jueyin

After deriving from the Liver Meridian on the instep, this runs upward to the pubic region, and converges with the Gallbladder Meridian of Foot-Shaoyang (see Figure 1.23).

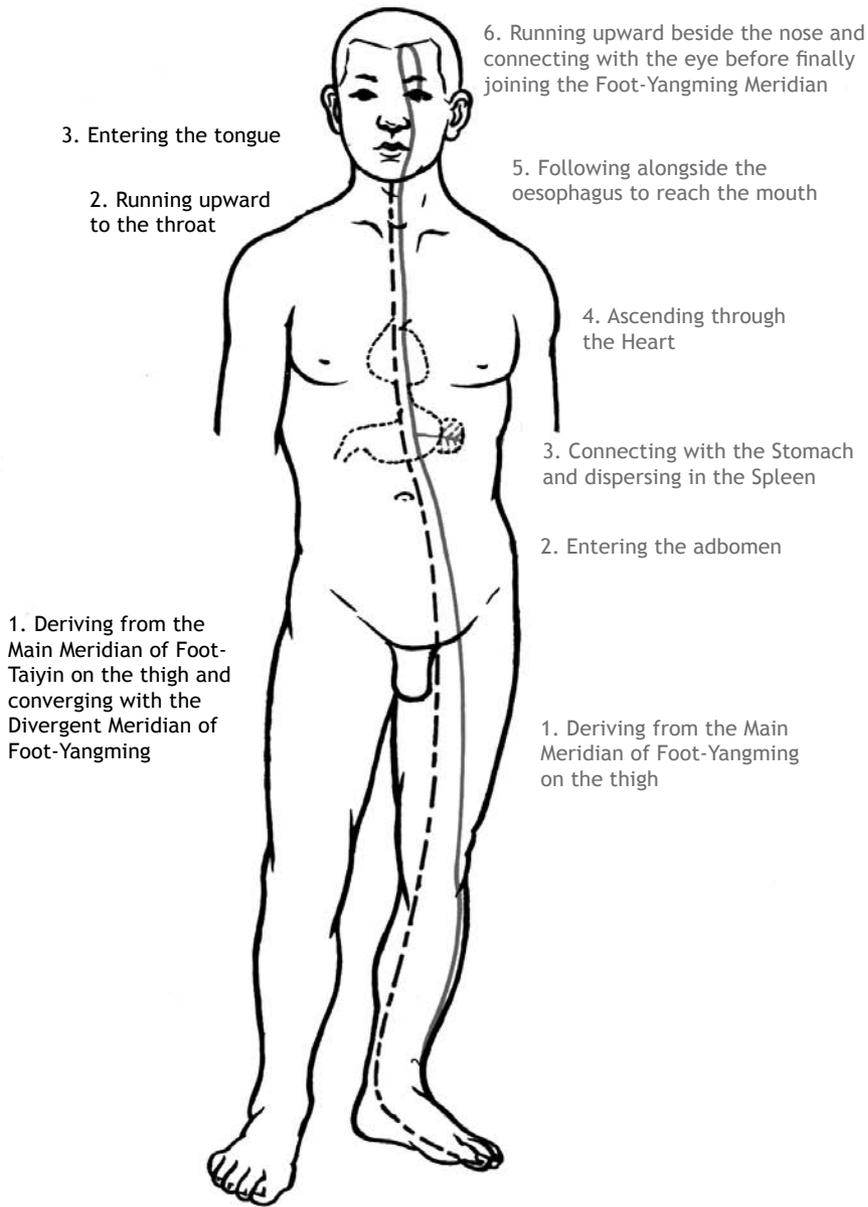


Figure 1.22: Divergent meridians of the Stomach Meridian of Foot-Yangming (solid line) and the Spleen Meridian of Foot-Taiyin (dotted line)

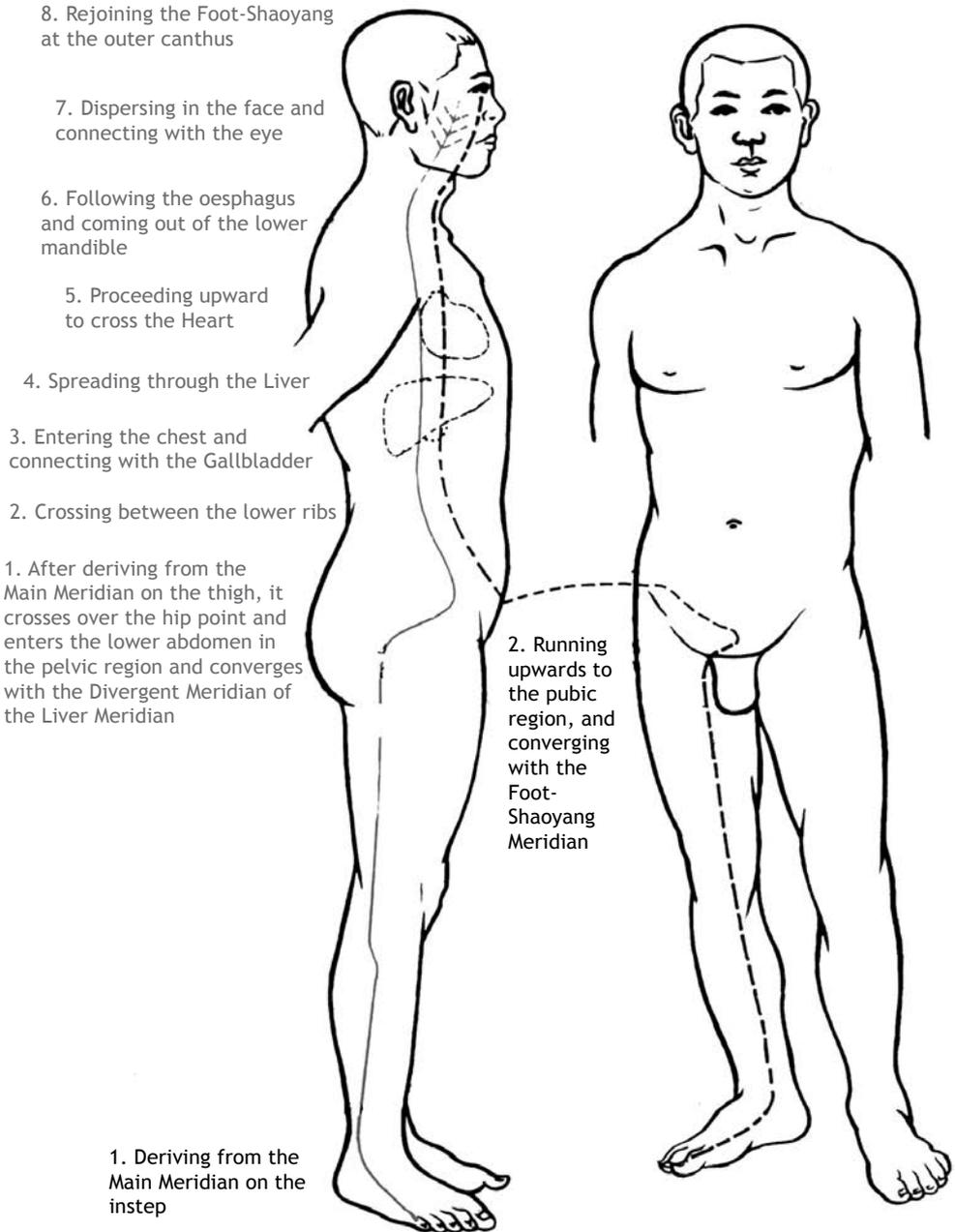


Figure 1.23: Divergent meridians of the Gallbladder Meridian of Foot-Shaoyang (solid line) and the Liver Meridian of Foot-Jueyin (dotted line)

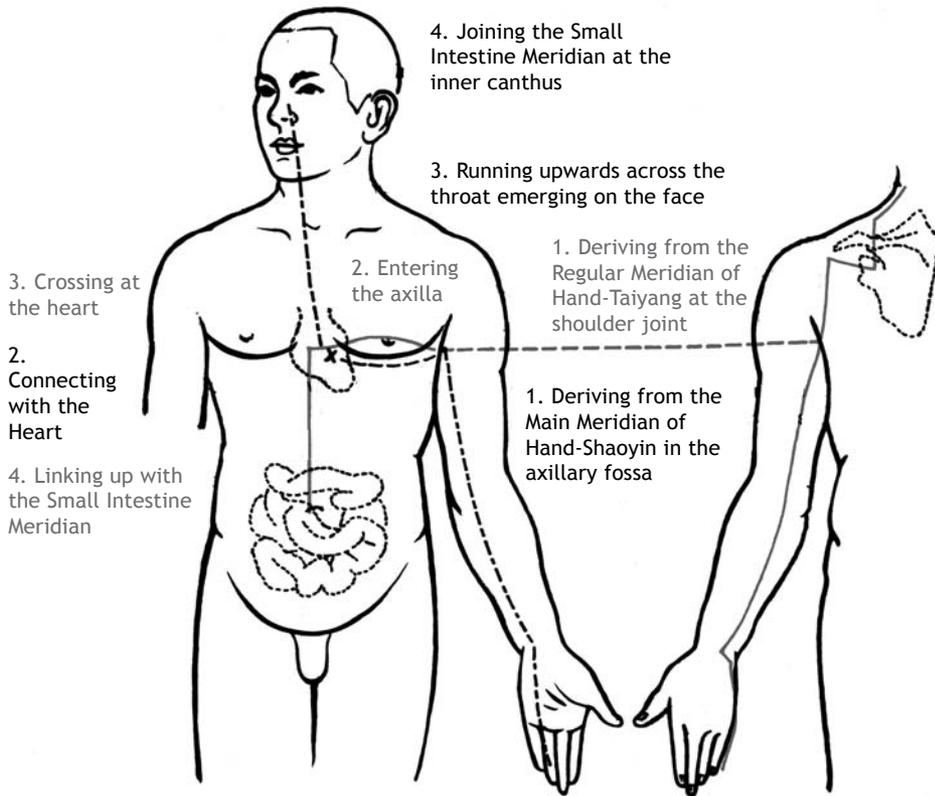


Figure 1.24: Divergent meridians of the Small Intestine of Hand-Taiyang (solid line) and the Heart Meridian of Hand-Shaoyin (dotted line)

The fourth confluence

a. Divergent Meridian of the Small Intestine Meridian of Hand-Taiyang

After deriving from the Small Intestine Meridian at the shoulder joint, it enters the axilla, crosses the Heart and runs downward to the abdomen to link up with the Small Intestine Meridian (see Figure 1.24).

b. Divergent Meridian of the Heart Meridian of Hand-Shaoyin

After deriving from the Heart Meridian in the axillary fossa, this enters the chest and connects with the Heart. It then runs upward across the throat and emerges on the face, and joins the Small Intestine Meridian at the inner canthus (see Figure 1.24).

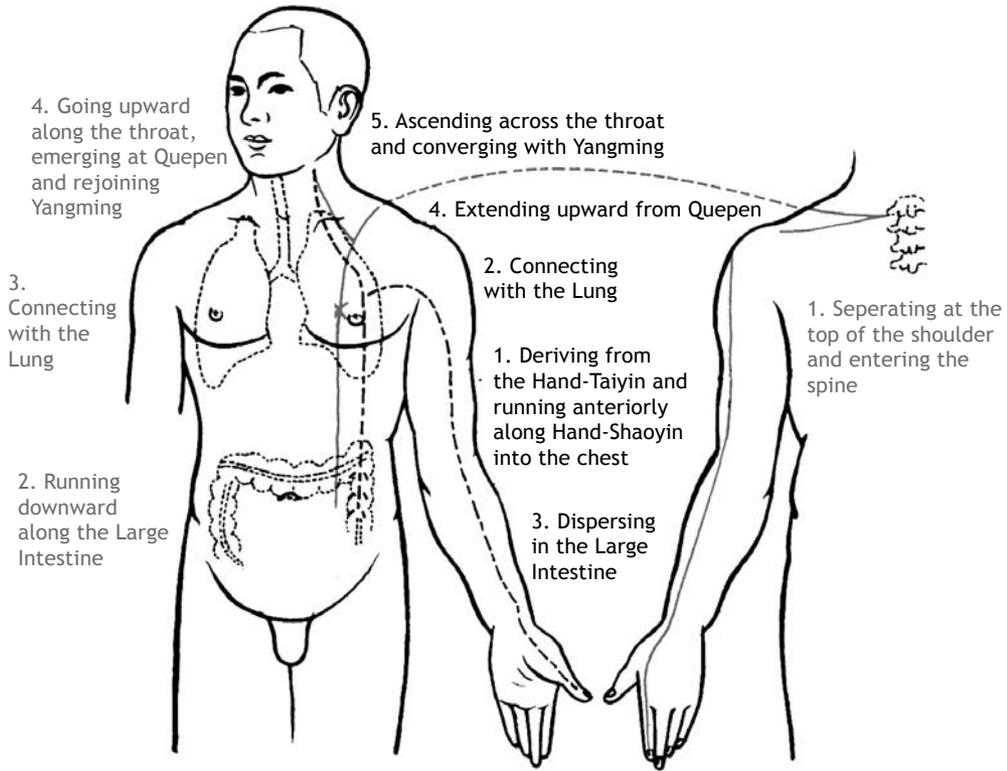


Figure 1.25: The schematic diagram of the divergent meridians of the Large Intestine Meridian of Hand-Yangming and the Lung Meridian of Hand-Taiyin

The fifth confluence

a. Divergent Meridian of the Large Intestine Meridian of Hand-Yangming

After deriving from the Large Intestine Meridian on the hand, this continues upward, crossing the arm and shoulder to reach the breast. A branch separates at the top of the shoulder and enters the spine at the nape. It runs downward to connect with the Large Intestine and Lungs. Another branch runs upward from the shoulder along the throat and emerges at the supraclavicular fossa, there it rejoins the Large Intestine Meridian (see Figure 1.25).

b. Divergent Meridian of the Lung Meridian of Hand-Taiyin

After deriving from the Lung Meridian at the axilla, this runs anterior to the Pericardium Meridian of Hand-Jueyin into the chest, and there it connects with the Lung and then disperses in the Large Intestine. A branch extends upward from the Lung and emerges at the clavicle, it ascends across the throat and converges with the Large Intestine Meridian (see Figure 1.25).

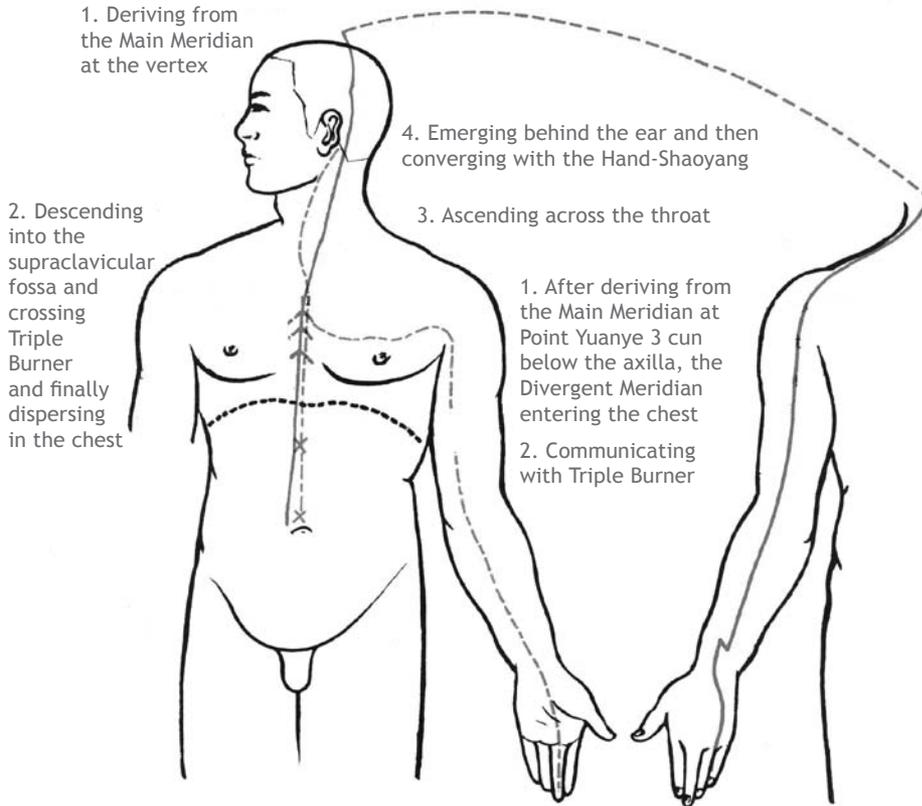


Figure 1.26: Divergent meridians of the Triple Burner of Hand-Shaoyang and the Pericardium Meridian of Hand-Jueyin

The sixth confluence

a. Divergent Meridian of the Triple Burner Meridian of Hand-Shaoyang

After deriving from the Triple Burner Meridian at the vertex, it descends into the supraclavicular fossa, crosses the Upper Burner, Middle Burner and Lower Burner and finally disperses in the chest (see Figure 1.26).

b. Divergent Meridian of the Pericardium Meridian of Hand-Jueyin

After deriving from the Pericardium channel at a point 3 cun below the axilla, this enters the chest and communicates with the Triple Burner. A branch ascends across the throat and emerges behind the ear and then converges with the Triple Burner Meridian (see Figure 1.26).

7.2 The fifteen collaterals

The fifteen collaterals include:

- the twelve collaterals separating from the twelve main meridians
- the collaterals of the Conception Vessel and Governor Vessel, and
- the Major Collateral of the Spleen.

They are distributed superficially over the four limbs and in the anterior, posterior and lateral aspects of the body. Their function is to connect the externally-internally related meridians and transport the local Qi and Blood so as to promote the free circulation of Qi and Blood of the meridians.

The distribution of the fifteen collaterals may be summarized as follows:

- Each of the collaterals has a Luo (connecting) point, pertaining to the meridian where it derives.
- The collaterals on the four limbs not only run to the externally–internally related meridians but also possess other tributaries.
- The collaterals on the trunk and collateral of the Conception Vessel disperse in the abdominal region.
- The Collateral of the Governor Vessel disperses in the head and joins with the Bladder Meridian on the back.
- The Major Collateral of the Spleen disperses in the chest and hypochondrium.

All the collaterals possess the function of transporting Qi to different parts of the body. In addition, there are many smaller branches and sub-branches, which are called ‘minute collaterals’ and ‘superficial collaterals’ respectively. These minute and superficial collaterals are distributed all over the body, possessing the function of transporting Qi and Blood to the body surface.

The three Yin collaterals of the hand

a. The Collateral of the Lung Meridian of Hand-Taiyin

This arises from Lieque (LU 7) and runs to the Large Intestine Meridian of Hand-Yangming. Another branch follows the Lung Meridian of Hand-Taiyin into the palm of the hand and spreads through the thenar eminence (see Figure 1.27).



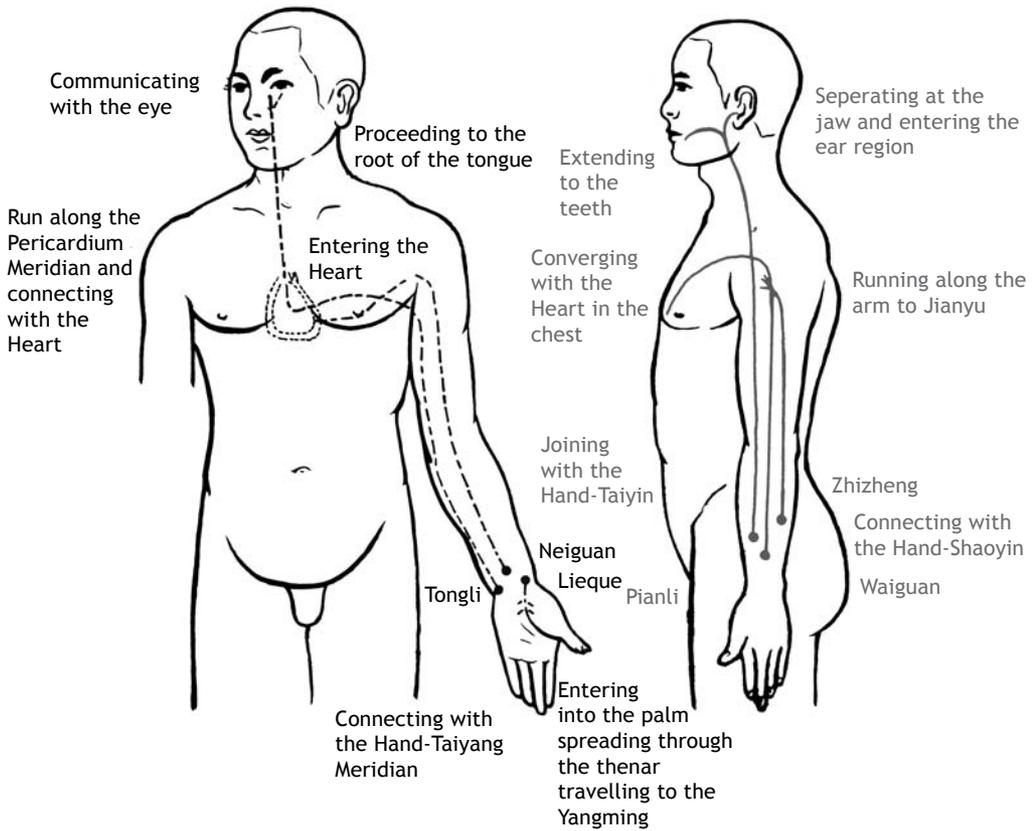


Figure 1.27: The three Yin collaterals of the hand and the three Yang collaterals of the hand

b. The Collateral of the Heart Meridian of Hand-Shaoyin

This branches out at Tongli (HT 5), 1 cun above the transverse crease of the wrist, it connects with the Small Intestine Meridian of Hand-Taiyang. About 1.5 cun above the wrist, it again follows the meridian and enters the Heart; it then runs to the root of the tongue and connects with the eye (see Figure 1.27).

c. The Collateral of the Pericardium Meridian of Hand-Jueyin

This begins from Neiguan (PC 6), 2 cun above the wrist, it disperses between the two tendons and runs along the Pericardium Meridian to the Pericardium, and finally connects with the Heart (see Figure 1.27).

The three Yang collaterals of the hand

a. The Collateral of the Large Intestine Meridian of Hand-Yangming

This starts from Pianli (LI 6) and joins the Lung Meridian of Hand-Taiyin 3 cun above the wrist. Another branch runs along the arm to Jianyu (LI 15), crosses the jaw and extends to the teeth. Still another branch derives at the jaw and enters the ear to join the Thoroughfare Vessel (see Figure 1.27).

b. The Collateral of the Small Intestine Meridian of Hand-Taiyang

This originates from Zhizheng (SI 7), 5 cun above the wrist, it connects with the Heart Meridian. Another branch runs upward, crosses the elbow and connects with Jianyu (LI 15) (see Figure 1.27).

c. The Collateral of the Triple Burner Meridian of Hand-Shaoyang

This arises from Waiguan (TE 5), 2 cun above the dorsum of the wrist, and travels up the posterior aspect of the arm and over the shoulder, dispersing in the chest, converging with the Pericardium Meridian (see Figure 1.27).

The three Yang collaterals of the foot

a. The Collateral of the Stomach Meridian of Foot-Yangming

This starts from Fenglong (ST 40), 8 cun above the external malleolus, it connects with the Spleen Meridian. A branch runs along the lateral aspect of the tibia upward to the top of the head, and converges with the other Yang meridians on the head and neck. From there it runs downward to connect with the throat (see Figure 1.28).

b. The Collateral of the Bladder Meridian of Foot-Taiyang

This arises from Feiyang (BL 58), 7 cun above the external malleolus, it connects with the Kidney Meridian (see Figure 1.28).

c. The Collateral of the Gallbladder Meridian of Foot Shaoyang

This begins from Guangming (GB 37), 5 cun above the external malleolus, joins the Liver Meridian, and then runs downward and disperses over the dorsum of the foot (see Figure 1.28).



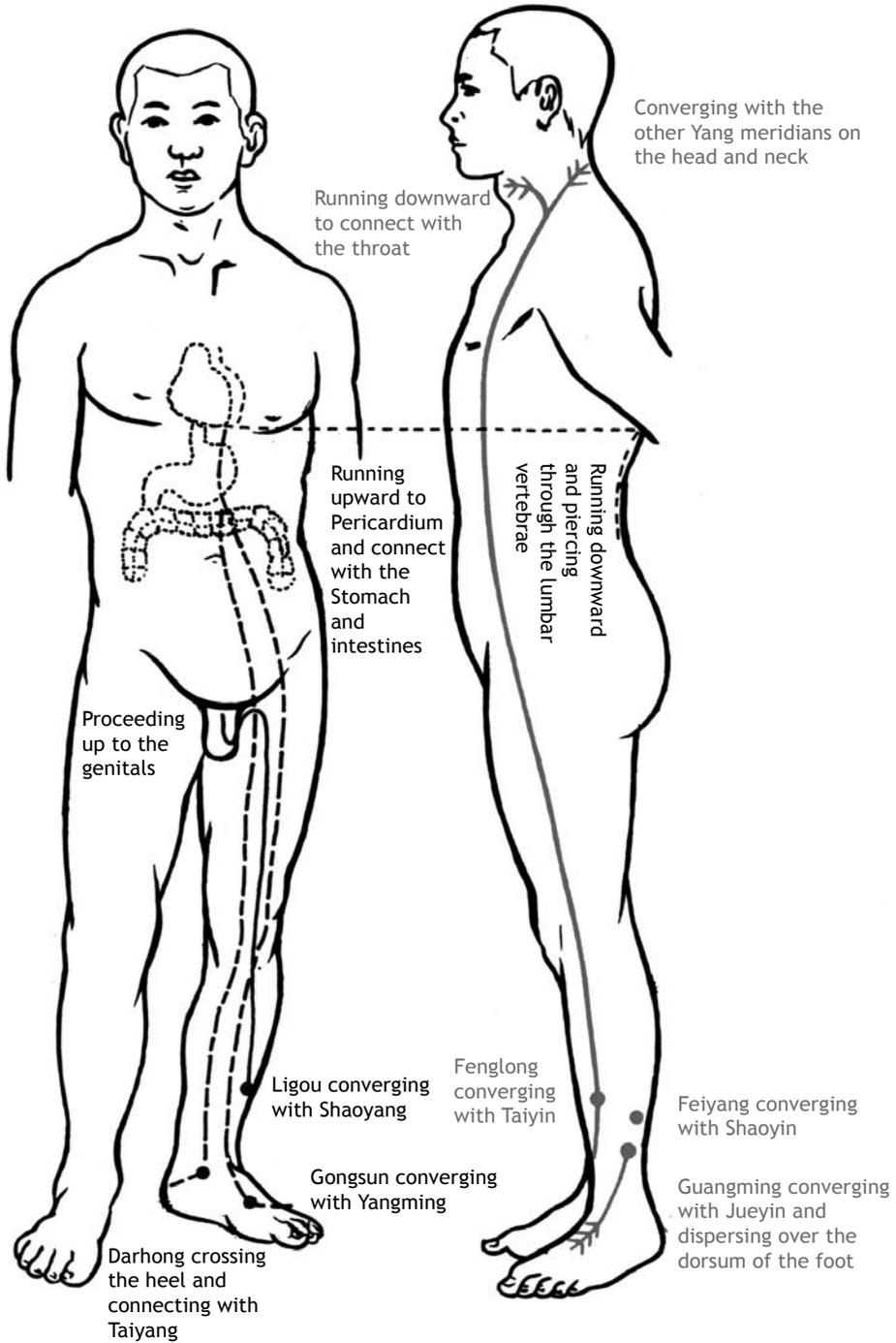


Figure 1.28: The three Yang collaterals of the foot and the three Yin collaterals of the foot

The three Yin collaterals of the foot

a. The Collateral of the Spleen Meridian of Foot-Taiyin

This branches out at Gongsun (SP 4), 1 cun posterior to the base of the first metatarsal bone, and then joins the Stomach Meridian. A branch runs upward to the abdomen and connects with the Stomach and intestines (see Figure 1.28).

b. The Collateral of the Kidney Meridian of Foot-Shaoyin

This originates from Dazhong (KI 4) on the posterior aspect of the internal malleolus, crosses the heel, and joins the Bladder Meridian. A branch follows the Kidney Meridian upward to a point below the Pericardium and then pierces through the lumbar vertebrae (see Figure 1.28).

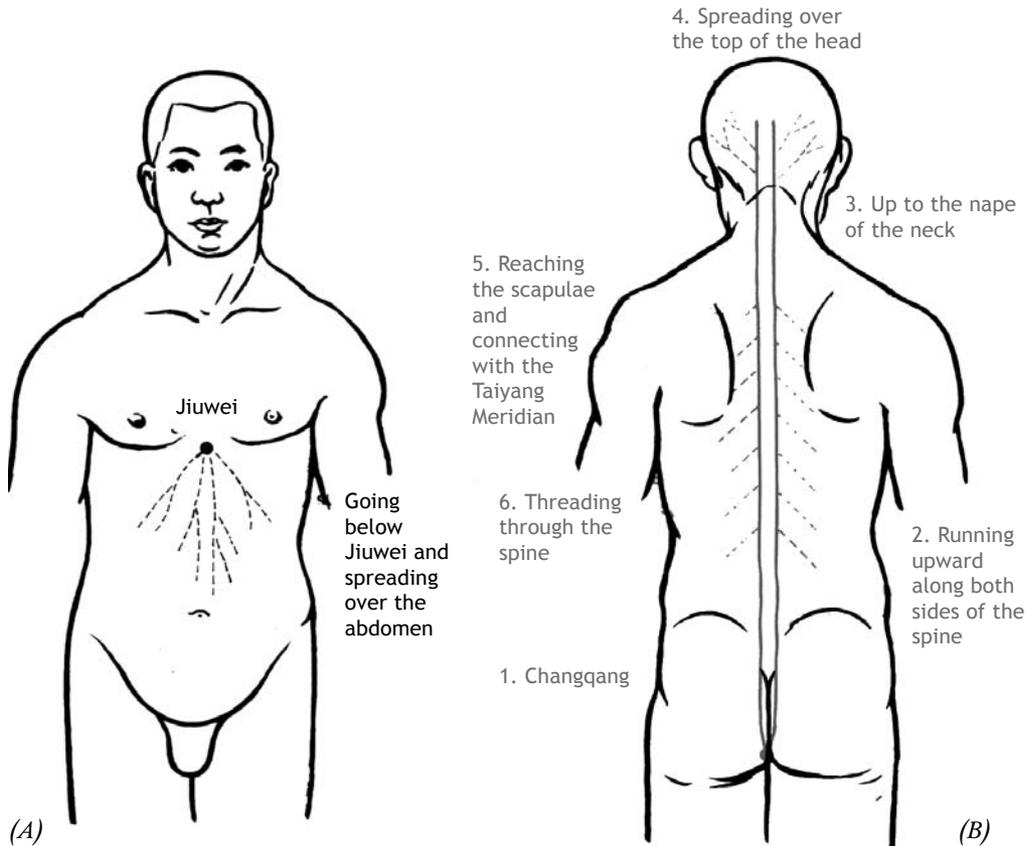


Figure 1.29: The collaterals of the Conception Vessel (A) and the Governor Vessel (B)

c. The Collateral of the Liver Meridian of Foot-Jueyin

This starts from Ligou (LR 5), 5 cun above the internal malleolus and connects with the Gallbladder Meridian. A branch runs up the leg to the genitals (see Figure 1.28).

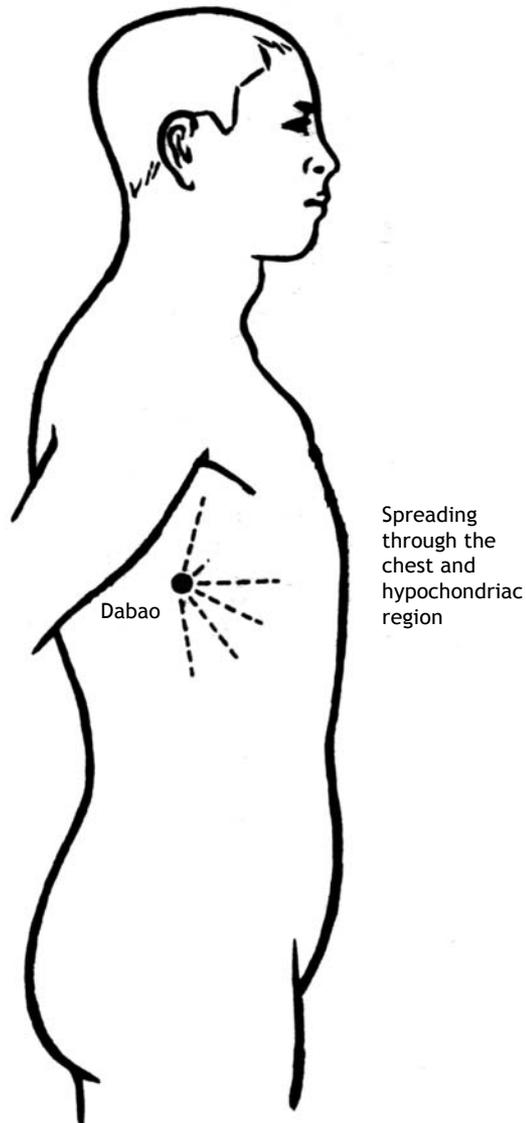


Figure 1.30: The Major Collateral of the Spleen

The collaterals of the Conception and Governor Vessels

a. The Collateral of the Conception Vessel

This separates from the Conception Vessel at the lower end of the sternum. From Jiuwei (CV 15), it spreads over the abdomen (see Figure 1.29).

b. The Collateral of the Governor Vessel

This arises from Changqiang (GV 1) in the perineum, runs upward along both sides of the spine to the nape, and spreads over the top of the head. When it gets to the scapular regions, it connects with the Bladder Meridian and pierces through the spine (see Figure 1.29).

The Major Collateral of the Spleen

As shown in Figure 1.30, this begins from Dabao (SP 21), emerges 3 cun below Yuanye (GB 22) and spreads through the chest and hypochondriac region, gathering the Blood all over the body.

8. THE TWELVE MUSCLE REGIONS AND TWELVE CUTANEOUS REGIONS

The muscle regions and cutaneous regions are the sites where the Qi and Blood of the meridians nourish the muscles, tendons and skin. Similar to the twelve main meridians, they are also divided into three hand Yin and three hand Yang, three foot Yin and three foot Yang. The muscle regions are deeply distributed under the skin, while the cutaneous regions are located in the superficial layers of the skin. As cutaneous regions cover an extensive area, they are generally known as 'the Cutaneous Regions of the Six Meridians'.

8.1 The twelve muscle regions

The twelve muscle regions, the conduits that distribute the Qi and Blood of the twelve main meridians to nourish the muscles, possess the function of connecting all the bones and joints of the body and maintaining the normal range of motion. The distribution is described as follows:

- The muscle regions originate from the extremities of the limbs and ascend to the head and trunk, but do not reach the Zang and Fu organs. Thus, they are not related to the Zang Fu organs, and the flow of Qi and Blood.
- The three Yang muscle regions of the foot are distributed in the anterior, lateral and posterior aspects of the trunk, all connecting with the eyes.

- The three Yin muscle regions of the foot connect with the genital region.
- The three Yang muscle regions of the hand connect with the angle of the forehead.
- The three Yin muscle regions of the hand connect with the thoracic cavity.

In the treatment of diseases, the muscle regions are mainly indicated in muscular problems, such as Bi syndrome, contracture, stiffness, spasm and muscular atrophy. In *Miraculous Pivot*, it says ‘where there is pain, there is an acupuncture point.’ That means muscle problems can be treated by needling the local points.

The three Yang muscle regions of the foot

a. The Muscle Region of Foot-Taiyang (Bladder)

This starts from the little toe, ascends to connect at the external malleolus and then at the knee. A lower branch separates below the external malleolus, extending to the heel, and runs upward to connect at the lateral aspect of the popliteal fossa. Another branch starts at the convergence of the medial and lateral heads of the gastrocnemius muscle and ascends to connect at the medial side of the popliteal fossa. These two branches join in the gluteal region and then ascend along the side of the spine to the nape, where a branch enters the root of the tongue. Above the neck, the straight portion connects with the occipital bone and crosses over the top of the head to connect at the nose bridge. A branch spreads around the eye and connects at the side, below the nose. Another branch extends from the lateral side of the posterior axillary fold to connect with Jianyu (LI 15). Another branch enters the chest below the axilla, emerges from the supraclavicular fossa and then connects at Wangu (GB 12) behind the ear. Still, another branch emerges from the supraclavicular fossa and traverses the face to come out beside the nose (see Figure 1.31).

b. The Muscle Region of Foot-Shaoyang (Gallbladder)

This originates from the fourth toe, and connects with the external malleolus. Then it ascends along the lateral side of the tibia where it connects with the knee. A branch begins at the upper part of the fibula and continues upward along the thigh. One of its sub-branches runs anteriorly, connecting above Futu (ST 32). Another sub-branch runs posteriorly and connects with the sacrum. The straight branch ascends across the ribs, dispersing around and anterior to the axilla, connecting first at the breast region and then connecting at Quepen (ST 12). Another branch extends from the axilla upward across the clavicle, emerging in front of the Foot-Taiyang (Bladder)

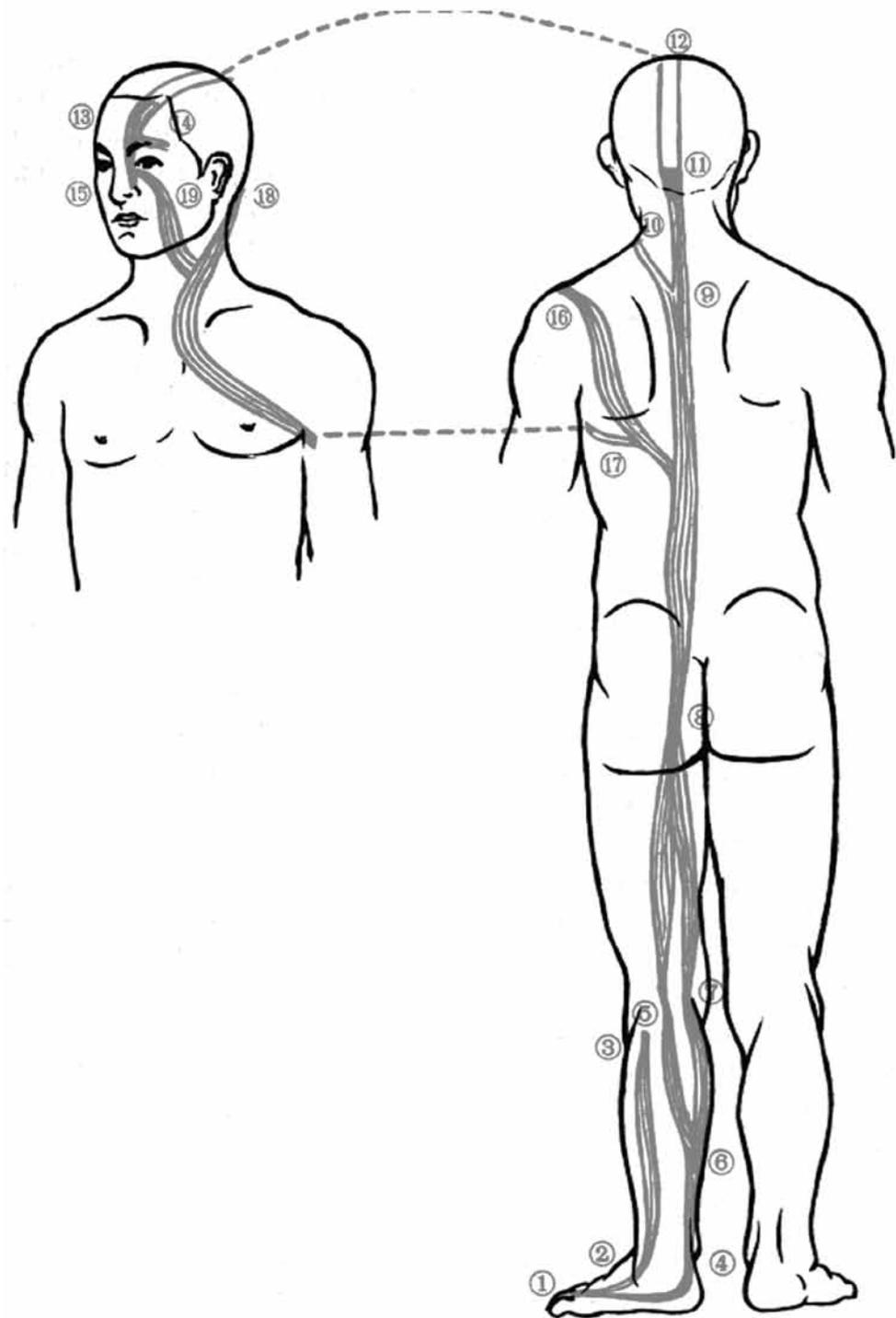


Figure 1.31: The Muscle Region of Foot-Taiyang (Bladder)

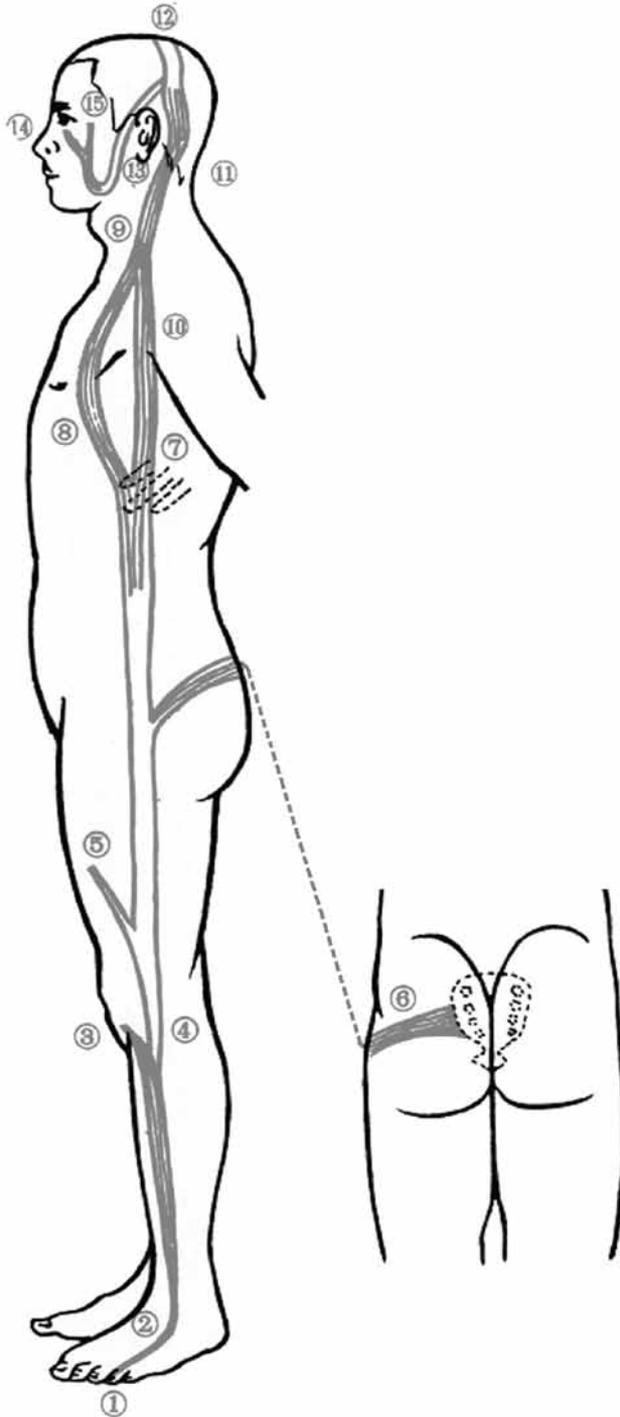


Figure 1.32: The Muscle Region of Foot-Shaoyang (Gallbladder)

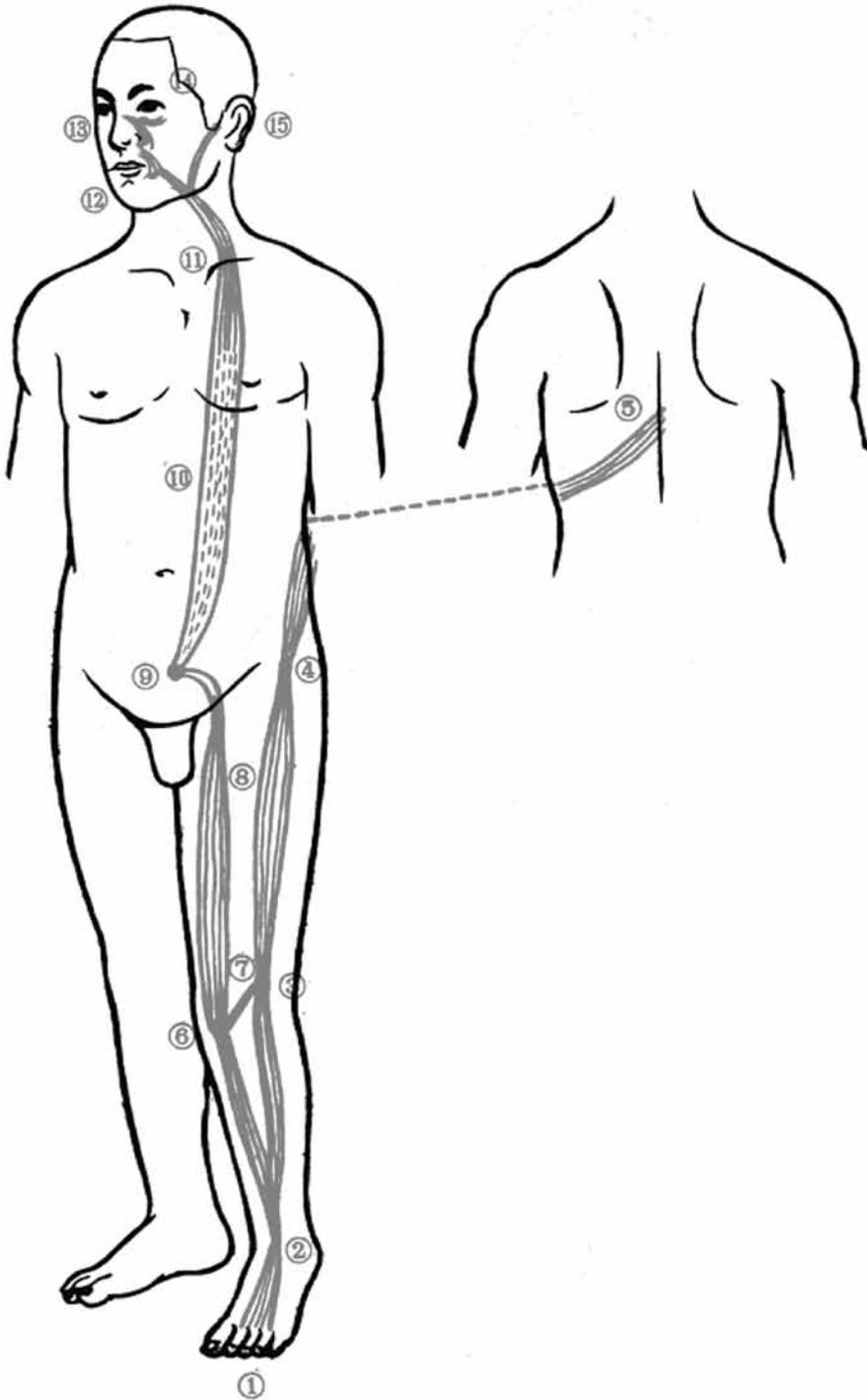


Figure 1.33: The Muscle Region of Foot-Yangming (Stomach)

muscle region where it continues upwards behind the ear to the temple. Then, it proceeds up to the vertex to join its bilateral counterpart. A branch descends from the temple across the cheek and then connects beside the bridge of the nose. A sub-branch connects with the outer canthus (see Figure 1.32).

c. The Muscle Region of Foot-Yangming (Stomach)

This arises from the second, middle and fourth toes, connects at the dorsum of the foot, and ascends obliquely along the lateral aspect of the leg, where it disperses at the tibia and then connects at the lateral aspect of the knee. Ascending directly to connect at the hip joint, it extends to the lower ribs to connect with the spine. The straight branch runs along the tibia and connects at the knee. A sub-branch connects with the fibula, and joins with the Foot-Shaoyang (Gallbladder). From the knee, it ascends across the thigh and connects in the pelvic region. Dispersing upward on the abdomen and connecting at Quepen (ST 12), it extends to the neck and mouth, meeting at the side of the nose and connecting below the nose. Above, it joins with the Foot-Taiyang (Bladder) to form a muscular net around the eye. A sub-branch separates at the jaw and connects in front of the ear (see Figure 1.33).

The three Yin muscle regions of the foot

a. The Muscle Region of Foot-Taiyin (Spleen)

This starts from the medial side of the big toe and connects at the internal malleolus. Continuing upward and connecting at the medial side of the knee, it traverses the medial aspect of the thigh, and connects at the hip. Then it joins with the external genitalia and extends to the abdomen, connecting with the *umbilicus*. From there, it enters the abdominal cavity, connects with the ribs, and disperses through the chest. An internal branch adheres to the spine (see Figure 1.34).

b. The Muscle Region of Foot-Jueyin (Liver)

This originates from the dorsum of the big toe and connects anterior to the internal malleolus. Then it runs upward along the medial side of the tibia and connects at the lower, medial aspect of the knee. From there, it runs upward along the medial aspect of the thigh to the genital region, where it converges with other muscle regions (see Figure 1.35).



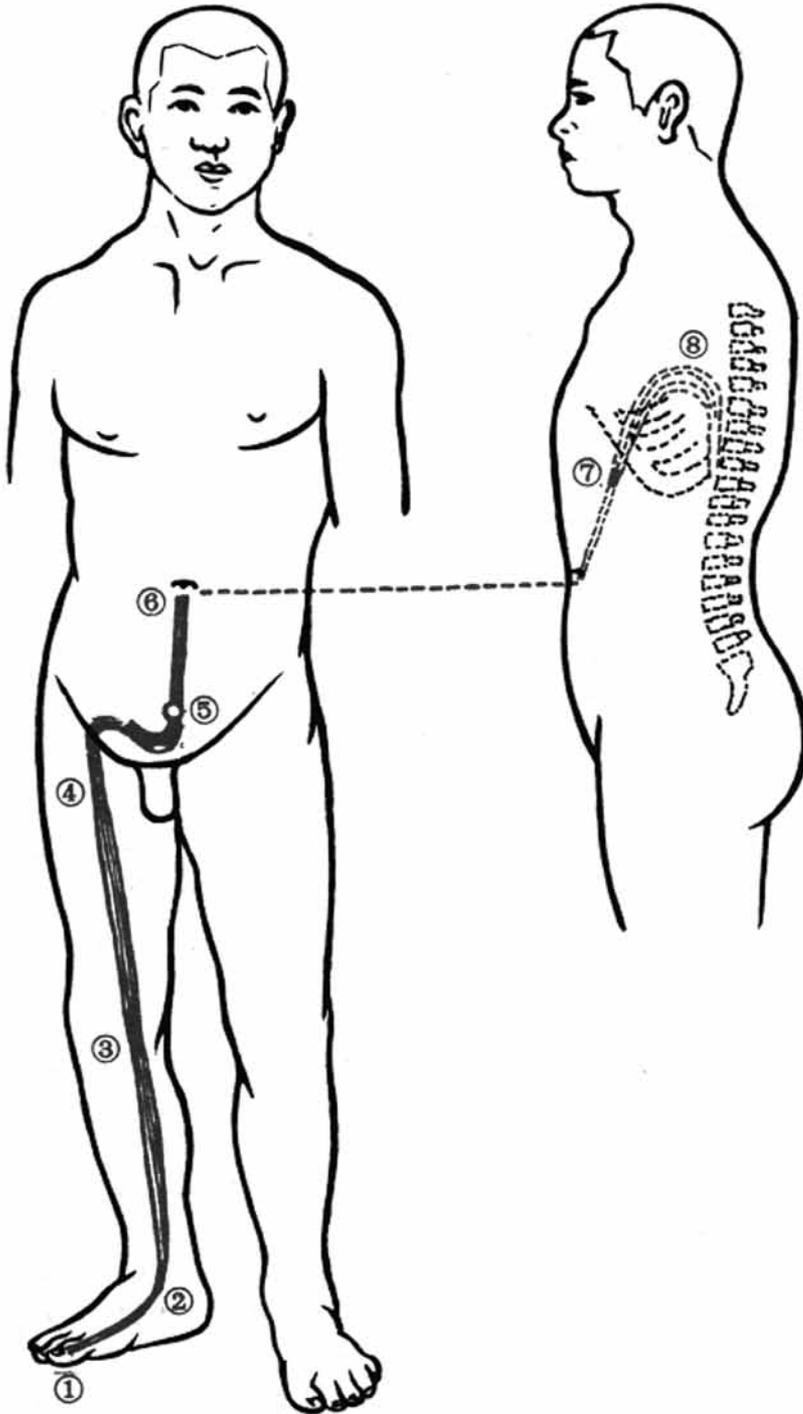


Figure 1.34: The Muscle Region of Foot-Taiyin (Spleen)

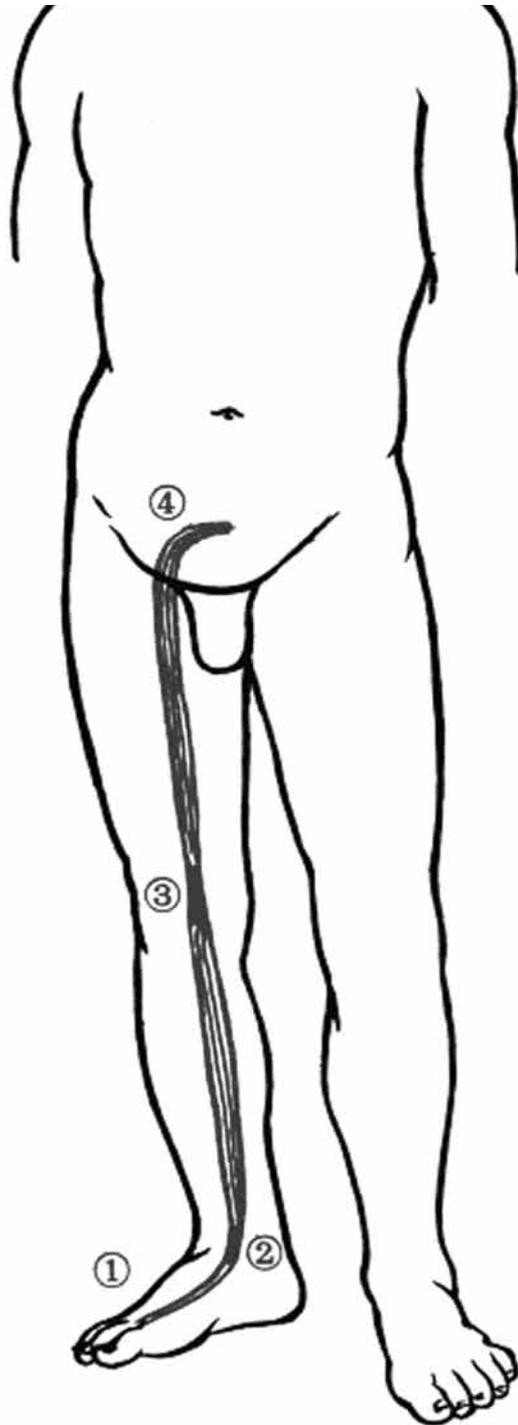


Figure 1.35: The Muscle Region of Foot-Jueyin (Liver)

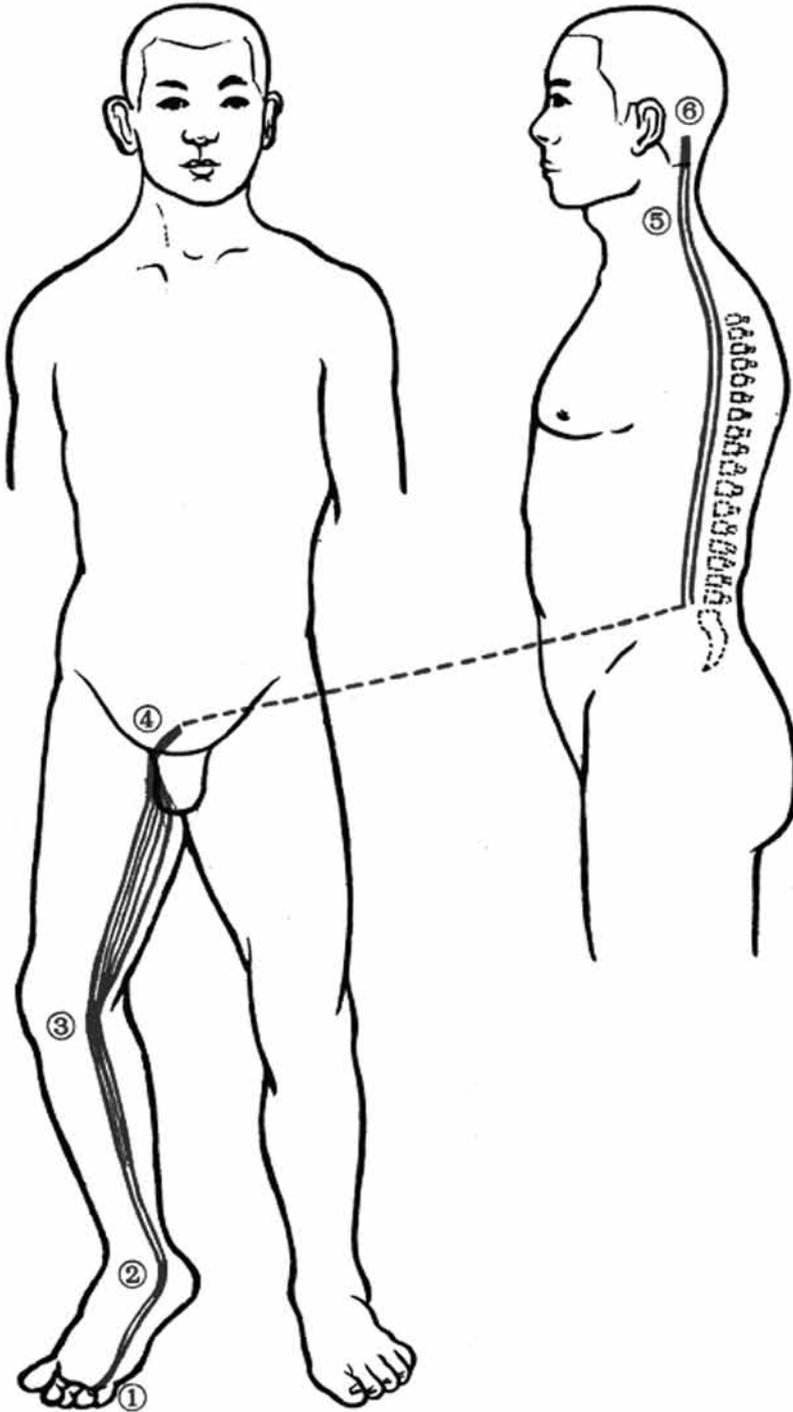


Figure 1.36: The Muscle Region of Foot-Shaoyin (Kidney)

c. **The Muscle Region of Foot-Shaoyin (Kidney)**

This begins beneath the little toe. Together with the Muscle Region of Foot-Taiyin, it runs obliquely below the internal malleolus and connects at the heel, converging with the Muscle Region of Foot-Taiyang (Bladder). Connecting at the lower, medial aspect of the knee, it joins with the Muscle Region of Foot-Taiyin (Spleen) and ascends along the medial aspect of the thigh to connect at the genital region. A branch proceeds upward along the side of the spine to the nape and connects with the occipital bone, converging with the Muscle Region of Foot-Taiyang (Bladder) (see Figure 1.36).

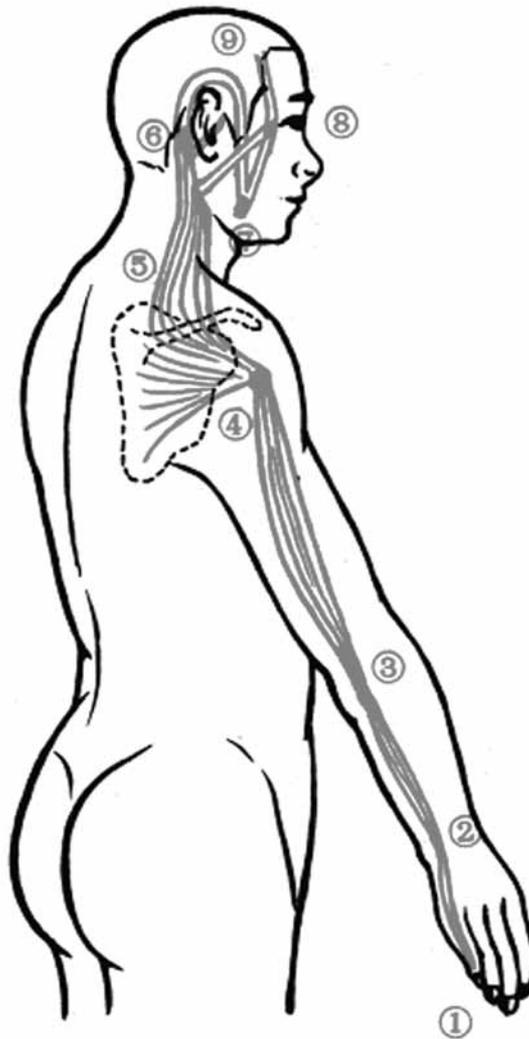


Figure 1.37: The Muscle Region of Hand-Taiyang (Small Intestine)

The three Yang muscle regions of the hand

a. The Muscle Region of Hand-Taiyang (Small Intestine)

This starts from the tip of the small finger, connects at the dorsum of the wrist, and proceeds up along the forearm to connect at the medial condyle of the humerus in the elbow. Then it continues up along the arm and connects below the axilla. A branch runs behind the axilla, curves around the scapula and emerges in front of the Foot-Taiyang (Bladder) on the neck, connecting behind the ear. A branch separates behind the auricle and enters the ear. Emerging above the auricle, the straight branch descends across the face and connects beneath the mandible, then continues upward to link the outer canthus. Another branch starts at the mandible, ascends around the teeth and in front of the ear, connects the outer canthus and connects at the angle of the forehead (see Figure 1.37).

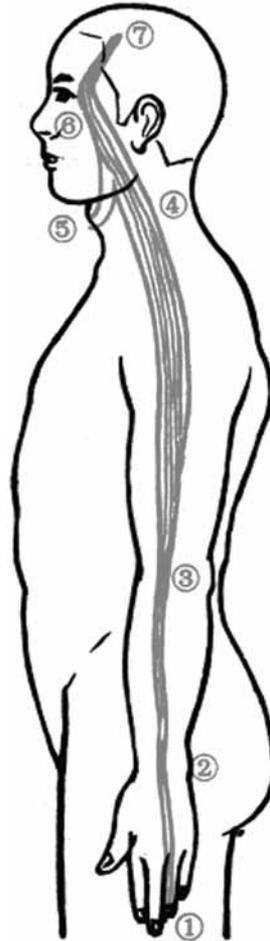


Figure 1.38: The Muscle Region of Hand-Shaoyang (Triple Burner)

b. The Muscle Region of Hand-Shaoyang (Triple Burner)

This starts from the extremity of the fourth finger and connects at the dorsum of the wrist. Then, it ascends along the forearm and connects at the olecranon of the elbow. Proceeding upward along the lateral aspect of the upper arm, it crosses the shoulder and the neck, then converges with the Muscle Region of Hand-Taiyang (Small Intestine). A branch splits out at the angle of the mandible and connects with the root of the tongue. Another branch proceeds upward in front of the ear to the outer canthus, then crosses the temple and connects at the corner of the forehead (see Figure 1.38).

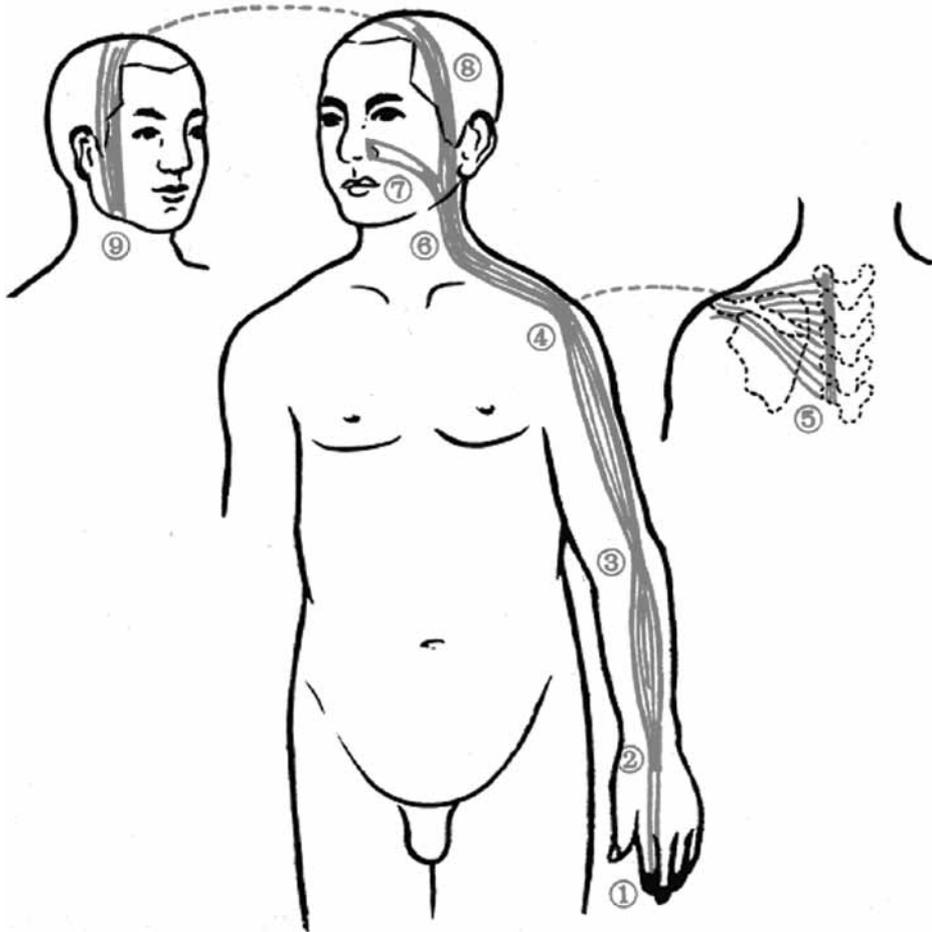


Figure 1.39: The Muscle Region of Hand-Yangming (Large Intestine)

c. **The Muscle Region of Hand-Yangming (Large Intestine)**

This begins from the extremity of the index finger and connects at the dorsum of the wrist. Then it goes upward along the forearm, and connects at the lateral aspect of the elbow. Continuing up the arm, it connects at Jianyu (LI 15). A branch moves around the scapula and attaches to the spine. The straight branch continues from Jianyu (LI 15) to the neck, where a branch separates and connects at the side of the nose. The straight branch continues upward and emerges in front of the Meridian of Hand-Taiyang (Small Intestine). Then it crosses over the head, connecting at the mandible on the opposite side of the face (see Figure 1.39).

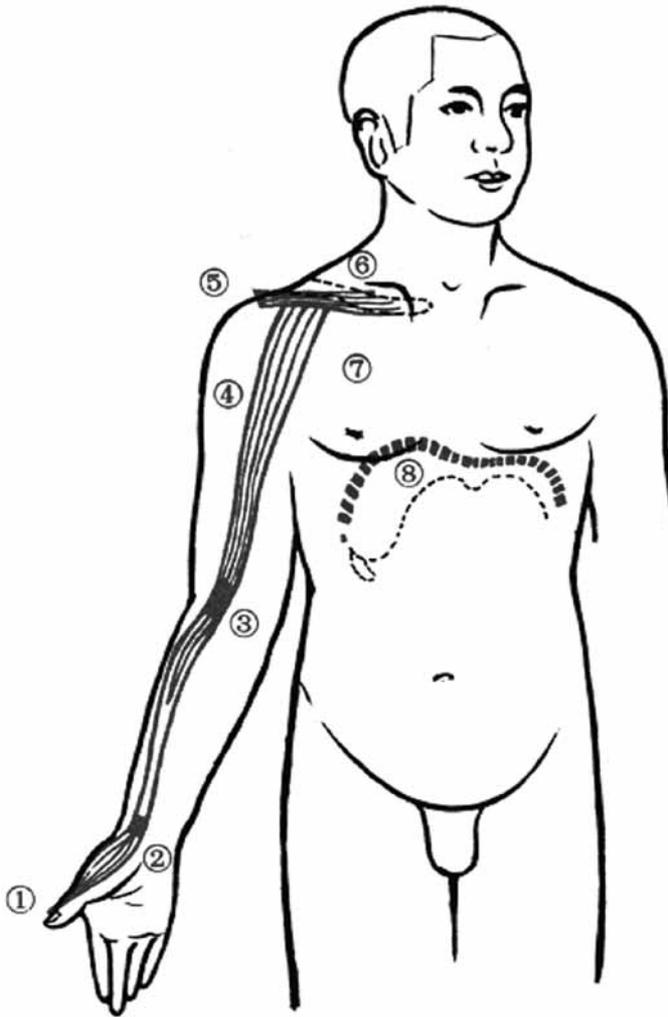


Figure 1.40: The Muscle Region of Hand-Taiyin (Lungs)

The three Yin muscle regions of the hand

a. The Muscle Region of Hand-Taiyin (Lungs)

This arises from the tip of the thumb and connects at the lower thenar eminence. Proceeding up laterally to the pulse and along the forearm, it connects at the elbow, then ascends along the medial aspect of the arm and enters the chest below the axilla. Emerging from Quepen (ST 12), it connects anteriorly to Jianyu (LI 15). Above, it connects with the clavicle, and below it connects in the chest, dispersing over the diaphragm and converging again at the lowest rib (see Figure 1.40).

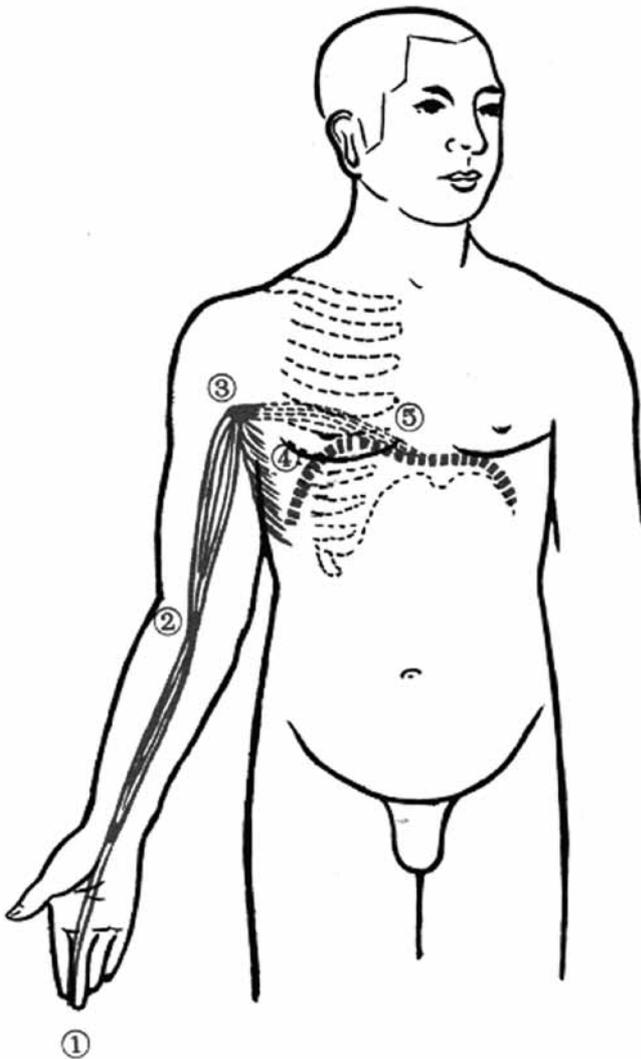


Figure 1.41: The Muscle Region of Hand-Jueyin (Pericardium)

b. The Muscle Region of Hand-Jueyin (Pericardium)

This arises from the palmar aspect of the middle finger and follows the Muscle Region of Hand-Taiyin (Lungs) upward. It first connects at the medial aspect of the elbow, and afterwards below the axilla. Then it descends, dispersing at the front and back sides of the ribs. A branch enters the chest below the axilla and spreads over the chest, connecting in the thoracic diaphragm (see Figure 1.41).

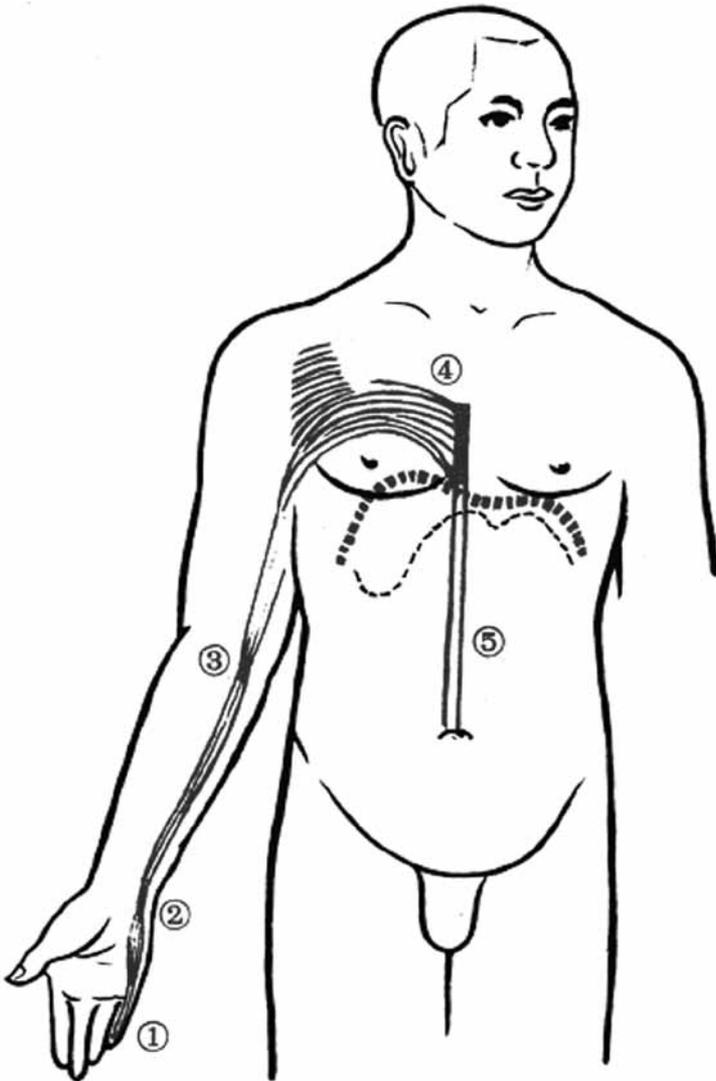


Figure 1.42: The Muscle Region of Hand-Shaoyin (Heart)

c. The Muscle Region of Hand-Shaoyin (Heart)

This begins from the medial side of the small finger, connects first at the pisiform bone of the hand, and afterward at the medial aspect of the elbow. Continuing upward and entering the chest below the axilla, it crosses the Muscle Region of Hand-Taiyin (Lungs) in the breast region and connects in the chest. Then it descends across the thoracic diaphragm to connect with the *umbilicus* (see Figure 1.42).

8.2 The twelve cutaneous regions

The twelve cutaneous regions refer to the sites through which the Qi and Blood of the meridians are transferred to the body surface. In *Plain Questions*, it says ‘The cutaneous regions are the part of the meridian system located in the superficial layers of the body, the cutaneous regions are marked by the regular meridians.’ In other words, the cutaneous regions are twelve distinct areas in the body surface within the domains of the twelve main meridians. These are also known as ‘the Cutaneous Regions of the Six Meridians’ when the hand and foot meridians are combined into six pairs.

Since the cutaneous regions are the most superficial part of the body tissues, they bear the protective function of the organism. When this function fails, exogenous pathogen can penetrate the skin to invade the collaterals and gain access to the meridians and the Zang Fu organs. In *Plain Questions*, it says ‘The skin is the place where the meridians are distributed. When a pathogen attacks the skin, the sweat pores will open, and then the pathogen may advance toward the collaterals, meridians and Zang Fu organs through the sweat pore.’

The transmitting order of a disease is: skin → collaterals → meridians → Zang organs → Fu organs.

Conversely, symptoms and signs of internal diseases can also be projected onto the skin through meridians and collaterals. Again, it says in *Plain Questions*, ‘Blue-coloured skin signifies local pain, dark-coloured skin indicates blockage of Qi and Blood, yellow- to red-coloured skin refers to Heat syndromes, and white-coloured skin the Cold syndromes.’ Thus, colour changes of the skin can indicate the presence of internal disorders.

Therapeutically, the cutaneous regions of the paired meridians are interactive. There are meridians of Hand-Yangming and Foot-Yangming. The Meridian of Hand-Yangming starts at the hand and goes to the head, while the Meridian of Foot-Yangming originates in the head and runs to the foot. They are diagnostically and therapeutically interactive.

III. THE FUNCTIONS OF THE MERIDIANS AND COLLATERALS

The network of the meridians and collaterals is closely connected with the tissues and organs of the body, and plays an important role in human physiology, pathology, and the prevention and treatment of ailments.

1. TRANSPORTING QI AND BLOOD AND REGULATING YIN AND YANG

Under normal conditions, the system of the meridians and collaterals functions to transport Qi and Blood and to regulate the balance between Yin and Yang throughout the whole body. As *Miraculous Pivot* says: 'The meridians and collaterals transport Blood and Qi to adjust Yin and Yang, nourish tendons and bones, and improve joint function.' The meridians and collaterals are passages for the circulation of Qi and Blood. Transversely and longitudinally, they cross with each other in both the interior and exterior of the body. 'Nutrient Qi flows inside the meridians and defensive Qi runs outside the meridians,' and thus the interior and the exterior, the upper and lower portions and the left and right sides of the body are kept in a close association, which maintains a relative equilibrium in normal life activities.

2. RESISTING PATHOGENS AND REFLECTING SYMPTOMS AND SIGNS

It is under pathological conditions that the system of the meridians and collaterals exerts its functions of combating pathogens and reflecting systemic or local symptoms and signs. As *Miraculous Pivot* points out, 'when the Lungs and Heart are involved in a pathogenic invasion, the pathogenic Qi lingers in both elbows; when the Liver is involved, it lingers in both axillae; when the Spleen is involved, it stays in both groins; when the Kidney is involved, it stays in both popliteal fossae.' This classical exposition shows how various symptoms and signs of diseases of the internal organs may find their way to the particular location where the corresponding meridians traverse. Occasionally, disorders of the internal organs may give rise to abnormal reactionary signs on the face or in the five sense organs. For instance, flare-up of Heart Fire can cause ulceration on the tongue; perverse ascension of Liver Fire can lead to congestion and swelling of the eye; deficiency of Kidney Qi may result in decrease of hearing, etc. In addition, when antipathogenic Qi is deficient and pathogenic Qi predominant, the meridians and collaterals may serve as passages for pathogen transmission. Disorders of meridians and collaterals

developing from the exterior can thus traverse inward to impair the internal organs in the interior. Conversely, diseases of the internal organs can affect the meridians and collaterals, as is described in *Plain Questions* ‘In a case of Liver disease, the pain in both hypochondria may extend to the lower abdomen,’ and ‘a patient with a Heart disease may have pain in the chest, fullness of the costal region, pain in the hypochondrium, back, shoulder, and even in the medial aspect of both arms.’

3. TRANSMITTING NEEDLING SENSATION AND REGULATING DEFICIENCY AND EXCESS CONDITIONS

In the treatment and prevention of disease, the system of the meridians and collaterals assumes the responsibility of transmitting needling sensation and regulating deficiency or excess conditions. When acupoint therapy is applied, stimulation of the acupuncture points is transmitted to the relevant Zang Fu organs. Consequently, normal free flow of Qi and Blood is restored, the functions of the Zang Fu organs regulated, and diseases cured. It is said in *Precious Supplementary Prescriptions* that ‘located on the courses of the meridians and collaterals, acupuncture points usher Qi to the distant sites to achieve curative aims’, and *Miraculous Pivot* states ‘The key point in acupuncture treatment is to know how to regulate Yin and Yang,’ meaning that the therapeutic action of acupuncture and moxibustion is realized mainly through the function of meridians and collaterals in regulating Yin and Yang. ‘The arrival of Qi’ a phenomenon in acupuncture, is the functional manifestation of the meridians and collaterals in transmitting needling sensation. Therapeutic results are closely related to ‘the arrival of Qi’. As the first chapter of *Miraculous Pivot* points out, ‘In acupuncture, the arrival of Qi is essential to obtaining therapeutic effects.’ And as it says in Chapter 9 ‘Acupuncture treatment must aim at regulating the flow of Qi.’ Inducing ‘the arrival of Qi’ and employing reinforcing and reducing methods in acupuncture are simply for the purpose of regulating the flow of Qi, and neither of these can be successful without the transmissive function of the meridians and collaterals.



CHAPTER

2

**GENERAL INTRODUCTION
TO ACUPOINTS**



I. INTRODUCTION

Acupuncture points are the specific sites through which the Qi of the Zang Fu organs and meridians is transported to the body surface. The Chinese characters ‘腧穴’ for an acupuncture point mean respectively ‘transportation’ and ‘hole’. In the medical literature of past dynasties, acupuncture points (the sites where acupuncture treatment is applied) have been described using other terms such as ‘Qi point’ and ‘aperture’.

Acupuncture points are not only the pathways for the circulation of Qi and Blood, but are also the loci of response to diseases. In acupuncture and moxibustion treatment, proper techniques are applied on the acupuncture points to regulate the functional activities of the body, and strengthen body resistance so as to prevent and treat diseases. Medical practitioners of past ages have left plentiful records describing the locations and indications of acupuncture points, formulating a systematic theory.

II. THE CLASSIFICATION AND NOMENCLATURE OF ACUPUNCTURE POINTS

1. CLASSIFICATION OF ACUPUNCTURE POINTS

There are numerous acupuncture points distributed over the human body. A great deal of work has been accomplished by medical workers in the past to generalize and systematize acupuncture points, which have been classified either ‘by meridians’ or ‘by body parts’. Generally speaking, acupuncture points fall into the following three categories in terms of their evolution.

1.1 Acupuncture points of the fourteen meridians

Also known as ‘meridian points’, the acupuncture points of the fourteen meridians are distributed along the twelve main meridians, the Governor Vessel and the Conception Vessel, amounting to 361 points in total. According to ancient medical records, the acupuncture points of this category are the crystallization of rich clinical experience of medical workers in the past. All the points in this category can be used to treat disorders of the related meridians and collaterals. They are the most commonly used points and form the majority of all acupuncture points. Those of the twelve main meridians are distributed symmetrically in pairs on the left and

right sides of the body, while those of the Governor and Conception Vessels are single ones, aligning on the posterior and anterior midlines respectively.

1.2 Extra points

Extra points are experiential points with specific names and definite locations, but are not attributed to the fourteen meridians. They are effective in the treatment of certain diseases. Although scattered over the body, they are still related to the meridians system. Some extra points are distributed along the courses of the fourteen meridians, for example, Yintang (Extra 1) is related to the Governor Vessel, Lanwei (Extra 18) to the Stomach Meridian of Foot-Yangming. A survey of the ancient acupuncture literature has revealed that some meridian points were developed from the extra points. Examples are Gaohuang (BL 43), which was added to the meridian points in the *Illustrated Manual of Acupuncture Points on the Bronze Figure* and Meichong (BL 3), which was added to the meridian points in the *Classic of Health-Promoting Acupuncture*. Both were previously extra points. Therefore, extra points are said to be the preceding counterparts of meridian points. Clinically, they are a supplement to the meridian points.

1.3 Ashi points

Ashi points are also called ‘reflexing points’, ‘unfixed points’ or ‘tender spots’. *Miraculous Pivot* says ‘Tender spots can be used as acupuncture points’, and this was the primary method for point selection in early acupuncture and moxibustion treatments. Without specific names and definite locations, Ashi points are considered to represent the earliest stage of acupuncture point evolution. Clinically, they are mostly used for pain syndromes.

2. NOMENCLATURE OF ACUPUNCTURE POINTS

The acupuncture points of the fourteen meridians have their definite locations and names. As stated in *Plain Questions*: ‘Acupuncture points are the sites into which Qi and Blood are infused. Each has its own location and name.’ *Precious Supplementary Prescriptions* further points out that ‘each point is named with profound significance’, which indicates that the name of each point has its own meaning.

Most of the acupuncture points are named by way of analogy. The flow of Qi and Blood is compared to that of Water; the prominence and depression of the tendons and bones are compared to mountains and valleys; the characteristic local shape of the body is signified by certain animals or utensils; and the acupuncture point



functions are defined by analogy with architectural structures, and astronomical or meteorological phenomena. Examples are as follows.

2.1 Names defined by analogy to Water flow, mountains and valleys

Quchi (LI 11, Crooked pond), Chize (LU 5, Ulnar marsh), Shaohai (HT 3, Young sea), Taiyuan (LU 9, Great deep pool), Zhigou (TE 6, Limb ditch), Jingqu (LU 8, Channel ditch), Sidu (TE 9, Four rivers), Fulu (KI 7, Continuing Water flow), Houxi (SI 3, Back stream), Zhongzhu (TE 3, Middle Water margin), Hegu (LI 4, Connected valleys), Chengshan (BL 57, Sustaining mountain), Liangqiu (ST 34, Hill ridge), Qixu (GB 40, Large mound), Yanglingquan (GB 34, Yang mound spring).

2.2 Names defined by analogy to animals, plants or utensils

Yuji (LU 10, Fish border), Dubi (ST 35, Calf nose), Jiuwei (CV 15, Turtledove tail), Futu (ST 32, Prostrate rabbit), Zanzhu (BL 2, Assembled bamboo), Dazhu (BL 11, Large shuttle), Jiache (ST 6, Cheek vehicle), Quepen (ST 12, Depression basin), Tianding (LI 17, Heavenly cooking vessel).

2.3 Names defined by analogy to architectural structure

Shenmen (HT 7, Spiritual gate), Qihu (ST 13, Qi gate), Yingchuang (ST 16, Chest window), Tianyou (TE 16, Heaven window), Tiantu (CV 22, Heaven chimney), Quyuan (SI 13, Curved wall), Tinggong (SI 19, Hearing palace), Neiting (ST 44, Interior courtyard), Zhongfu (LU 1, Central mansion), Qishe (ST 11, Qi residence), Dicang (ST 4, Earth granary), Kufang (ST 14, Storehouse), Zhishi (BL 52, Will chamber), Yutang (CV 18, Jade palace), Bulang (KI 22, Step corridor), Lingtai (GV 10, Spirit platform), Neiguan (PC 6, Medial pass), Juque (CV 14, Great palace gate), Fengshi (GB 31, Windy fair), Xiongxiang (SP 19, Chest village), Jianjing (GB 21, Shoulder well).

2.4 Names defined by analogy to astronomical and meteorological phenomena

Riyue (GB 24, Sun and moon), Shangxing (GV 23, Upper star), Taiyi (ST 23, Grand Yi 'the second of the ten heavenly stems'), Taibai (SP 3, Venus), Xuanji (CV 21, the second and third stars of the big dipper), Fengchi (GB 20, Wind pool), Yunmen (LU 2, Cloud door).

2.5 Points named according to anatomical terms

Zhongwan (CV 12, Middle Stomach), Henggu (KI 11, Pubis), Jianyu (LI 15, Shoulder corner), Binao (LI 14, Arm muscle prominence), Zhouliao (LI 12, Elbow foramen), Wangu (SI 4, Wrist bone), Biguan (ST 31, Thigh joint), Juegu (GB 39, External malleolus).

2.6 Points named according to their therapeutic properties

Feishu (BL 13, Lung point), Guangming (GB 37, Brightness), Chengqi (ST 1, Tear receiver), Chengjiang (CV 24, Fluid receiver), Qihai (CV 6, Sea of Qi), Xuehai (SP 10, Sea of Blood), Guanyuan (CV 4, Storage of primary Qi), Jingming (BL 1, Brightening eyes), Yingxiang (LI 20, Welcome fragrance).

III. AN OUTLINE OF THE THERAPEUTIC PROPERTIES OF THE POINTS OF THE FOURTEEN MERIDIANS

The therapeutic properties of the points of the fourteen meridians are generalized on the basis of the principle that the whole course of the meridian is amenable to treatment. Each of the points has its own therapeutic feature owing to its particular location and pertaining meridian. Generally speaking, however, all the points can be used to treat disorders of the areas where they are located, and those adjacent to their location. These are known respectively as the local and adjacent points with therapeutic properties. In addition, some of the points can be used to treat disorders of areas far away from where they are located. These are known as the remote or distal points with therapeutic properties.

1. THE REMOTE THERAPEUTIC PROPERTIES OF THE POINTS

The remote therapeutic properties of the points act in a completely consistent way, which is established on the basis of meridian theory. Among the points of the fourteen meridians, those located on the limbs, especially below the elbow and knee joints, are effective not only for local disorders, but also for disorders of the remote Zang Fu organs and tissues on the course of their pertaining meridians. Some even have systemic therapeutic properties. For example:

- Lieque (LU 7) treats disorders not only on the upper limbs but also in the vertex, chest, Lungs and throat as well as exogenous diseases.

- Yanglingquan (GB 34) is effective not only for diseases of the lower limbs but also for hypochondrium, biliary, hepatic, and mental disorders, as well as tendon abnormalities such as spasm and convulsion.

2. THE LOCAL AND ADJACENT THERAPEUTIC PROPERTIES OF THE POINTS

All the points in the body share a common feature in terms of their therapeutic properties, namely, all have local and adjacent therapeutic properties. Each point located on a particular site is able to treat disorders of this area and of nearby organs. For example, Yingxiang (LI 20) and Kouheliao (LI 19) located beside the nose, and the neighbouring points Shangxing (GV 23) and Tongtian (BL 7) can all be effective for nasal disorders. Zhongwan (CV 12) and Liangmen (ST 21), located in the epigastric region, and the nearby points Zhangmen (LR 13) and Qihai (CV 6) are used for gastric disorders. The therapeutic properties of the points on the head, face and trunk are judged according to this principle, as are those of the points on both the Conception and Governor Vessels and those of the points situated bilaterally along the above two extra meridians. Owing to the special distribution of the Conception and Governor Vessels, their points have more systemic influence. The local and adjacent therapeutic properties of the points on the head, face and trunk are generalized in Table 2.1.

Table 2.1: Indications of points on the head, face and trunk with relation to their locations

Locations of points	Indications
Head, face, neck	Disorders of the brain, eye, ear, nose, mouth, teeth and throat
Chest, upper dorsal region (corresponding to the region between the first and seventh thoracic vertebrae)	Disorders of the Lungs and Heart
Upper abdomen, lower dorsal region (corresponding to the region between the eighth thoracic and the first lumbar vertebrae)	Disorders of the Liver, Gallbladder, Spleen and Stomach
Lower abdomen, lumbosacral region (corresponding to the region between the second lumbar and the fourth sacral vertebrae)	Disorders of the Kidney, intestines, Bladder and genital organs

The remote, adjacent, and local therapeutic property of these points is determined by how far from the location of points their effects reach. The therapeutic properties, remote, adjacent, or local points, are nevertheless characterized by functional regulation. Clinical practice has proved that puncturing certain points may bring forth biphasic regulation of a range of functional abnormalities in the body. For instance, puncturing Tianshu (ST 25) relieves both diarrhoea and constipation; puncturing Neiguan (PC 6) corrects both tachycardia and bradycardia. In addition to the general therapeutic properties of points, clinical attention should also be paid to the special therapeutic properties of some points. Examples are Dazhui (GV 14), which has an antipyretic effect, and Zhiyin (BL 67), which is indicated in malposition of a foetus.

To summarize, all the points of a particular meridian are indicated in the treatment of the disorders of that particular meridian. Points of the internally–externally related meridians can be combined to treat disorders of those meridians. Neighbouring points will have similar therapeutic properties. The therapeutic properties of the points on the limbs should be categorized meridian by meridian, and those points of the head, face and trunk, and can be identified according to their locations (see Tables 2.2a and 2.2b).

Table 2.2a: Indications of the Conception and the Governor Vessels

Meridian	Indications of individual meridian	Indications of two meridians in common
Conception Vessel	Prolapse of Yang, collapse (also for general tonification)	Disorders of the Zang Fu organs, mental illness, gynaecological disorders
Governor Vessel	Apoplexy, coma, febrile diseases, disorders of the head and face	

Table 2.2b: Indications of points of the extremities with relation to meridians

Indications Name of meridian	Meridian	Indications of individual meridian	Indications of two meridians in common	Indications of three meridians in common
The three Yin meridians of the hand	The Lung Meridian of Hand-Taiyin	Disorders of the Lungs and throat	Mental illness	Disorders of the chest
	The Pericardium Meridian of Hand-Jueyin	Disorders of the Heart and Stomach		
	The Heart Meridian of Hand-Shaoyin	Disorders of the Heart		
The three Yang meridians of the hand	The Large Intestine Meridian of Hand-Yangming	Disorders of the forehead, face, nose, mouth and teeth	Disorders of the ear	Disorders of the eye, throat and febrile diseases
	The Triple Burner Meridian of Hand-Shaoyang	Disorders of the temporal and hypochondriac regions		
	The Small Intestine Meridian of Hand-Taiyang	Disorders of the occipital region and scapular region and mental illness		
The three Yang meridians of the foot	The Stomach Meridian of Foot-Yangming	Disorders of the face, mouth, teeth, throat, Stomach and intestines	Disorders of the eyes	Mental illness, febrile diseases
	The Gallbladder Meridian of Foot-Shaoyang	Disorders of the ear, temporal and hypochondriac regions		
	The Bladder Meridian of Foot-Taiyang	Disorders of the neck, dorsolumbar region (Back-Shu points also for Zang Fu disorders)		
The three Yin meridians of the foot	The Spleen Meridian of Foot-Taiyin	Disorders of the Spleen and Stomach		Disorders of the external genitalia, gynaecological diseases
	The Liver Meridian of Foot-Jueyin	Disorders of the Liver		
	The Kidney Meridian of Foot-Shaoyin	Disorders of the Kidneys, Lungs and throat		

IV. SPECIFIC POINTS

Specific points refer to those of the fourteen meridians that have special properties and are grouped under special names. In view of their locations, they can be classified into two major groups: one on the limbs, and the other on the head and the trunk.

1. SPECIFIC POINTS ON THE LIMBS

1.1 Five Shu points

Each of the twelve main meridians has, below the elbow or knee, five specific points, namely, Jing-well, Xing-spring, Shu-stream, Jing-river and He-sea, which are termed in general the five Shu points. They are situated in the above order from the distal end of extremities to the elbow or knee. It is said in *Miraculous Pivot* that ‘the Qi of the twelve main meridians and fifteen collaterals flow all over the body. The flow of Qi running in the meridians from the extremities to the elbow or knee gradually flourishes.’ The names of the five Shu points provide an image of the flow of meridian Qi as the flow of Water:

- The Jing-well point is situated in the place where the meridian Qi starts to bubble.
- The Ying-spring point is where the meridian Qi starts to gush.
- The Shu-stream point is where the meridian Qi flourishes.
- The Jing-river point is where the meridian Qi is pouring abundantly.
- Finally, the He-sea point signifies the confluence of rivers in the sea, where the meridian Qi is the most flourishing.

In addition, each of the six Fu organs has another He-sea point in the three Yang meridians of the foot, known as the ‘lower He-sea point’. *Miraculous Pivot* says: ‘the lower He-sea points of the Stomach, Large Intestine, Small Intestine, Triple Burner, Bladder and Gallbladder are Zusanli (ST 36), Shangjuxu (ST 37), Xiajuxu (ST 39), Weiyang (BL 39), Weizhong (BL 40) and Yanglingquan (GB 34) respectively. Among these points, Zusanli (ST 36), Weizhong (BL 40) and Yanglingquan (GB 34) overlap with the relevant He-sea points in the five Shu points. The lower He-sea points are mostly employed to treat the disorders of the six Fu organs in clinic.



1.2 Yuan-primary points

Each of the twelve main meridians has a Yuan-primary point, which is located on the limbs. The Chinese character ‘原’ (Yuan) means primary Qi in this context. The chapter ‘The 66th Medical Problem’ in *Classic on Medical Problems* describes the relation between the Yuan-primary points and Yuan-primary Qi.

The Yuan-primary Qi, originating below the *umbilicus* and between the Kidneys, is dispersed to the Zang Fu organs and further to the limbs via the Triple Burner. The sites where the Yuan-primary Qi is retained are Yuan-primary points, which are used to treat disorders of the Zang Fu organs. In the Yin meridians, the Yuan-primary points overlap with the Shu-stream points of the five Shu points. Each Yang meridian, however, has a Yuan-primary point other than the Shu-stream point.

1.3 Luo-connecting points

Each of twelve main meridians has, on the limbs, a Luo-connecting point to link its externally–internally related meridian. Each of the Governor and Conception Vessels, and the Major Collateral of the Spleen has its Luo-connecting point on the trunk. They are termed ‘the fifteen Luo-connecting points’. A Luo-connecting point is used to treat disorders involving the two externally–internally related meridians and those in the area supplied by the two meridians.

1.4 Xi-cleft points

The Xi-cleft point is the site where the Qi and Blood of the meridian converge deeply. Each of the twelve main meridians and the four extra meridians (Yin Heel Vessel, Yang Heel Vessel, Yin Link Vessel and Yang Link Vessel) has a Xi-cleft point on the limbs, amounting to 16 in all. The Xi-cleft point is used to treat acute disorders in the area supplied by its pertaining meridian and those of its pertaining Zang or Fu organ.

1.5 Eight confluent points

Eight confluent points refer to the eight points on the limbs where the twelve main meridians communicate with the eight extra meridians. They are: Neiguan (PC 6), Gongsun (SP 4), Houxi (SI 3), Shenmai (BL 62), Waiguan (TE 5), Zulinqi (GB 41), Lieque (LU 7) and Zhaohai (KI 6), which are respectively connected with the Yin Link Vessel, the Thoroughfare Vessel, the Governor Vessel, the Yang Heel Vessel, the Yang Link Vessel, the Belt Vessel, the Conception Vessel and the Yin Heel Vessel. The eight confluent points are used to treat a variety of disorders of the corresponding eight extra meridians.



2. SPECIFIC POINTS ON THE HEEL AND TRUNK

2.1 Back-Shu points

Back-Shu points are specific points on the back where the Qi of the respective Zang Fu organs is infused. It is stated in *Miraculous Pivot* that ‘in the Back-Shu points you are looking for the spots of tenderness and soreness, or the points on which pressure exerted relieves the pain and discomfort of the patient’. Situated close to their respectively related Zang Fu organs, the Back-Shu points present abnormal reactions to the dysfunction of their corresponding Zang Fu organs. They are often used for treating disorders of the internal organs.

2.2 Front-Mu points

Front-Mu points are those points on the chest and abdomen where the Qi of the respective Zang Fu organs is infused and converges. Located close to their corresponding Zang Fu organs, the Front-Mu points play a significant role in the diagnosis and treatment of the disorders of the internal organs.

2.3 Crossing points

Crossing points are those at the intersections of two or more meridians. Distributed mainly on the head, face and trunk, these amount to over 90 in total. They are key points used to treat meridian disorders of the areas where they are located.

2.4 Eight influential points

The eight influential points are first recorded in the chapter ‘The 45th Medical Problem’ of *Classic on Medical Problems*. They are: Zhangmen (LR 13), Zhongwan (CV 12), Yanglingquan (GB 34), Juegu, or Xuanzhong (GB 39), Geshu (BL 17), Dazhu (BL 11), Taiyuan (LU 9) and Tanzhong (CV 17), which respectively dominate the Zang organs, Fu organs, Qi, Blood, tendons, vessels, bones and marrow. They coincide with some other specific points and, clinically, the corresponding influential point can be employed to treat disorders of the Zang organs, Fu organs, Qi, Blood, tendons, vessels, bones or marrow.

V. METHODS OF LOCATING ACUPOINTS

Location of acupoints, and whether this is accurate or not, will affect the therapeutic results. Great importance therefore has been attached to the precise location of acupuncture points by medical practitioners in past ages.



In the chapter ‘Lyrics of Acupuncture and Profundities’ in *Compendium of Acupuncture and Moxibustion* it says:

Methods of locating points are based on standard measurements. An acupuncturist should first of all have a clear idea of these measurements and the patient’s body build, and then observe the anatomical landmarks on the patient. Some points should be located with the limbs flexed, some with the body in a lying position.

At present, three methods of acupuncture point location are commonly used in clinics. These are proportional measurement, anatomical landmarks and finger measurement.

1. PROPORTIONAL MEASUREMENTS

The earliest record of proportional measurement can be found in *Miraculous Pivot*. In the light of this record, the width or length of various portions of the human body are divided respectively into definite numbers of equal units as the standards for proportional measurement. These standards are applicable on any patient of different sexes, ages and body sizes (see Table 2.3 and Figure 2.1).

Table 2.3: Standards for bone proportional measurement

Body part	Distance	Bone proportional measurement (cun)	Method	Explanation
Head	From the anterior hairline to the posterior hairline	12 cun	Longitudinal measurement	The distance from the glabella to the anterior hairline is taken as 3 cun. The distance from Dazhui (GV14) to the posterior hairline is taken as 3 cun. If the anterior and posterior hairlines are indistinguishable, the distance from the glabella to Dazhui (GV 14) is then taken as 18 cun
	Between the two mastoid processes	9 cun		The transverse measurement is also used to localize other points on the head

<i>Chest and abdomen</i>	From the sternocostal angle to the centre of the <i>umbilicus</i>	8 cun	Transverse measurement	The longitudinal measurement of the chest and the hypochondriac region is generally based on the intercostal space
	Between the centre of the <i>umbilicus</i> and the upper border of <i>symphysis pubis</i>	5 cun	Longitudinal measurement	
	Between the two nipples	8 cun	Transverse measurement	The distance between the bilateral Quepen (ST 12) can be used as the substitute of the transverse measurement of the two nipples
<i>Back</i>	Between the medial border of the scapula and the posterior midline	3 cun	Transverse measurement	The longitudinal measurement on the back is based on the spinous processes of the vertebral column. In clinical practice, the lower angle of the scapula is at about the same level as the seventh thoracic vertebra, the iliac spine is at about the same level as the fourth lumbar vertebra
<i>Lateral side of the chest</i>	From the end of the axillary fold on the lateral side of the chest to the tip of the eleventh rib	12 cun	Longitudinal measurement	

continued

Table 2.3: Standards for bone proportional measurement *cont.*

Body part	Distance	Bone proportional measurement (cun)	Method	Explanation
<i>Upper extremities</i>	Between the end of the axillary fold and the transverse cubital crease	9 cun	Longitudinal measurement	Used for the three Yin and the three Yang meridians of the hand
	Between the transverse cubital crease and the transverse wrist crease	12 cun	Longitudinal measurement	
<i>Lower extremities</i>	From the level of the upper border of <i>symphysis pubis</i> to the medial epicondyle of the femur	18 cun		Used for the three Yin meridians of the foot
	From the lower border of the medial condyle of the tibia to the tip of the medial malleolus	13 cun	Longitudinal measurement	1. Used for the three Yang meridians of the foot 2. The distance from the gluteal crease to the centre of the patella is taken as 14 cun
	From the prominence of the great trochanter to the middle of the patella	19 cun		3. The anterior level of the centre of the patella is about the same level as Dubi (ST 35), and the posterior level, about the same level of Weizhong (BL 40)
	Between the centre of patella and the tip of the lateral malleolus	16 cun		
	From the tip of the lateral malleolus to the heel	3 cun		

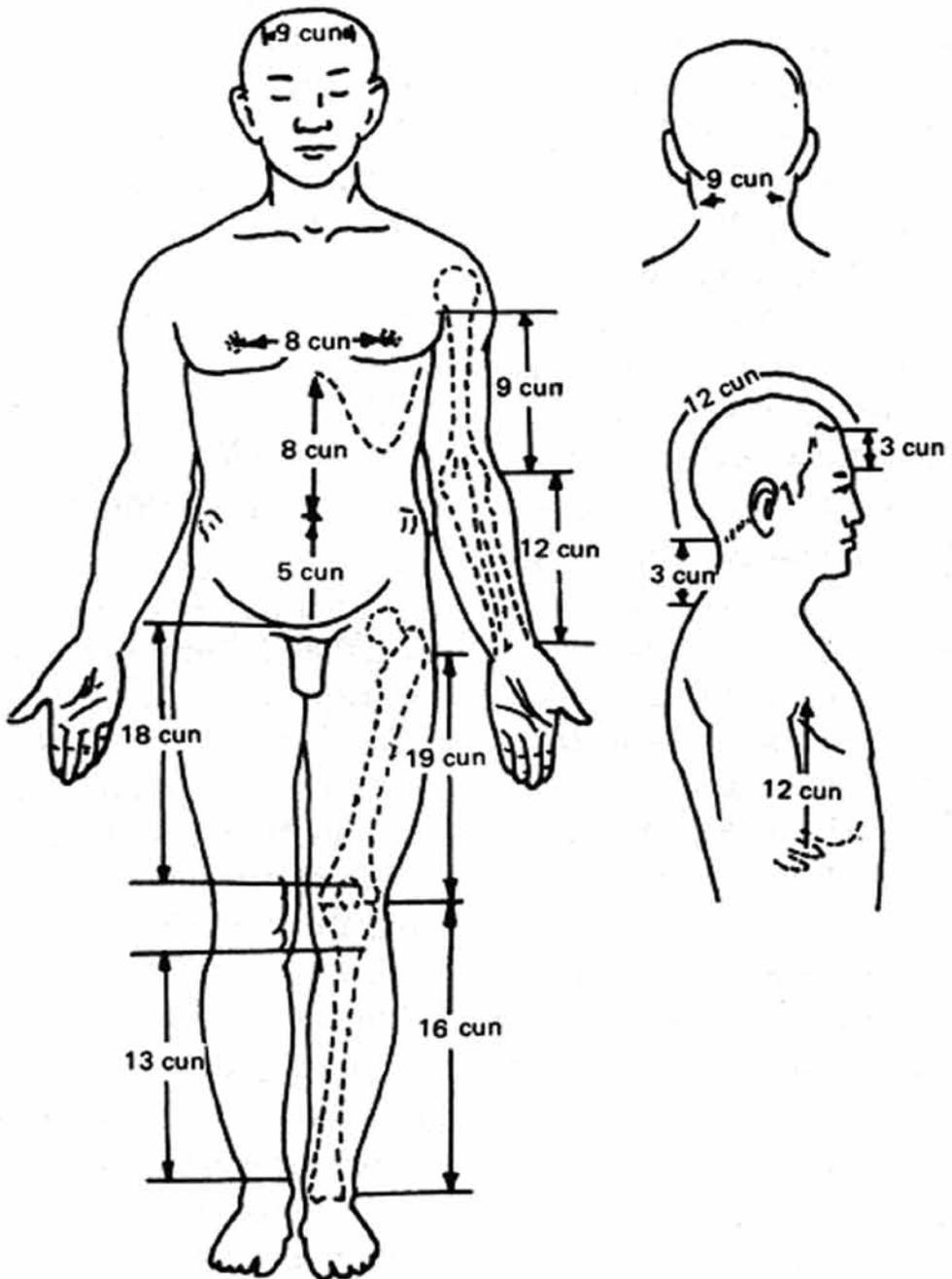


Figure 2.1: Bone proportional cun

2. ANATOMICAL LANDMARKS

Various anatomical landmarks on the body surface are used as the basis for locating points. Those landmarks fall into two categories.

2.1 Fixed landmarks

Fixed landmarks are those that would not change with body movement. They include: the five sense organs, hair, nails, nipple, *umbilicus*, and prominence and depression of the bones. Using these it is easy to locate points. The proportional measurement is established on the basis of these anatomical landmarks. However, points that are adjacent to, or on such landmarks, can be located directly. Examples are: Yintang (Extra 1) between the two eyebrows, Suliao (GV 25) on the tip of the nose, and Shenque (CV 8) in the centre of the *umbilicus*.

2.2 Moving landmarks

Moving landmarks refer to those landmarks that will appear only when a body part keeps in a specific position. For instance, when the arm is flexed and the cubital crease appears, Quchi (LI 11) can be located; and when a fist is made and the transverse palmar crease appears, Houxi (SI 3) can be located. Also employed in the clinic are some simple methods of point location, for example, locating Baihui (GV 20) directly above the apexes of the ears, or to locate Fengshi (GB 31) the patient is asked to stand to attention.

3. FINGER MEASUREMENT



Figure 2.2: Middle finger measurement

The length and width of the patient's finger(s) are taken as a standard for point location. The following three methods are commonly used in the clinic.

3.1 Middle finger measurement

When the patient's middle finger is flexed, the distance between the two medial ends of the creases of the interphalangeal joints is taken as 1 cun. This method is employed for measuring the vertical distance to locate the limb points of the Yang meridians, or for measuring the horizontal distance to locate the points on the back (see Figure 2.2).

3.2 Thumb measurement

The width of the interphalangeal joint of the patient's thumb is taken as 1 cun. This method is also employed for measuring the vertical distance to locate the points on the limbs (see Figure 2.3).

3.3 Four-finger measurement

The width of the four fingers (index, middle, ring and little) close together at the level of the dorsal skin crease of the proximal interphalangeal joint of the middle finger is taken as 3 cun. This is used to locate the points on the limbs and in the abdominal region (see Figure 2.4).



Figure 2.3: Thumb measurement



Figure 2.4: Four-finger measurement

CHAPTER

3

**SPECIFIC DISCUSSION
OF ACUPOINTS**



I. ACUPOINTS OF THE TWELVE MAIN MERIDIANS

1. THE LUNG MERIDIAN OF HAND-TAIYIN

This meridian goes from the chest to the hand and has eleven acupoints in total.

1.1 Frequently used acupoints

Zhongfu (Front-Mu point of the Lungs, LU 1)

Location: Laterosuperior to the sternum, 1 cun below Yunmen (LU 2), at the level of the first intercostal space, 6 cun lateral to the anterior midline (see Figure 3.1).

Indications: Cough, asthma, pain in the chest, shoulder and back, fullness of the chest.

Method: Puncture obliquely 0.5–0.8 inch towards the lateral aspect of the chest. To avoid injuring the Lung, never puncture deeply towards the medial aspect. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superolaterally, the axillary artery and vein, the thoracoacromial artery and vein.

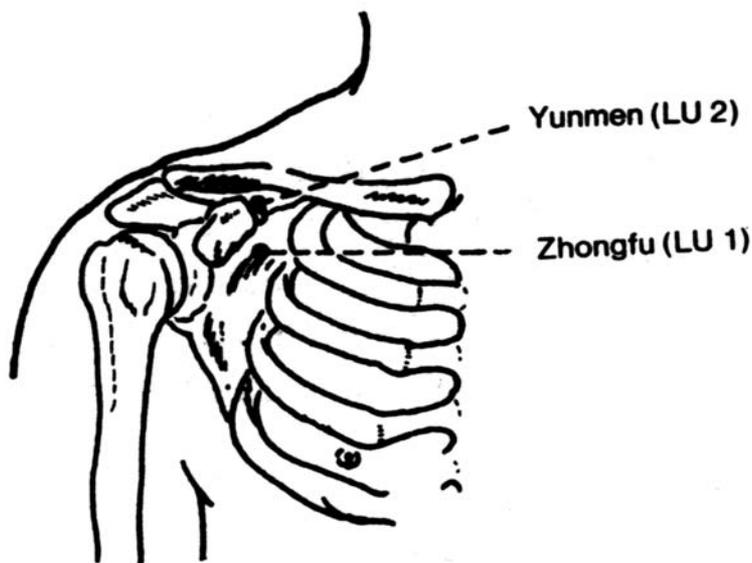


Figure 3.1: Location of Zhongfu

Innervation: The intermediate supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cutaneous branch of the first intercostal nerve.

Chize (He-sea point, LU 5)

Location: On the cubital crease, in the depression of the radial side of the tendon of *m. biceps brachii*. This point is located with the elbow slightly flexed (see Figure 3.2).

Indications: Cough, haemoptysis, afternoon fever, asthma, sore throat, fullness in the chest, infantile convulsions, spasmodic pain of the elbow and arm, mastitis.

Method: Puncture perpendicularly 0.5–1.0 inch.

Regional anatomy:

Vasculature: The branches of the radial recurrent artery and vein, the cephalic vein.

Innervation: The lateral antebrachial cutaneous nerve and the radial nerve.



Figure 3.2: Location of Chize

Lieque (Luo-connecting point, Confluent point, LU 7)

Location: Superior to the styloid process of the radius, 1.5 cun above the transverse crease of the wrist between the brachioradial muscle and the tendon of the long abductor muscle of the thumb (see Figure 3.3).

When the index fingers and thumbs of both hands are crossed with the index finger of one hand placed on the styloid process of the radius of the other, the point is in the depression right under the tip of the index finger (see Figure 3.4).

Indications: Headache, migraine, neck rigidity, cough, asthma, sore throat, facial paralysis, toothache, pain and weakness of the wrist.

Method: Puncture 0.3–0.5 inch obliquely upward. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein, branches of the radial artery and vein.

Innervation: The lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

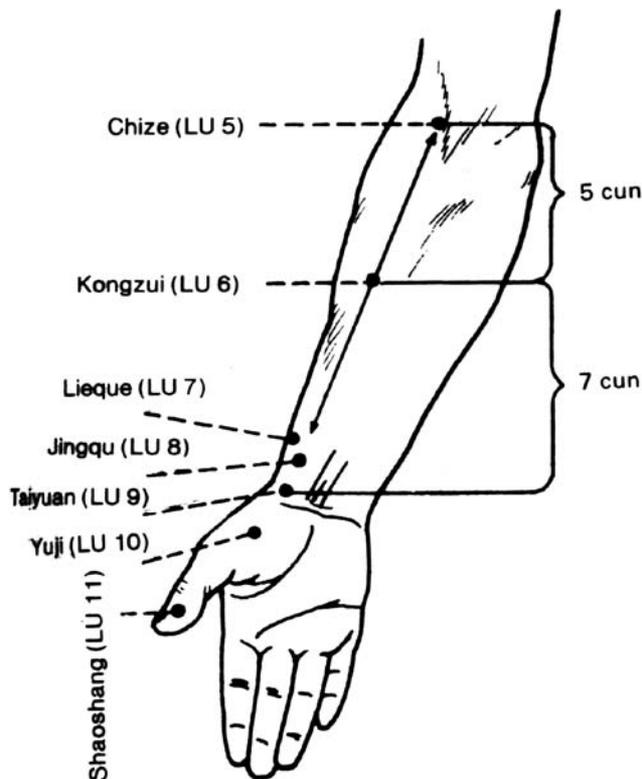


Figure 3.3: Location of Lieque



Figure 3.4: How to locate Lieque

Taiyuan (Shu-stream and Yuan-primary point, influential point of vessels, LU 9)

Location: At the radial end of the transverse crease of the wrist, in the depression on the lateral side of the radial artery (see Figure 3.3).

Indications: Cough, asthma, haemoptysis, sore throat, palpitations, pain in the chest, wrist and arm.

Method: Puncture perpendicularly 0.2–0.3 inch. Avoid puncturing the radial artery. Moxibustion is applicable.

Regional anatomy:

Vasculature: The radial artery and vein.

Innervation: The lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

Shaoshang (Jing-well point, LU 11)

Location: On the radial aspect of the thumb, about 0.1 cun posterior to the corner of the nail (see Figure 3.3).

Indications: Sore throat, cough, asthma, epistaxis, fever, loss of consciousness, mania, spasmodic pain of the thumb.

Method: Puncture 0.1 inch, or prick the point to cause bleeding.

Regional anatomy:

Vasculature: The arterial and venous network formed by the palmar digital proprial artery and veins.

Innervation: The terminal nerve network formed by the mixed branches of the lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve as well as the palmar digital proprial nerve of the median nerve.

1.2 Other acupoints

Yunmen (LU 2)

Location: In the superior lateral part of the anterior thoracic wall, superior to the coracoid process of scapula, in the depression of the infraclavicular fossa, 6 cun lateral to the anterior midline (see Figure 3.5).

Indications: Cough, asthma, pain in the chest, shoulder and arm, fullness in the chest.

Method: Puncture obliquely 0.5–0.8 inch towards the lateral aspect of the chest, to avoid injuring the Lung, never puncture deeply towards the medial aspect. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein, the thoracoacromial artery and vein; inferiorly, the axillary artery.

Innervation: The intermediate and lateral supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cord of the brachial plexus.

Tianfu (LU 3)

Location: On the medial aspect of the upper arm, 3 cun below the end of axillary fold, on the radial side of *m. biceps brachii* (see Figure 3.5).

Indications: Asthma, epistaxis, pain in the medial aspect of the upper arm.

Method: Puncture perpendicularly 0.5–1 inch.

Regional anatomy:

Vasculature: The cephalic vein and muscular branches of the brachial artery and vein.

Innervation: The lateral brachial cutaneous nerve at the place where the musculocutaneous nerve passes through.

Xiabai (LU 4)

Location: On the medial aspect of the upper arm, 4 cun below the anterior end of axillary fold, or 5 cun above the cubital crease, on the radial side of *m. biceps brachii* (see Figure 3.5).



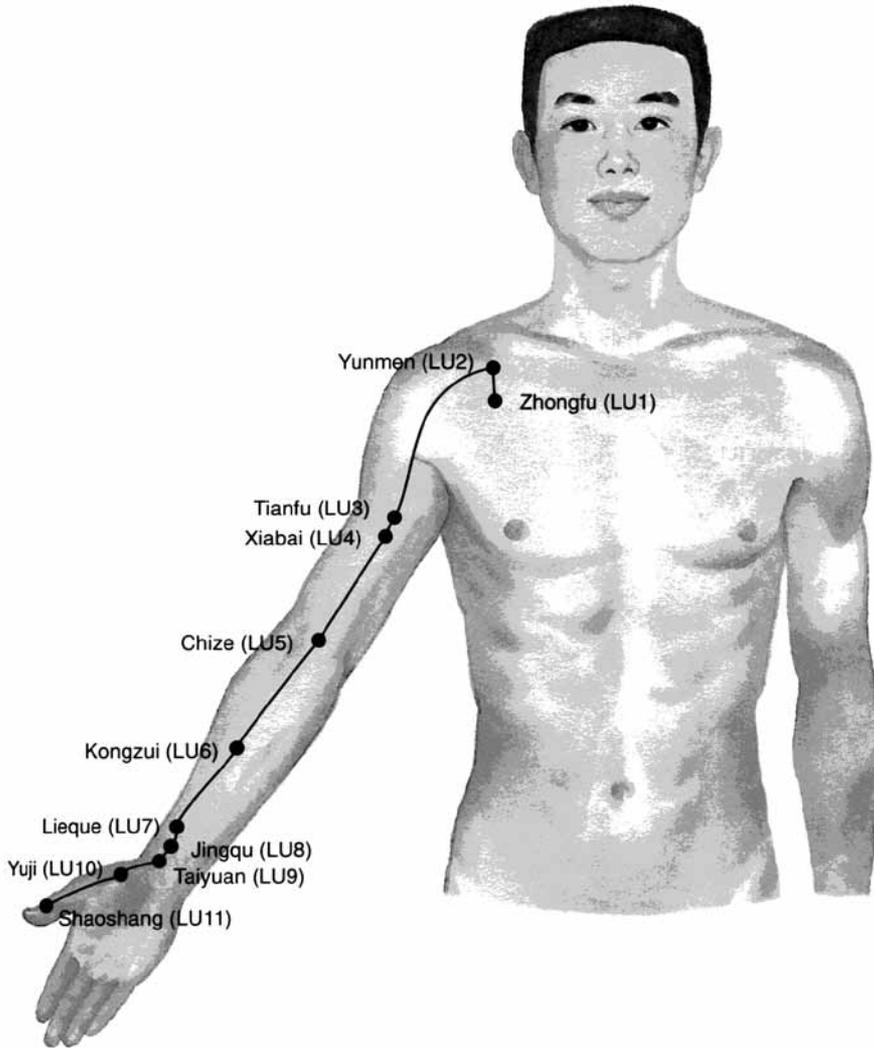


Figure 3.5: The Lung Meridian of Hand-Taiyin

Indications: Cough, fullness in the chest, pain in the medial aspect of the upper arm.

Method: Puncture perpendicularly 0.5–1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein and muscular branches of the brachial artery and vein.

Innervation: The lateral brachial cutaneous nerve at the place where the musculocutaneous nerve passes through.

Kongzui (Xi-cleft point, LU 6)

Location: On the palmar aspect of the forearm, on the line joining Taiyuan (LU 9) and Chize (LU 5), 7 cun above the transverse crease of the wrist (see Figure 3.3).

Indications: Cough, pain in the chest, asthma, haemoptysis, sore throat, spasmodic pain of the elbow and arm.

Method: Puncture perpendicularly 0.5–1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein, the radial artery and vein.

Innervation: The lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

Jingqu (Jing-river point, LU 8)

Location: 1 cun above the transverse crease of the wrist in the depression on the lateral side of the radial artery (see Figure 3.3).

Indications: Cough, asthma, fever, pain in the chest, sore throat, pain in the wrist.

Method: Puncture perpendicularly 0.1–0.3 inch. Avoid puncturing the radial artery.

Regional anatomy:

Vasculature: Laterally, the radial artery and vein.

Innervation: The lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

Yuji (Ying-spring point, LU 10)

Location: On the radial aspect of the midpoint of the first metacarpal bone, on the junction of the red and white skin (i.e. the junction of the dorsum and palm of the hand) (see Figure 3.3).

Indications: Cough, haemoptysis, sore throat, loss of voice, fever, feverish sensation in the palm.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Venules of the thumb draining to the cephalic vein.

Innervation: The superficial ramus of the radial nerve.



2. THE LARGE INTESTINE MERIDIAN OF HAND-YANGMING

This meridian goes from the hand to the head and has 20 acupoints in total on each side.

2.1 Frequently used acupoints

Shangyang (Jing-well point, LI 1)

Location: On the radial side of the index finger, about 0.1 cun posterior to the corner of the nail (see Figure 3.6).

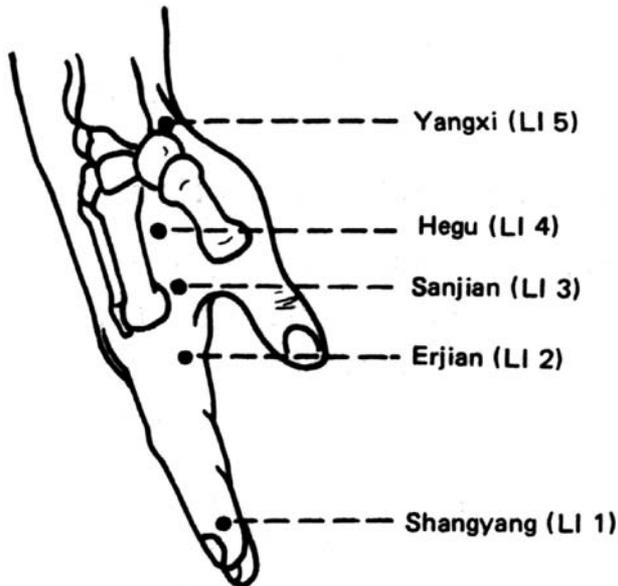


Figure 3.6: Location of Shangyang, Erjian, Sanjian, and Yangxi

Indications: Toothache, sore throat, swelling of the submandibular region, numbness of fingers, febrile diseases with anhidrosis, loss of consciousness.

Method: Puncture 0.1 inch, or prick the point to cause bleeding.

Regional anatomy:

Vasculature: The arterial and venous network formed by the dorsal digital artery and veins.

Innervation: The palmar digital proprial nerve derived from the median nerve.

Hegu (Yuan-primary point, LI 4)

Location: On the dorsum of the hand, between the first and second metacarpal bones, approximately in the middle of the second metacarpal bone on the radial side (see Figure 3.6).

Or, place in coincident position the transverse crease of the interphalangeal joint of the thumb with the margin of the web between the thumb and index finger of the other hand. The point is where the tip of the thumb touches (see Figure 3.7).

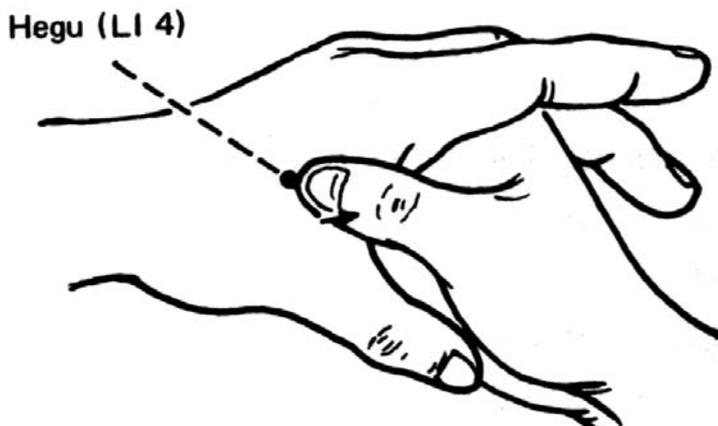


Figure 3.7: Location of Hegu

Indications: Headache, pain in the neck, redness, swelling and pain of the eye, epistaxis, nasal obstruction, rhinorrhoea, toothache, deafness, swelling of the face, sore throat, parotitis, trismus, facial paralysis, febrile diseases with anhidrosis, hidrosis, abdominal pain, dysentery, constipation, amenorrhoea, delayed labour, infantile convulsion, pain, weakness and motor impairment of the upper limbs.

Method: Puncture perpendicularly 0.5–1 inch. Moxibustion is applicable. Acupuncture and moxibustion are contraindicated in pregnant women.

Regional anatomy:

Vasculature: The venous network of the dorsum of the hand.

Innervation: The superficial ramus of the radial nerve.

Shousanli (LI 10)

Location: On the line joining Yangxi (LI 5) and Quchi (LI 11), 2 cun below the cubital crease (see Figure 3.8).

Indications: Abdominal pain, diarrhoea, toothache, swelling of the cheek, motor impairment of the upper limbs, pain in the shoulder and back.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the radial recurrent artery and vein.

Innervation: The posterior antebrachial cutaneous nerve and the deep ramus of the radial nerve.

Quchi (He-sea point, LI 11)

Location: When the elbow is flexed, the point is in the depression at the lateral end of the transverse cubital crease, midway between Chize (LU 5) and the lateral epicondyle of the humerus (see Figure 3.8).

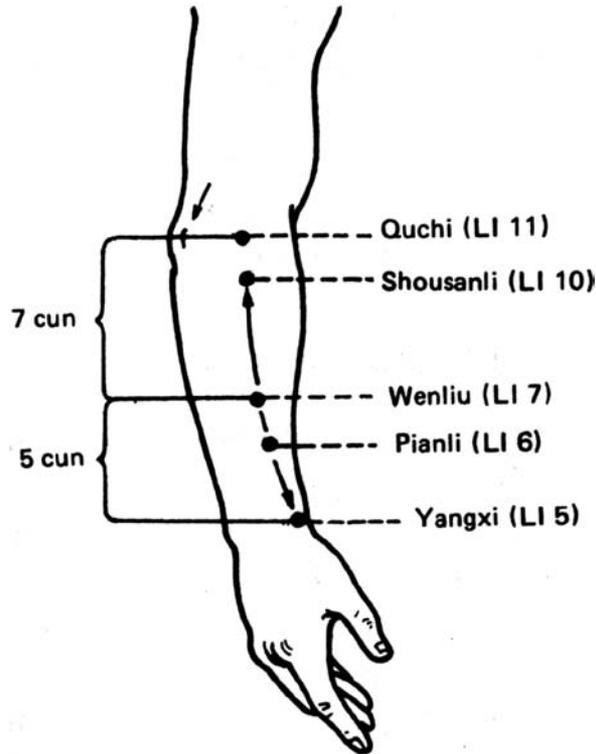


Figure 3.8: Location of Quchi, Shousanli, Wenliu, Pianli and Yangxi

Indications: Sore throat, toothache, redness and pain of the eye, scrofula, urticaria, motor impairment of the upper extremities, abdominal pain, vomiting, diarrhoea, febrile diseases.

Method: Puncture perpendicularly 1.0–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the radial recurrent artery and vein.

Innervation: The posterior antebrachial cutaneous nerve; deeper, on the medial side, the radial nerve.

Jianyu (LI 15)

Location: Antero-inferior to the acromion, on the upper portion of *m. deltoideus*. When the arm is in full abduction, the point is in the depression appearing at the anterior border of the acromioclavicular joint (see Figure 3.9).

Indications: Pain in the shoulder and arm, motor impairment of the upper extremities, rubella, scrofula.

Method: Puncture perpendicularly or obliquely 0.8–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior circumflex artery and vein.

Innervation: The lateral supraclavicular nerve and axillary nerve.

Yingxiang (LI 20)

Location: In the nasolabial groove, at the level of the midpoint of the lateral border of ala nasi (see Figure 3.10).

Indications: Nasal obstruction, hyposmia, epistaxis, rhinorrhoea, deviation of the mouth, itching and swelling of the face.

Method: Puncture obliquely or subcutaneously 0.3–0.5 inch.

Regional anatomy:

Vasculature: The facial artery and vein, the branches of the infraorbital artery and vein.

Innervation: The anastomotic branch of the facial and the infraorbital nerves.



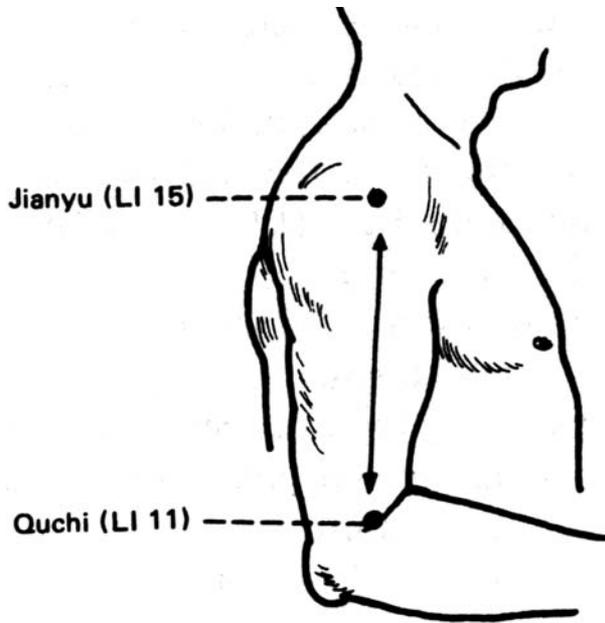


Figure 3.9: Location of Jianyu

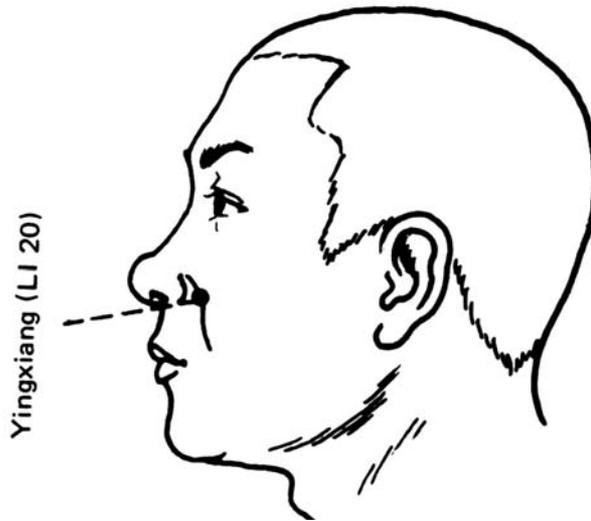


Figure 3.10: Location of Yingxian

2.2 Other Acupoints

Erjian (Ying-spring point, LI 2)

Location: In the depression of the radial side of the index finger, distal to the second metacarpal-phalangeal joint. The point is located with the finger slightly flexed (see Figure 3.6).

Indications: Blurring of vision, epistaxis, toothache, sore throat, febrile diseases.

Method: Puncture perpendicularly 0.2–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital and palmar digital proprial arteries and veins derived from the radial artery and vein.

Innervation: The dorsal digital nerve of the radial nerve, and the palmar digital proprial nerve of the median nerve.

Sanjian (Shu-stream point, LI 3)

Location: When a loose fist is made, the point is on the radial side of the index finger, in the depression proximal to the head of the second metacarpal bone (see Figure 3.6).

Indications: Toothache, ophthalmalgia, sore throat, redness and swelling of fingers and the dorsum of the hand.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the hand and the branch of the first dorsal metacarpal artery.

Innervation: The superficial ramus of the radial nerve.

Yangxi (Jing-river point, LI 5)

Location: On the radial of the wrist. When the thumb is tilted upwards, it is in the depression between the tendons of *m. extensor pollicis longus* and *brevis* (see Figure 3.6).

Indications: Headache, redness, pain and swelling of the eye, toothache, sore throat, pain of the wrist.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein, the radial artery and its dorsal carpal branch.

Innervation: The superficial ramus of the radial nerve.

Pianli (Luo-connecting point, LI 6)

Location: With the elbow flexed and the radial side of arm upward, the point is on the line joining Yangxi (LI 5) and Quchi (LI 11), 3 cun above the crease of the wrist (see Figure 3.8).

Indications: Redness of the eye, tinnitus, deafness, epistaxis, aching of the hand and arm, sore throat, oedema.

Method: Puncture perpendicularly or obliquely 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The cephalic vein.

Innervation: On the radial side, the lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve; on the ulnar side, the posterior antebrachial cutaneous nerve and the posterior antebrachial interosseous nerve.

Wenliu (Xi-cleft point, LI 7)

Location: With the elbow flexed and the radial side of the arm upwards, the point is on the line connecting Yangxi (LI 5) and Quchi (LI 11), 5 cun above the crease of the wrist (see Figure 3.8).

Indications: Headache, swelling of the face, sore throat, borborygmus, abdominal pain, aching of the shoulder and arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branch of the radial artery, the cephalic vein.

Innervation: The posterior antebrachial cutaneous nerve and the deep ramus of the radial nerve.

Xialian (LI 8)

Location: On the line joining Yangxi (LI 5) and Quchi (LI 11), 4 cun below the cubital crease (see Figure 3.11).

Indications: Abdominal pain, borborygmus, pain in the elbow and arm, motor impairment of the upper limbs.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Wenliu (LI 7).

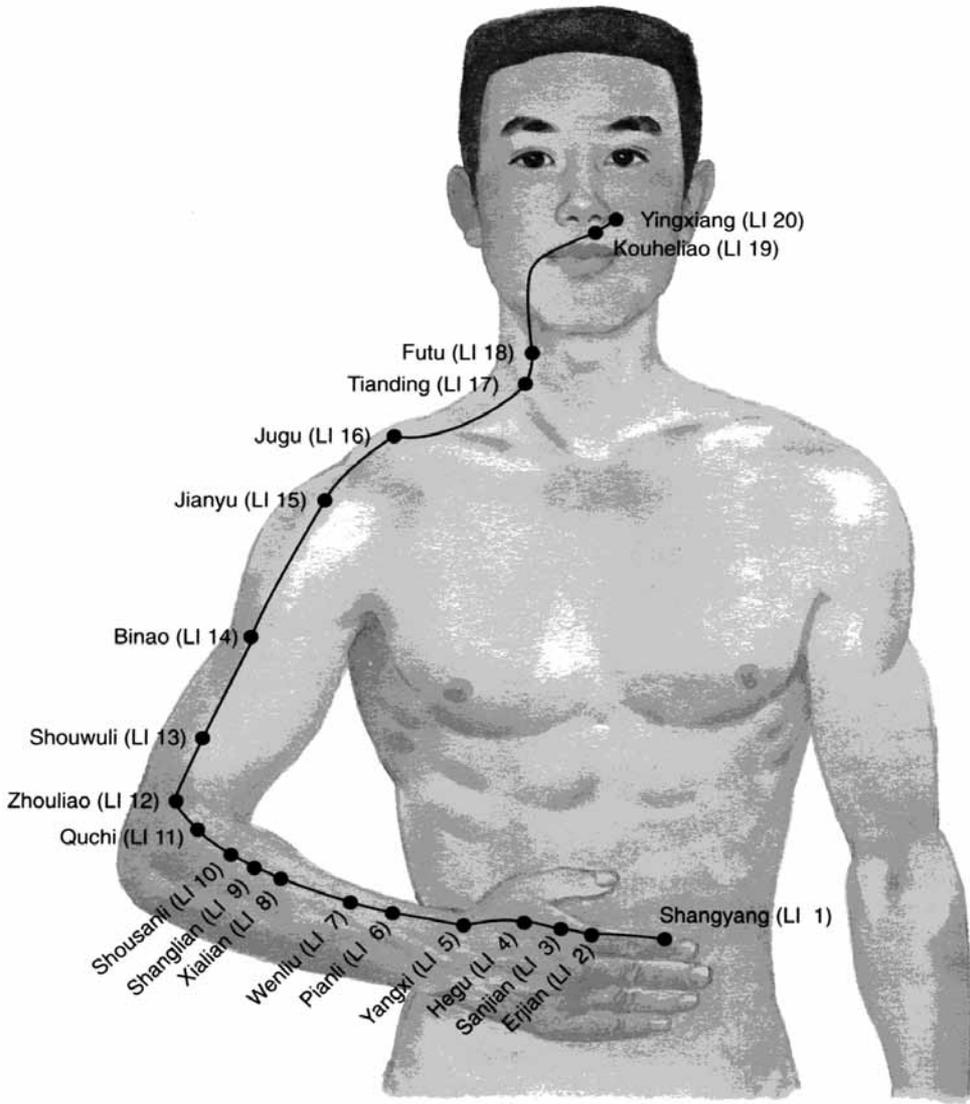


Figure 3.11: The Large Intestine Meridian of Hand-Yangming

Shanglian (LI 9)

Location: On the line joining Yangxi (LI 5) and Quchi (LI 11), 3 cun below the cubital crease (see Figure 3.11).

Indications: Aching of the shoulder and arm, motor impairment of the upper limbs, numbness of the hand and arm, borborygmus, abdominal pain.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Wenliu (LI 7).

Zhouliao (LI 12)

Location: When the elbow is flexed, the point is on the lateral side of the upper arm, 1 cun above Quchi (LI 11), on the border of the humerus (see Figure 3.11).

Indications: Pain, numbness and contracture of the elbow and arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The radial collateral artery and vein.

Innervation: The posterior antebrachial cutaneous nerve; deeper, on the medial side, the radial nerve.

Shouwuli (LI 13)

Location: On the lateral side of the upper arm, on the line connecting Quchi (LI 11) and Jianyu (LI 15), 3 cun above Quchi (LI 11) (see Figure 3.11).

Indications: Contracture and pain of the elbow and arm, scrofula.

Method: Puncture perpendicularly 0.5–1.0 inch. Avoid injuring the artery. Moxibustion is applicable.

Regional anatomy:

Vasculature: The radial collateral artery and vein.

Innervation: The posterior antebrachial cutaneous nerve; deeper, the radial nerve.

Binao (LI 14)

Location: On the lateral side of the upper arm, on the line joining Quchi (LI 11) and Jianyu (LI 15), 7 cun above Quchi (LI 11), at the insertion of *m. deltoideus* (see Figure 3.11).

Indications: Pain in the shoulder and arm, rigidity of the neck, scrofula.



Method: Puncture perpendicularly or obliquely upward 0.8–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of posterior circumflex humeral artery and vein.

Innervation: The posterior brachial cutaneous nerve; deeper, the radial nerve.

Jugu (LI 16)

Location: In the upper aspect of the shoulder, in the depression between the acromial extremity of the clavicle and the scapular spine (see Figure 3.11).

Indications: Pain and motor impairment of the upper extremities, pain in the shoulder and back.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the suprascapular artery and vein.

Innervation: Superficially, the lateral supraclavicular nerve, the branch of the accessory nerve; deeper, the suprascapular nerve.

Tianding (LI 17)

Location: On the lateral side of the neck, at the posterior border of sternocleidomastoid muscle, beside the laryngeal protuberance, at the midpoint of the line connecting Futu (LI 18) and Quepen (ST 12) (see Figure 3.11).

Indications: Sudden loss of voice, sore throat, scrofula, goitre.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The external jugular vein.

Innervation: Superficially, the supraclavicular nerve. It is on the posterior border of *m. sternocleidomastoideus* just where the cutaneous cervical nerve emerges; deeper, the phrenic nerve.

Futu (LI 18)

Location: On the lateral side of the neck, level with the tip of the Adam's apple, between the sternal head and clavicular head of *m. sternocleidomastoideus* (see Figure 3.11).

Indications: Cough, asthma, sore throat, sudden loss of voice, scrofula, goitre.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, on the medial side, the ascending cervical artery and vein.

Innervation: The great auricular nerve, cutaneous cervical nerve, lesser occipital nerve and accessory nerve.

Kouheliao (LI 19)

Location: Right below the lateral margin of the nostril, level with Renzhong (Shuigou, GV 26) (see Figure 3.11).

Indications: Nasal obstruction, epistaxis, deviation of the mouth.

Method: Puncture perpendicularly 0.2–0.3 inch.

Regional anatomy:

Vasculature: The superior labial branches of the facial artery and vein.

Innervation: The anastomotic branch of the facial nerve and the infraorbital nerve.

3. THE STOMACH MERIDIAN OF FOOT-YANGMING

This meridian goes from the head to the foot and has 45 acupoints in total on each side.

3.1 Frequently used acupoints

Chengqi (ST 1)

Location: With the eyes looking straight forward, the point is directly below the pupil, between the eyeball and the infraorbital ridge (see Figure 3.12).

Indications: Redness, swelling and pain of the eye, lacrimation, night blindness, twitching of eyelids, facial paralysis.

Method: Push the eyeball upward with the left thumb and puncture perpendicularly and slowly 0.5–1.0 inch along the infraorbital ridge. It is not advisable to manipulate the needle with large amplitude.

Regional anatomy:

Vasculature: The branches of the infraorbital and ophthalmic arteries and veins.

Innervation: The branch of the infraorbital nerve, the inferior branch of the oculomotor nerve and the muscular branch of the facial nerve.



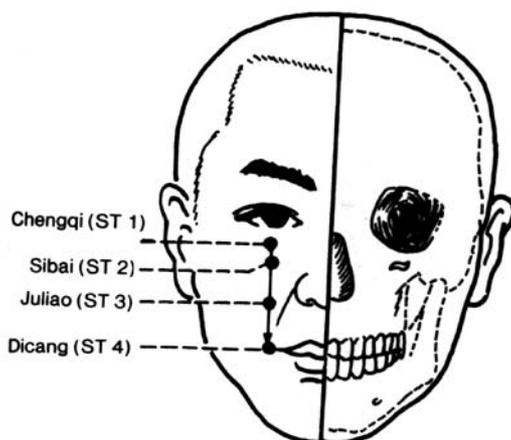


Figure 3.12: Location of Chengqi, Sibai, Juliao and Dicang

Sibai (ST 2)

Location: Directly below the pupil, in the depression at the infraorbital foramen (see Figure 3.12).

Indications: Redness, pain and itching of the eye, facial paralysis, twitching of eyelids, pain in the face.

Method: Puncture perpendicularly 0.2–0.3 inch. It is not advisable to puncture deeply.

Regional anatomy:

Vasculature: The branches of the facial artery and vein, the infraorbital artery and vein.

Innervation: The branch of the facial nerve. The point is right on the course of the infraorbital nerve.

Dicang (ST 4)

Location: Lateral to the corner of the mouth, directly below the pupil (see Figure 3.12).

Indications: Deviation of the mouth, salivation, twitching of eyelids.

Method: Puncture subcutaneously 1.0–1.5 inches with the tip of the needle directed towards Jiache (ST 6). Moxibustion is applicable.

Regional anatomy:

Vasculature: The facial artery and vein.

Innervation: Superficially, the branches of the facial and infraorbital nerves; deeper, the terminal branch of the buccal nerve.

Jiache (ST 6)

Location: One finger-breadth (middle finger) anterior and superior to the lower angle of the mandible where *m. masseter* is prominent when the teeth are clenched, and depressed when it is pressed (see Figure 3.13).

Indications: Facial paralysis, toothache, swelling of the cheek and face, mumps, trismus.

Method: Puncture perpendicularly 0.3–0.5 inch, or subcutaneously with the tip of the needle directed towards Dicang (ST 4). Moxibustion is applicable.

Regional anatomy:

Vasculature: The masseteric artery.

Innervation: The great auricular nerve, facial nerve and masseteric nerve.

Xiaguan (ST 7)

Location: On the face, anterior to the ear, in the depression between the zygomatic arch and the mandibular notch. This point is located with the mouth closed (see Figure 3.13).

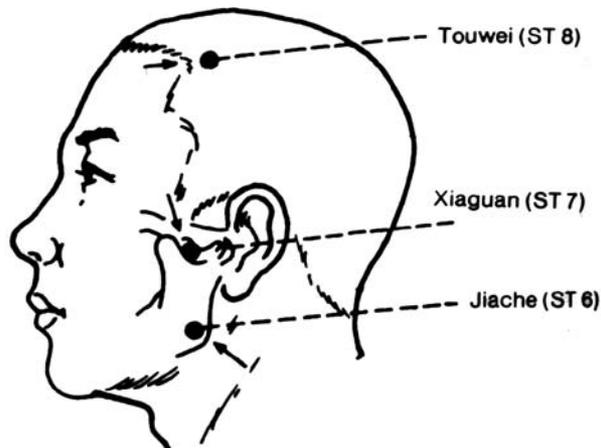


Figure 3.13: Location of Jiache, Xiaguan and Touwei

Indications: Deafness, tinnitus, otorrhoea, toothache, facial paralysis, pain of the face, motor impairment of the jaw.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficially, the transverse facial artery and vein; in the deepest layer, the maxillary artery and vein.

Innervation: The zygomatic branch of the facial nerve and the branches of the auriculotemporal nerve.

Touwei (ST 8)

Location: On the lateral side of the head, 0.5 cun above the anterior hairline at the corner of the forehead, and 4.5 cun lateral to the midline of the head (see Figure 3.13).

Indications: Headache, blurring of vision, ophthalmalgia, lacrimation.

Method: Puncture 0.5–1.0 inch subcutaneously.

Regional anatomy:

Vasculature: The frontal branches of the superficial temporal artery and vein.

Innervation: The branch of the auriculotemporal nerve and the temporal branch of the facial nerve.

Tianshu (Front-Mu point of the Large Intestine, ST 25)

Location: 2 cun lateral to the centre of the *umbilicus* (see Figure 3.14).

Indications: Abdominal pain and distention, borborygmus, pain around the *umbilicus*, constipation, diarrhoea, dysentery, irregular menstruation, oedema.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the tenth intercostal and inferior epigastric arteries and veins.

Innervation: The branch of the tenth intercostal nerve.

Biguan (ST 31)

Location: On the anterior side of the thigh and on the line connecting the anterosuperior iliac spine and the superiolateral corner of the patella, on the level of the perineum when the thigh is fixed, in the depression lateral to the sartorius muscle (see Figure 3.15).

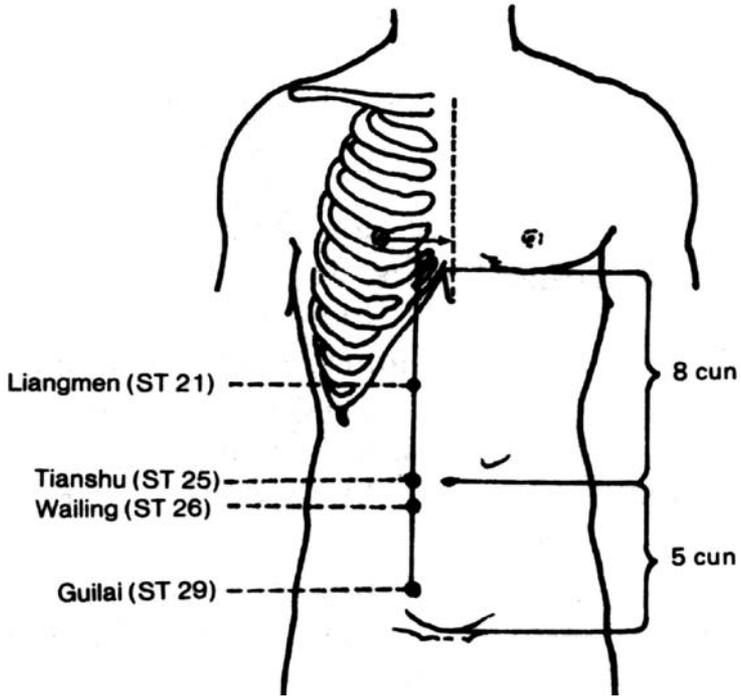


Figure 3.14: Location of Tianshu, Liangmen, Wailing and Guilai



Figure 3.15: Location of Biguan and Liangqiu

Indications: Pain in the thigh, muscular atrophy, motor impairment, numbness and pain of the lower extremities.

Method: Puncture perpendicularly 1.0–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the branches of the lateral circumflex femoral artery and vein.

Innervation: The lateral femoral cutaneous nerve.

Futu (ST 32)

Location: On the line connecting the anterior superior iliac spine and lateral border of the patella, 6 cun above the laterosuperior border of the patella (see Figure 3.16).

Indications: Pain in the lumbar and iliac region, coldness of the knee, paralysis or motor impairment and pain of the lower extremities, beriberi.

Method: Puncture perpendicularly 1.0–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the lateral circumflex femoral artery and vein.

Innervation: The anterior and lateral femoral cutaneous nerves.

Liangqiu (Xi-cleft point, ST 34)

Location: When the knee is flexed, the point is 2 cun above the laterosuperior border of the patella (see Figure 3.15).

Indications: Pain and numbness of the knee, gastric pain, mastitis, motor impairment of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Yinshi (ST 33).

Zusanli (He-sea point, ST 36)

Location: 3 cun below Dubi (ST 35), one finger-breadth (middle finger) from the anterior border of the tibia (see Figure 3.17).

Indications: Gastric pain, vomiting, hiccups, abdominal distention, borborygmus, diarrhoea, dysentery, constipation, mastitis, enteritis, aching of the knee joint and leg, beriberi, oedema, cough, asthma, emaciation due to general deficiency, indigestion, apoplexy, hemiplegia, dizziness, insomnia, mania.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

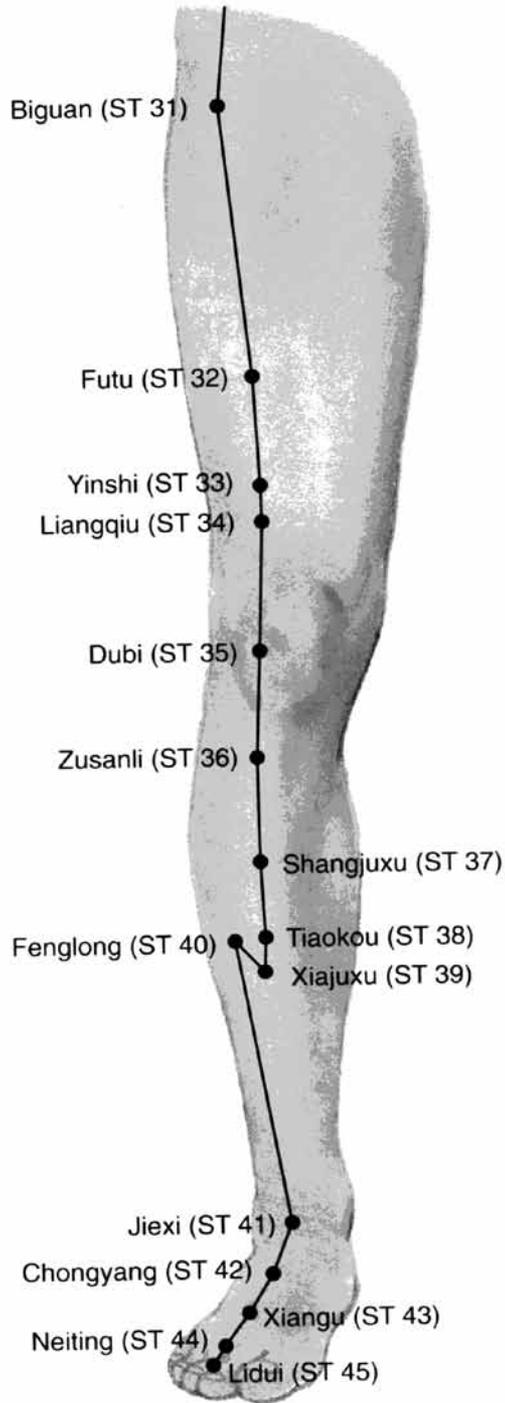


Figure 3.16: The Stomach Meridian of Foot-Yangming

Regional anatomy:

Vasculature: The anterior tibial artery and vein.

Innervation: Superficially, the lateral sural cutaneous nerve and the cutaneous branch of the saphenous nerve; deeper, the deep peroneal nerve.

Shangjuxu (The lower He-sea point of the Large Intestine, ST 37)

Location: 6 cun below Dubi (ST 35), one finger-breadth (middle finger) from the anterior border of the tibia (see Figure 3.17).

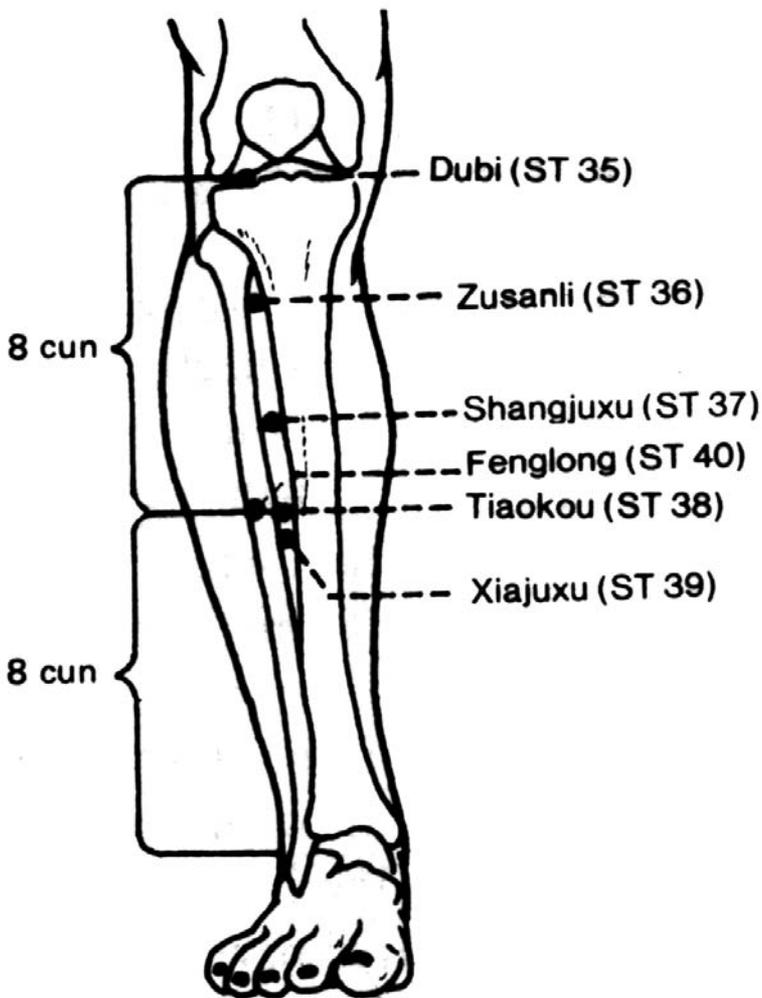


Figure 3.17: Location of Dubi, Zusanli, Shangjuxu, Fenglong, Tiaokou and Xiajuxu

Indications: Abdominal pain and distention, borborygmus, diarrhoea, dysentery, constipation, enteritis, paralysis due to stroke, beriberi.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy: See Zusanli (ST 36, p.136).

Tiaokou (ST 38)

Location: 8 cun below Dubi (ST 35), one finger-breadth (middle finger) from the anterior border of the tibia (see Figure 3.17).

Indications: Numbness, soreness and pain of the knee and leg, weakness and motor impairment of the foot, pain and motor impairment of the shoulder, abdominal pain.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Zusanli (ST 36, p.136).

Fenglong (Luo-connecting point, ST 40)

Location: 8 cun superior to the tip of the external malleolus, lateral to Tiaokou (ST 38) about two finger-breadth lateral to the anterior border of the tibia (see Figure 3.17).

Indications: Headache, dizziness and vertigo, cough, asthma, excessive sputum, pain in the chest, constipation, mania, epilepsy, muscular atrophy, motor impairment, pain, swelling or paralysis of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the anterior tibial artery and vein.

Innervation: The superficial peroneal nerve.

Jiexi (Jing-river point, ST 41)

Location: On the dorsum of the foot, at the midpoint of the transverse crease of the ankle joint, in the depression between the tendons of *m. extensor digitorum longus* and *hallucis longus*, approximately at the level of the tip of the external malleolus (see Figure 3.18).

Indications: Pain of the ankle joint, muscular atrophy, motor impairment, pain and paralysis of the lower extremities, epilepsy, headache, dizziness and vertigo, abdominal distention, constipation.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anterior tibial artery and vein.

Innervation: The superficial and deep peroneal nerves.

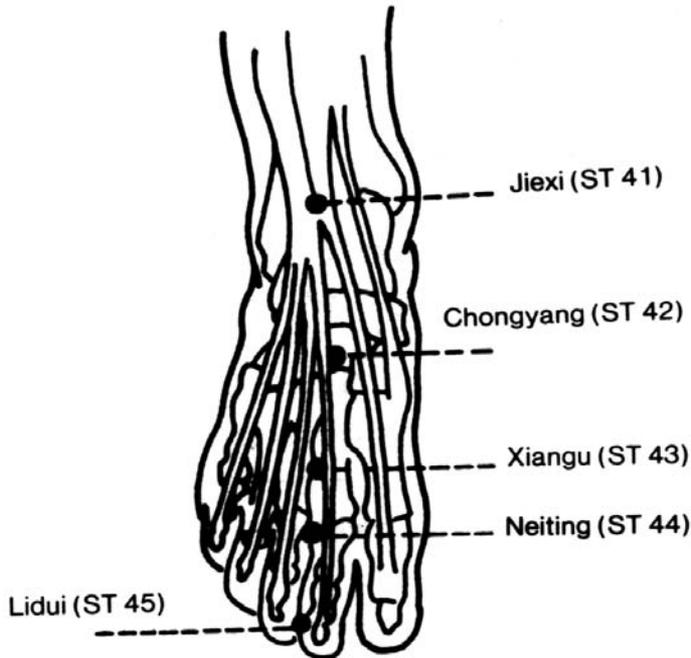


Figure 3.18: Location of Jiexi and Neiting

Neiting (Ying-spring point, ST 44)

Location: Proximal to the web margin between the second and third toes, in the depression distal and lateral to the second metatarsodigital joint (see Figure 3.18).

Indications: Toothache, pain in the face, deviation of the mouth, sore throat, epistaxis, gastric pain, acid regurgitation, abdominal distention, diarrhoea, dysentery, constipation, swelling and pain of the dorsum of the foot, febrile diseases.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot.

Innervation: Just where the lateral branch of the medial dorsal cutaneous nerve divides into the dorsal digital nerve.

3.2 Other acupoints

Juliao (ST 3)

Location: Directly below the pupil, at the level of the lower border of ala nasi, on the lateral side of the nasolabial groove (see Figure 3.12).

Indications: Facial paralysis, twitching of eyelids, epistaxis, toothache, swelling of lips and cheek.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the facial and infraorbital arteries and veins.

Innervation: The branch of the facial and infraorbital nerves.

Daying (ST 5)

Location: Anterior to the angle of the mandible, on the anterior border of the attached portion of *m. masseter* where the pulsation of the facial artery is palpable, in the groove-like depression appearing when the cheek is bulged (see Figure 3.19).

Indications: Facial paralysis, trismus, swelling of the cheek, pain in the face, toothache.

Method: Avoid puncturing the artery. Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the facial artery and vein.

Innervation: The facial and buccal nerves.

Renying (ST 9)

Location: Level with the tip of Adam's apple where the pulsation of the common carotid artery is palpable, on the anterior border of *m. sternocleidomastoideus* (see Figure 3.19).

Indications: Sore throat, asthma, goitre, dizziness, flushing of the face.

Method: Avoid puncturing the common carotid artery; puncture perpendicularly 0.3–0.5 inch.



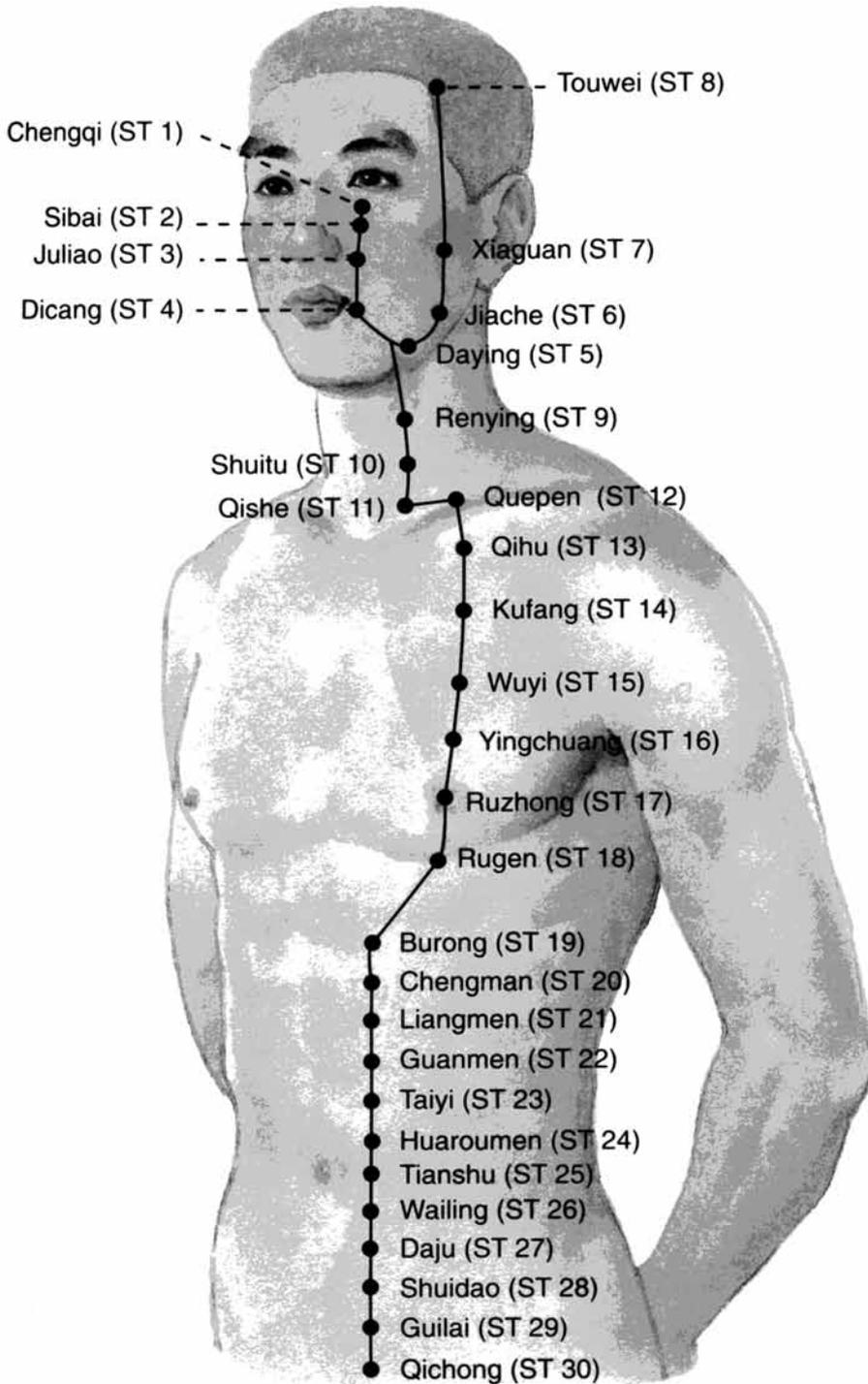


Figure 3.19: The Stomach Meridian of Foot-Yangming

Regional anatomy:

Vasculature: The superior thyroid artery on the bifurcation of the internal and the external carotid artery.

Innervation: Superficially, the cutaneous cervical nerve, the cervical branch of the facial nerve; deeper, the sympathetic trunk; laterally, the descending branch of the hypoglossal nerve and the vagus nerve.

Shuitu (ST 10)

Location: At the midpoint of the line joining Renying (ST 9) and Qishe (ST 11), on the anterior border of *m. sternocleidomastoideus* (see Figure 3.19).

Indications: Sore throat, asthma, cough.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The common carotid artery.

Innervation: Superficially, the cutaneous cervical nerve, deeper, the superior cardiac nerve issued from the sympathetic nerve and the sympathetic trunk.

Qishe (ST 11)

Location: At the superior border of the sternal extremity of the clavicle, between the sternal head and clavicular head of *m. sternocleidomastoideus* (see Figure 3.19).

Indications: Sore throat, pain and rigidity of the neck, asthma, hiccups, goitre.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficially, the anterior jugular vein; deeper, the common carotid artery.

Innervation: The medial supraclavicular nerve and the muscular branch of ansa hypoglossi.

Quepen (ST 12)

Location: At the midpoint of the supraclavicular fossa, 4 cun lateral to the anterior midline (see Figure 3.19).

Indications: Cough, asthma, sore throat, pain in the supraclavicular fossa.

Method: Avoid puncturing the artery. Puncture perpendicularly 0.3–0.5 inch. Deep puncturing is not advisable. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superiorly, the transverse cervical artery.

Innervation: Superficially, the intermediate supraclavicular nerve; deeper, the supraclavicular portion of brachial plexus.

Qihu (ST 13)

Location: At the lower border of the middle of the clavicle, 4 cun lateral to the anterior midline (see Figure 3.19).

Indications: Fullness in the chest, asthma, cough, hiccups, pain in the chest and hypochondrium.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the thoracoacromial artery and vein; superiorly, the subclavicular vein.

Innervation: The branches of the supraclavicular nerve and the anterior thoracic nerve.

Kufang (ST 14)

Location: In the first intercostal space, 4 cun lateral to the anterior midline (see Figure 3.19).

Indications: Sensation of fullness and pain in the chest, cough.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The thoracoacromial artery and vein and the branches of the lateral thoracic artery and vein.

Innervation: The branch of the anterior thoracic nerve.

Wuyi (ST 15)

Location: In the second intercostal space, 4 cun lateral to the anterior midline (see Figure 3.19).

Indications: Fullness and pain in the chest and the costal region, cough, asthma, mastitis.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: See Kufang (ST 14).

Innervation: On the course of the branch of *m. pectoralis major* derived from the anterior thoracic nerve.

Yingchuang (ST 16)

Location: In the third intercostal space, 4 cun lateral to the anterior midline (see Figure 3.19).

Indications: Fullness and pain in the chest and hypochondrium, cough, asthma, mastitis.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The lateral thoracic artery and vein.

Innervation: The branch of the anterior thoracic nerve.

Ruzhong (ST 17)

Location: In the fourth intercostal space, in the centre of the nipple, 4 cun lateral to the anterior midline (see Figure 3.19).

Acupuncture and moxibustion on this point are contraindicated. This point serves only as a landmark for locating points on the chest and abdomen.

Regional anatomy:

Innervation: The anterior and lateral cutaneous branches of the fourth intercostal nerve.

Rugen (ST 18)

Location: On the chest, directly below the nipple, on the lower border of breast, in the fifth intercostal space, 4 cun lateral to the anterior midline.

Indications: Pain in the chest, cough, asthma, mastitis, insufficient lactation.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the intercostal artery and vein.

Innervation: The branch of the fifth intercostal nerve.



Burong (ST 19)

Location: 6 cun above the *umbilicus*, 2 cun lateral to Juque (CV 14) (see Figure 3.19).

Indications: Abdominal distention, vomiting, gastric pain, anorexia.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the seventh intercostal artery and vein, the branches of the superior epigastric artery and vein.

Innervation: The branch of the seventh intercostal nerve.

Chengman (ST 20)

Location: 5 cun above the *umbilicus*, 2 cun lateral to Shangwan (CV 13) (see Figure 3.19).

Indications: Gastric pain, abdominal distention, vomiting, anorexia.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Burong (ST 19).

Liangmen (ST 21)

Location: 4 cun above the *umbilicus*, 2 cun lateral to Zhongwan (CV 12) (see Figure 3.14).

Indications: Gastric pain, vomiting, anorexia, abdominal distention, diarrhoea.

Method: Puncture perpendicularly 0.8–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the eighth intercostal and superior epigastric arteries and veins.

Innervation: The branch of the eighth intercostal nerve.

Guanmen (ST 22)

Location: 3 cun above the *umbilicus*, 2 cun lateral to Jianli (CV 11) (see Figure 3.19).

Indications: Abdominal distention and pain, anorexia, borborygmus, diarrhoea, oedema.

Method: Puncture perpendicularly 0.8–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Liangmen (ST 21).

Taiyi (ST 23)

Location: 2 cun above the *umbilicus*, 2 cun lateral to Xiawan (CV 10) (see Figure 3.19).

Indications: Gastric pain, irritability, mania, indigestion.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the eighth and ninth intercostal and inferior epigastric arteries and veins.

Innervation: The branches of the eighth and ninth intercostal nerve.

Huaroumen (ST 24)

Location: 1 cun above the *umbilicus*, 2 cun lateral to Shuifen (CV 9) (see Figure 3.19).

Indications: Gastric pain, vomiting, mania.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the ninth intercostal and inferior epigastric arteries and veins.

Innervation: The branches of the ninth intercostal nerve.

Wailing (ST 26)

Location: 1 cun below the *umbilicus*, 2 cun lateral to Yinjiao (CV 7) (see Figure 3.14).

Indications: Abdominal pain, hernia, dysmenorrhea.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy: See Tianshu (ST 25).

Daju (ST 27)

Location: 2 cun below the *umbilicus*, 2 cun lateral to Shimen (CV 5) (see Figure 3.14).



Indications: Lower abdominal distention, dysuria, hernia, seminal emission, premature ejaculation.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the eleventh intercostal artery and vein; laterally, the inferior epigastric artery and vein.

Innervation: The eleventh intercostal nerve.

Shuidao (ST 28)

Location: 3 cun below the *umbilicus*, 2 cun lateral to Guanyuan (CV 4) (see Figure 3.19).

Indications: Lower abdominal distention, retention of urine, oedema, hernia, dysmenorrhea, sterility.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the subcostal artery and vein; laterally, the inferior epigastric artery and vein.

Innervation: A branch of the subcostal nerve.

Guilai (ST 29)

Location: 4 cun below the *umbilicus*, 2 cun lateral to Zhongji (CV3) (see Figure 3.14).

Indications: Abdominal pain, hernia, dysmenorrhea, irregular menstruation, amenorrhoea, leucorrhoea, prolapse of the uterus.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: Laterally, the inferior epigastric artery and vein.

Innervation: The iliohypogastric nerve.

Qichong (ST 30)

Location: 5 cun below the *umbilicus*, 2 cun lateral to Qugu (CV 2) (see Figure 3.19).

Indications: Abdominal pain, borborygmus, hernia, swelling and pain of the external genitalia, impotence, dysmenorrhea, irregular menstruation.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superficial epigastric artery and vein. Laterally, the inferior epigastric artery and vein.

Innervation: The pathway of the ilioinguinal nerve.

Yinshi (ST 33)

Location: When the knee is flexed, the point is 3 cun above the laterosuperior border of the patella, on the line joining the laterosuperior border of the patella and the anterior superior iliac spine (see Figure 3.16).

Indications: Numbness, soreness, motor impairment of the leg and knee, motor impairment of the lower extremities.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The descending branch of the lateral circumflex femoral artery.

Innervation: The anterior and lateral femoral cutaneous nerves.

Dubi (ST 35)

Location: When the knee is flexed, the point is at the lower border of the patella, in the depression lateral to the patellar ligament (see Figure 3.17).

Indications: Pain, numbness and motor impairment of the knee, beriberi.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network around the knee joint.

Innervation: The lateral sural cutaneous nerve and the articular branch of the common peroneal nerve.

Xiajuxu (The lower He-sea point of the Small Intestine, ST 39)

Location: 9 cun below Dubi (ST 35), one finger-breadth (middle finger) from the anterior border of the tibia (see Figure 3.17).

Indications: Lower abdominal pain, backache referring to the testes, mastitis, numbness and paralysis of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anterior tibial artery and vein.

Innervation: The branches of the superficial peroneal nerve and the deep peroneal nerve.

Chongyang (Yuan-primary point, ST 42)

Location: On the dome of the instep of the foot, between the tendons of the long extensor muscle of the great toe and long extensor muscle of the toes, where the pulsation of the dorsal artery of the foot is palpable (see Figure 3.20).

Indications: Pain of the upper teeth, redness and swelling of the dorsum of the foot, facial paralysis, muscular atrophy and motor impairment of the foot.

Method: Avoid puncturing the artery. Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal artery and vein of foot, the dorsal venous network of foot.

Innervation: Superficially, the medial dorsal cutaneous nerve of the foot derived from the superficial peroneal nerve; deeper, the deep peroneal nerves.

Xiangyu (Shu-stream point, ST 43)

Location: In the depression distal to the junction of the second and third metatarsal bones (see Figure 3.20).

Indications: Facial or general oedema, abdominal pain, borborygmus, swelling and pain of the dorsum of the foot.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot.

Innervation: The medial dorsal cutaneous nerve of the foot.

Lidui (Jing-well point, ST 45)

Location: On the lateral side of the second toe, 0.1 cun posterior to the corner of the nail (see Figure 3.20).

Indications: Facial swelling, deviation of the mouth, epistaxis, toothache, sore throat and hoarse voice, abdominal distention, coldness in the leg and foot, febrile diseases, dream-disturbed sleep, mania.

Method: Puncture subcutaneously 0.1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network formed by the dorsal digital artery and vein of foot.

Innervation: The dorsal digital nerve derived from the superficial peroneal nerve.

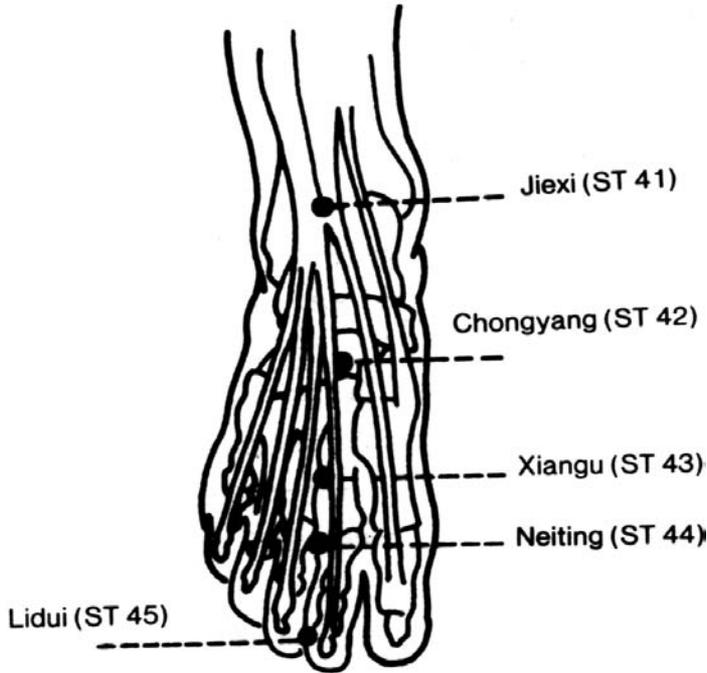


Figure 3.20: Chongyang, Xiangyu and Lidui

4. THE SPLEEN MERIDIAN OF FOOT-TAIYIN

This meridian goes from the foot to the abdomen and has 21 acupoints in total on each side.

4.1 Frequently used acupoints

Yinbai (Jing-well point, SP 1)

Location: On the medial side of the big toe, 0.1 cun posterior to the corner of the nail (see Figure 3.20).

Indications: Abdominal distention, bloody stools, menorrhagia, uterine bleeding, mental disorders, dream-disturbed sleep, convulsions.

Method: Puncture subcutaneously 0.1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery.

Innervation: On the anastomosis of the dorsal digital nerve derived from the superficial peroneal nerve and the plantar digital proprial nerve.

Gongsun (Luo-connecting point, Confluent point, SP4)

Location: In the depression distal and inferior to the base of the first metatarsal bone, at the junction of the red and white skin (see Figure 3.21).

Indications: Gastric pain, vomiting, abdominal pain and distention, diarrhoea, dysentery, borborygmus.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

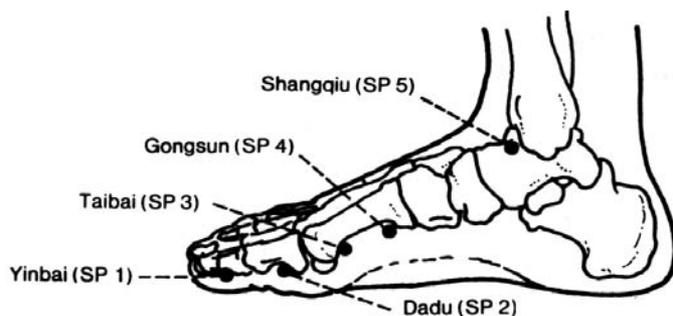


Figure 3.21: Location of Dadu, Yinbai, Taibai, Gongsun and Shangqui

Regional anatomy:

Vasculature: The medial tarsal artery and dorsal venous network of the foot.

Innervation: The saphenous nerve and the branch of the superficial peroneal nerve.

Sanyinjiao (SP 6)

Location: 3 cun directly above the tip of the medial malleolus, posterior to the medial border of the tibia (see Figure 3.22).

Indications: Abdominal pain, borborygmus, abdominal distention, diarrhoea, dysmenorrhoea, irregular menstruation, uterine bleeding, morbid leucorrhoea, prolapse of the uterus, sterility, delayed labour, nocturnal emission, impotence, enuresis, dysuria, oedema, hernia, pain in the external genitalia, muscular atrophy, motor impairment, paralysis and pain of the lower extremities, headache, dizziness and vertigo, insomnia.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable. Acupuncture on this point is contraindicated in pregnant women.

Regional anatomy:

Vasculature: The great saphenous vein, the posterior tibial artery and vein.

Innervation: Superficially, the medial crural cutaneous nerve; deeper, in the posterior aspect, the tibial nerve.

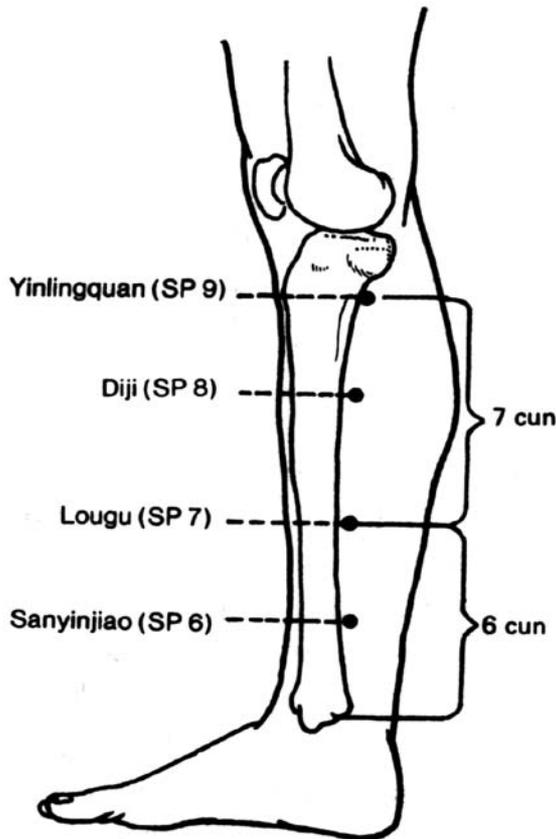


Figure 3.22: Location of Sanyinjiao, Yinlingquan, Lougu and Diji

Yinlingquan (He-sea point, SP 9)

Location: On the lower border of the medial condyle of the tibia, in the depression posterior and inferior to the medial condyle of the tibia (see Figure 3.22).

Indications: Abdominal pain and distention, diarrhoea, dysentery, oedema, jaundice, dysuria, enuresis, incontinence of urine, pain in the external genitalia, dysmenorrhoea, pain in the knee.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the great saphenous vein, the genu suprema artery; deeper, the posterior tibial artery and vein.

Innervation: Superficially, the medial crural cutaneous nerve; deeper, the tibial nerve.

Xuehai (SP 10)

Location: When the knee is flexed, the point is 2 cun above the mediosuperior border of the patella, on the bulge of the medial portion of *m. quadriceps femoris*. Or, when the patient's knee is flexed, cup your right palm to the left knee, with the thumb on the medial side and with the other four fingers directed proximally, and the thumb forming an angle of 45° with the index finger. The point is where the tip of your thumb rests (see Figure 3.23).

Indications: Irregular menstruation, dysmenorrhoea, uterine bleeding, amenorrhoea, urticaria, eczema, erysipelas, pain in the medial aspect of the thigh.

Xuehai (SP 10)

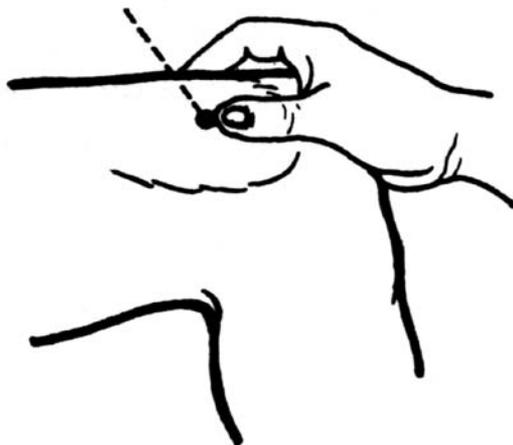


Figure 3.23: Location of Xuehai

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branches of the femoral artery and vein.

Innervation: The anterior femoral cutaneous nerve and the muscular branch of the femoral nerve.

4.2 Other acupoints

Dadu (Ying-spring point, SP 2)

Location: On the medial side of the big toe, distal and inferior to the first metatarsodigital joint, in the depression of the junction of the red and white skin (see Figure 3.21).

Indications: Abdominal distention, gastric pain, constipation, febrile diseases with anhidrosis.

Method: Puncture perpendicularly 0.1–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the medial plantar artery and vein.

Innervation: The plantar digital proprial nerve derived from the medial plantar nerve.

Taibai (Shu-stream and Yuan-primary point, SP 3)

Location: Proximal and inferior to the first metatarsophalangeal joint, in the depression of the junction of the red and white skin (see Figure 3.21).

Indications: Gastric pain, abdominal distention, constipation, dysentery, vomiting diarrhoea, borborygmus, sluggishness, beriberi.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot, the medial plantar artery and the branches of the medial tarsal artery.

Innervation: The branches of the saphenous nerve and superficial peroneal nerve.

Shangqiu (Jing-river point, SP 5)

Location: In the depression distal and inferior to the medial malleolus, midway between the tuberosity of the navicular bone and the tip of the medial malleolus (see Figure 3.21).



Indications: Abdominal distention, constipation, diarrhoea, borborygmus, pain and rigidity of the tongue, pain in the foot and ankle, haemorrhoids.

Method: Puncture perpendicularly 0.2–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial tarsal artery and the great saphenous vein.

Innervation: The medial crural cutaneous nerve and the branch of the superficial peroneal nerve.

Lougu (SP 7)

Location: 6 cun from the tip of the medial malleolus, on the line connecting the tip of the medial malleolus and Yinlingquan (SP 9), posterior to the medial border of the tibia (see Figure 3.22).

Indications: Abdominal distention, borborygmus, coldness, numbness and paralysis of the knee and leg.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Sanyinjiao (SP 6, p.152).

Diji (Xi-cleft point, SP 8)

Location: 3 cun below Yinlingquan (SP 9), on the line connecting Yinlingquan (SP 9) and the medial malleolus (see Figure 3.22).

Indications: Abdominal pain and distention, diarrhoea, oedema, dysuria, nocturnal emission, irregular menstruation, dysmenorrhea.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the great saphenous vein and the branch of the genu suprema artery; deeper, the posterior tibial artery and vein.

Innervation: See Sanyinjiao (SP 6, p.152).

Jimen (SP 11)

Location: 6 cun above Xuehai (SP 10), on the line drawn from Xuehai (SP 10) to Chongmen (SP 12) (see Figure 3.24(a)).

Indications: Dysuria, enuresis, pain and swelling in the inguinal region, muscular atrophy, motor impairment, pain and paralysis of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficially, the great saphenous vein; deeper on the lateral side, the femoral artery and vein.

Innervation: The anterior femoral cutaneous nerve; deeper, the saphenous nerve.

Chongmen (SP 12)

Location: Superior to the lateral end of the inguinal groove, lateral to the pulsating external iliac artery, at the level of the upper border of *symphysis pubis*, 3.5 cun lateral to Qugu (CV 2) (see Figure 3.24(b)).

Indications: Abdominal pain, hernia, dysuria.

Method: Avoid puncturing the artery. Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: On the medial side, the femoral artery.

Innervation: Just where the femoral nerve traverses.

Fushe (SP 13)

Location: 4 cun below the centre of the *umbilicus*, 0.7 cun superior to Chongmen (SP 12), 4 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Lower abdominal pain, hernia.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficial epigastric artery, and intercostal artery and vein.

Innervation: The ilioinguinal nerve.

Fujie (SP 14)

Location: 1.3 cun below Daheng (SP 15), 4 cun lateral to the anterior midline, on the lateral side of *m. rectus abdominis* (see Figure 3.24(b)).

Indications: Pain around the umbilical region, abdominal distention, hernia, diarrhoea, constipation.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The eleventh intercostal artery and vein.

Innervation: The eleventh intercostal nerve.

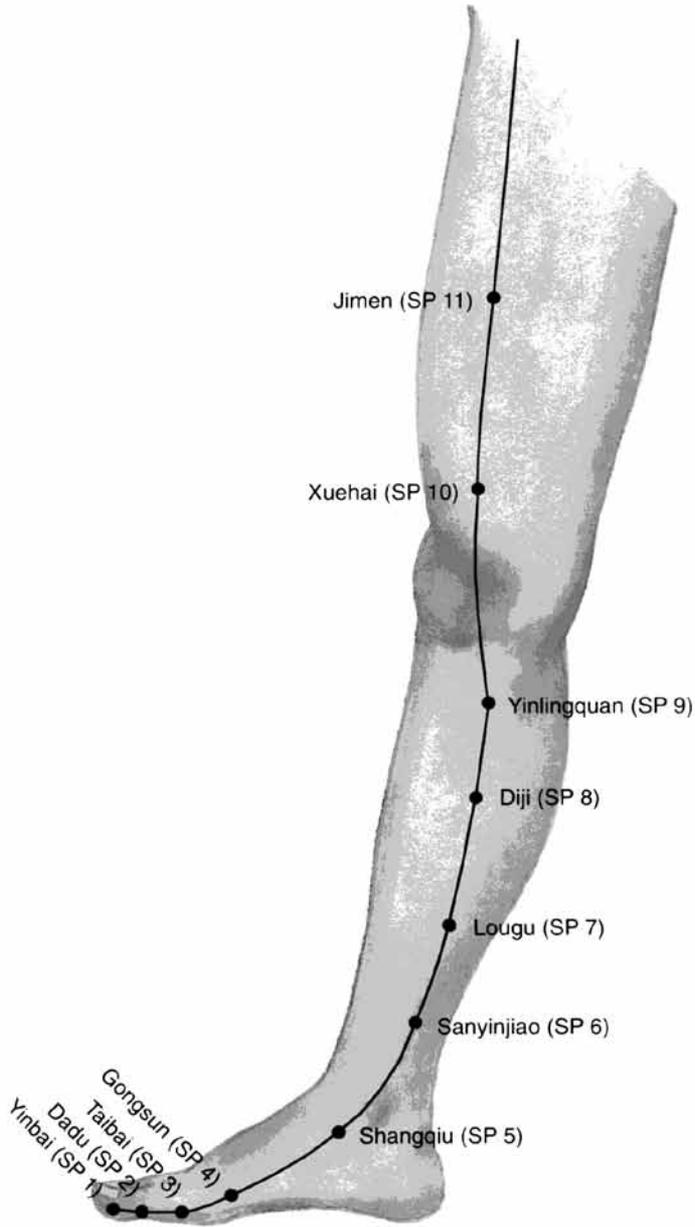


Figure 3.24(a): The Spleen Meridian of Foot-Taiying

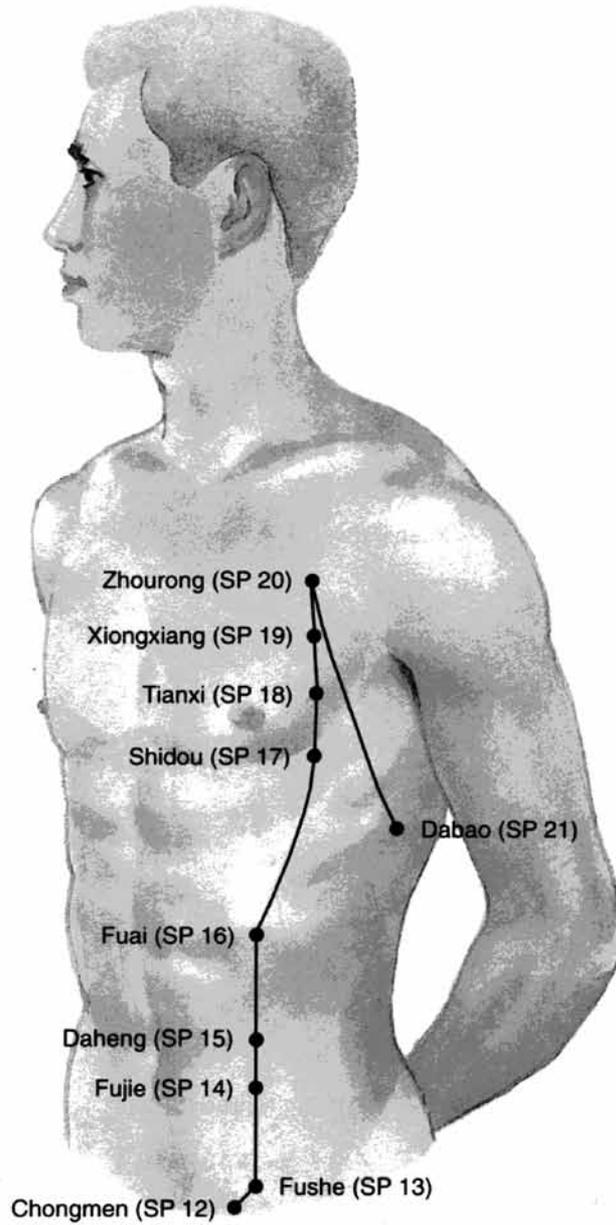


Figure 3.24(b): The Spleen Meridian of Foot-Taiyang

Daheng (SP 15)

Location: 4 cun lateral to the centre of the *umbilicus*, lateral to *m. rectus abdominis* (see Figure 3.24(b)).

Indications: Abdominal pain and distention, diarrhoea, dysentery, constipation.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The tenth intercostal artery and vein.

Innervation: The tenth intercostal nerve.

Fuai (SP 16)

Location: 3 cun above the centre of the *umbilicus*, and 4 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Abdominal pain, indigestion, constipation, dysentery.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The eighth intercostal artery and vein.

Innervation: The eighth intercostal nerve.

Shidou (SP 17)

Location: In the fifth intercostal space, 6 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Fullness and pain in the chest and hypochondriac region.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The thoracoepigastric vein.

Innervation: The lateral cutaneous branch of the fifth intercostal nerve.

Tianxi (SP 18)

Location: In the fourth intercostal space, 6 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Fullness and pain in the chest and hypochondrium, cough, hiccups, mastitis, insufficient lactation.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the lateral thoracic artery and vein, the thoracoepigastric artery and vein, the fourth intercostal artery and vein.

Innervation: The lateral cutaneous branch of the fourth intercostal nerve.

Xiongxiang (SP 19)

Location: In the third intercostal space, 6 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Fullness and pain in the chest and hypochondriac region.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The lateral thoracic artery and vein, the third intercostal artery and vein.

Innervation: The lateral cutaneous branch of the third intercostal nerve.

Zhourong (SP 20)

Location: In the second intercostal space, 6 cun lateral to the anterior midline (see Figure 3.24(b)).

Indications: Fullness in the chest and hypochondriac region, cough, hiccups.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The lateral thoracic artery and vein, the second intercostal artery and vein.

Innervation: The muscular branch of the anterior thoracic nerve, the lateral cutaneous branch of the second intercostal nerve.

Dabao (Major Luo-connecting point of the Spleen, SP 21)

Location: On the lateral side of the chest and on the middle axillary line, in the sixth intercostal space (see Figure 3.24(b)).

Indications: Pain in the chest and hypochondriac region, asthma, general aching and weakness.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The thoracodorsal artery and vein, the seventh intercostal artery and vein.

Innervation: The seventh intercostal nerve and the terminal branch of the long thoracic nerve.

5. THE HEART MERIDIAN OF HAND-SHAOYIN

This meridian goes from the chest to the hand and has nine acupoints in total on each side.

5.1 Frequently used acupoints

Jiquan (HT 1)

Location: When the upper arm is abducted, the point is in the centre of the axilla, on the medial side of the axillary artery (see Figure 3.25).

Indications: Pain in the costal and cardiac regions, scrofula, Cold pain of the elbow and arm, dryness of the throat.

Method: Avoid puncturing the axillary artery. Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Laterally, the axillary artery.

Innervation: The ulnar nerve, median nerve and medial brachial cutaneous nerve.

Shaohai (He-sea point, HT 3)

Location: With the elbow flexed, at the midpoint of the line connecting the medial end of the cubital crease and the medial epicondyle of the humerus (see Figure 3.26).

Indications: Cardiac pain, spasmodic pain and numbness of the hand and arm, tremor of the hand, scrofula, pain in the axilla and hypochondriac region.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The basilic vein, the inferior ulnar collateral artery, the ulnar recurrent artery and vein.

Innervation: The medial antebrachial cutaneous nerve.



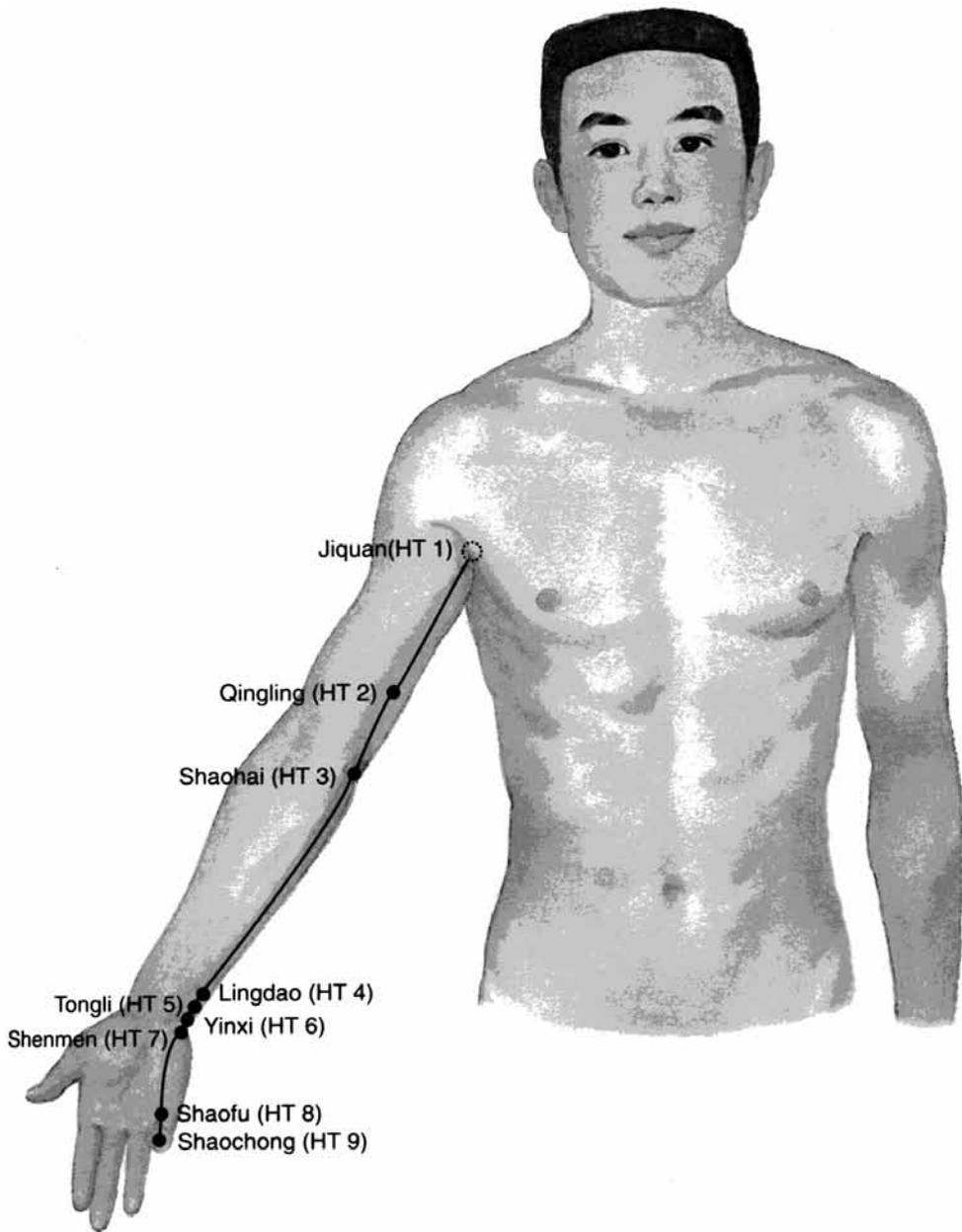


Figure 3.25: The Heart Meridian of Hand-Shaoyin

Tongli (Luo-connecting point, HT 5)

Location: When the palm faces upward, the point is on the radial side of the tendon of *m. flexor carpi ulnaris*, 1 cun above the transverse crease of the wrist (see Figure 3.26).

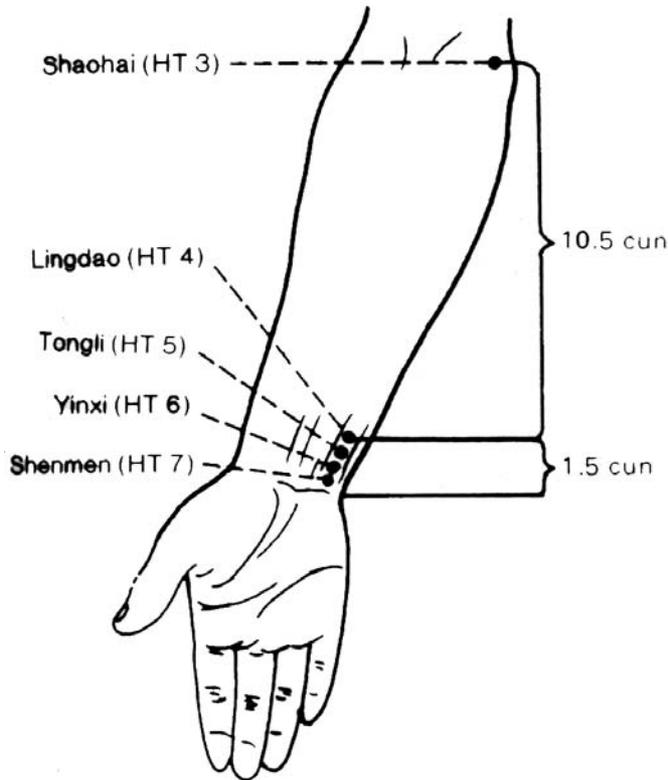


Figure 3.26: Location of Shaohai, Tongli, Yinxi, Shenmen and Lingdao

Indications: Palpitation, dizziness, blurring of vision, sore throat, sudden loss of voice, aphasia with stiffness of the tongue, pain in the wrist and elbow.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Lingdao (HT 4).

Yinxi (Xi-cleft point, HT 6)

Location: When the palm faces upward, the point is on the radial side of the tendon of *m. flexor carpi ulnaris*, 0.5 cun above the transverse crease of the wrist (see Figure 3.26).

Indications: Cardiac pain, hysteria, night sweating, haemoptysis, epistaxis, sudden loss of voice.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Lingdao (HT 4).

Shenmen (Shu-stream and Yuan-primary point, HT7)

Location: At the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of *m. flexor carpi ulnaris* (see Figure 3.26).

Indications: Cardiac pain, irritability, palpitation, hysteria, amnesia, insomnia, mania, epilepsy, dementia, pain in the hypochondriac region, feverish sensation in the palm, yellowish sclera.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Lingdao (HT 4).

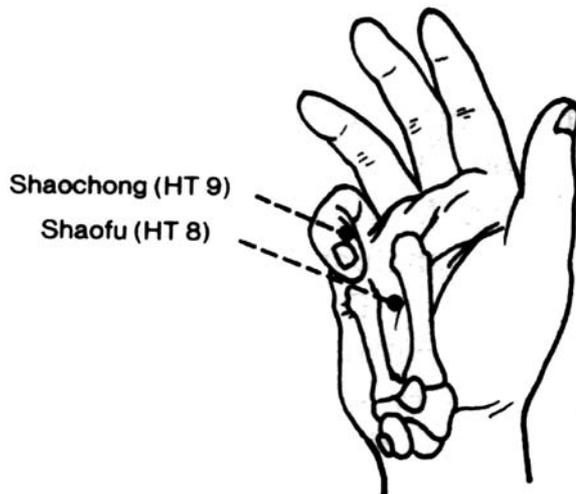


Figure 3.27: Location of Shaochong and Shaofu

Shaochong (Jing-well point, HT 9)

Location: On the radial side of the little finger, about 0.1 cun from the corner of the nail (see Figure 3.27).

Indications: Palpitations, cardiac pain, pain in the chest and hypochondriac regions, mania, febrile diseases, loss of consciousness.

Method: Puncture subcutaneously 0.1 inch, or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network formed by the palmar digital proprial artery and vein.

Innervation: The palmar digital proprial nerve derived from the ulnar nerve.

5.2 Other acupoints

Qingling (HT 2)

Location: When the elbow is flexed, the point is 3 cun above the medial end of the transverse cubital crease (Shaohai HT 3), in the groove medial to *m. biceps brachii* (see Figure 3.25).

Indications: Pain in the cardiac and hypochondriac regions, shoulder and arm.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The basilic vein, the superior ulnar collateral artery.

Innervation: The medial antebrachial cutaneous nerve, the medial brachial cutaneous nerve and the ulnar nerve.

Lingdao (Jing-river point, HT 4)

Location: When the palm faces upward, the point is on the radial side of the tendon of *m. flexor carpi ulnaris*, 1.5 cun above the transverse crease of the wrist (see Figure 3.26).

Indications: Cardiac pain, spasmodic pain of the elbow and arm, sudden loss of voice.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The ulnar artery.

Innervation: The medial antebrachial cutaneous nerve; on the ulnar side, the ulnar nerve.

Shaofu (Ying-spring point, HT 8)

Location: When the palm faces upward, the point is between the fourth and fifth metacarpal bones. When a fist is made, the point is where the tip of the little finger rests (see Figure 3.27).

Indications: Palpitation, pain in the chest, spasmodic pain of the little finger, feverish sensation in the palm, enuresis, dysuria, pruritus of the external genitalia.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The common palmar digital artery and vein.

Innervation: The fourth common palmar digital nerve derived from the ulnar nerve.

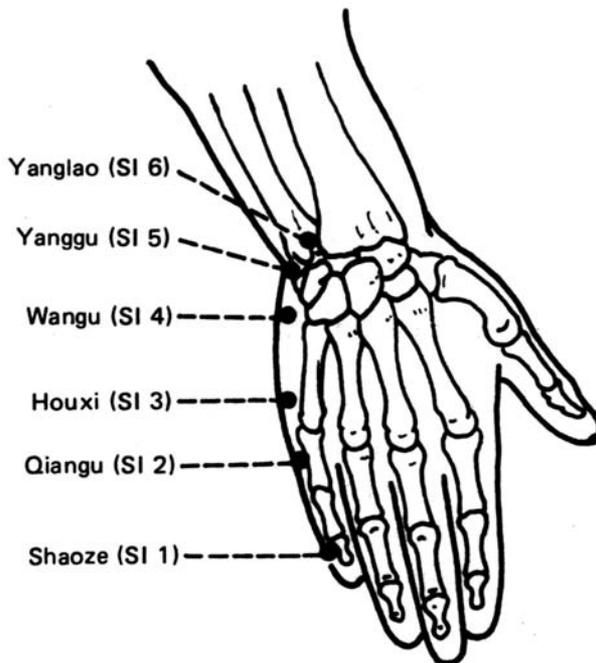


Figure 3.28: Location of Shaoze, Qianggu, Houxi, Wangu, Yanggu and Yanglao

6. THE SMALL INTESTINE MERIDIAN OF HAND-TAIYANG

This meridian goes from the hand to the head and has 19 acupoints in total on each side.

6.1 Frequently used acupoints

Shaoze (Jing-well point, SI 1)

Location: On the ulnar side of the little finger, about 0.1 cun from the corner of the nail (see Figure 3.28).

Indications: Headache, febrile diseases, loss of consciousness, insufficient lactation, sore throat, redness of the eye, cloudiness of the cornea.

Method: Puncture subcutaneously 0.1 inch, or prick the point to cause bleeding. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network formed by the palmar digital proprial artery and vein and the dorsal digital artery and vein.

Innervation: The palmar digital proprial nerve and the dorsal digital nerve derived from the ulnar nerve.

Houxi (Shu-stream point, one of the eight confluent points, SI 3)

Location: When a loose fist is made, the point is on the ulnar end of the distal palmar crease, proximal to the fifth metacarpophalangeal joint, at the end of the transverse crease and the junction of the red and white skin (see Figure 3.28).

Indications: Pain and rigidity of the neck, tinnitus, deafness, sore throat, mania, malaria, acute lumbar sprain, night sweating, febrile diseases, contracture and numbness of the fingers, pain in the shoulder and elbow.

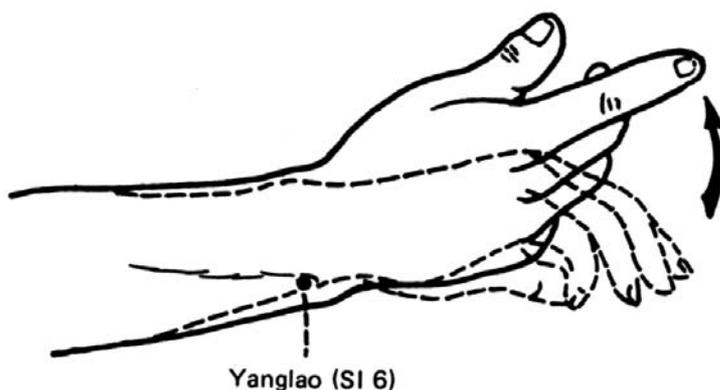


Figure 3.29: Finding Yanglao

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery and vein, the dorsal venous network of the hand.

Innervation: The dorsal branch derived from the ulnar nerve.

Yanglao (Xi-cleft point, SI 6)

Location: Dorsal to the head of the ulna. When the palm faces the chest, the point is in the bony cleft on the radial side of the styloid process of the ulna (see Figures 3.28 and 3.29).

Indications: Blurring of vision, pain in the shoulder, elbow and arm.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The terminal branches of the posterior interosseous artery and vein, the dorsal venous network of the wrist.

Innervation: The anastomotic branches of the posterior antebrachial cutaneous nerve and the dorsal branch of the ulnar nerve.

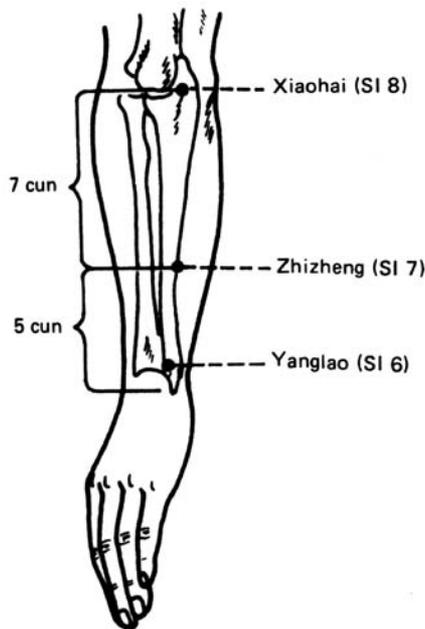


Figure 3.30: Location of Xiaohai, Zhizheng and Yanglao

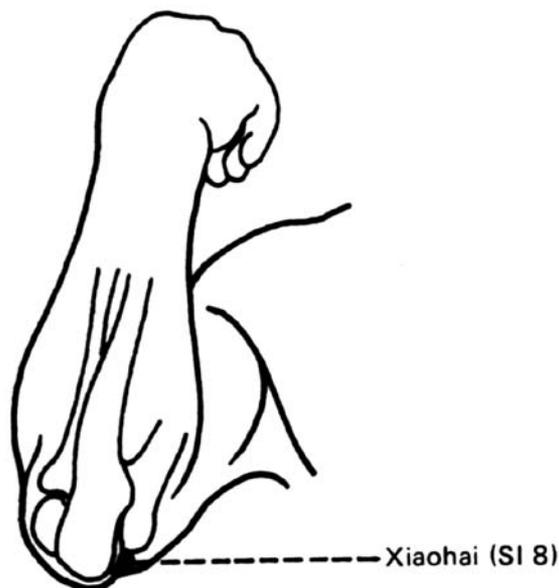


Figure 3.31: Finding Xiaohai

Xiaohai (He-sea point, SI 8)

Location: When the elbow is flexed, the point is located in the depression between the olecranon of the ulna and the medial epicondyle of the humerus (see Figures 3.30 and 3.31).

Indications: Headache, swelling of the cheek, pain in the nape, shoulder, arm and elbow, epilepsy.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superior and inferior ulnar collateral arteries and veins, the ulnar recurrent artery and vein.

Innervation: The branches of the medial antebrachial cutaneous nerve, the ulnar nerve.

Tianzong (SI 11)

Location: On the scapula, in the depression of the centre of the subscapular fossa, and at the level of the fourth thoracic vertebra (see Figure 3.32).

Indications: Pain in the scapular region, pain in the lateroposterior aspect of the elbow and arm, asthma.

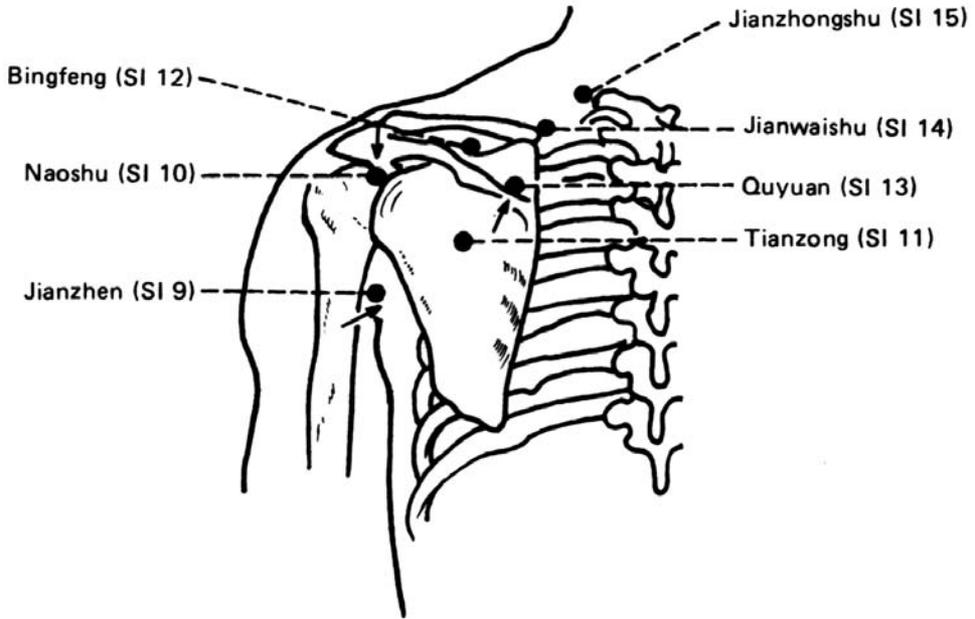


Figure 3.32: Locating Tianzong, Jianshu, Naoshu, Bingfeng, Quyuán, Jianwaishu and Jianzhongshu

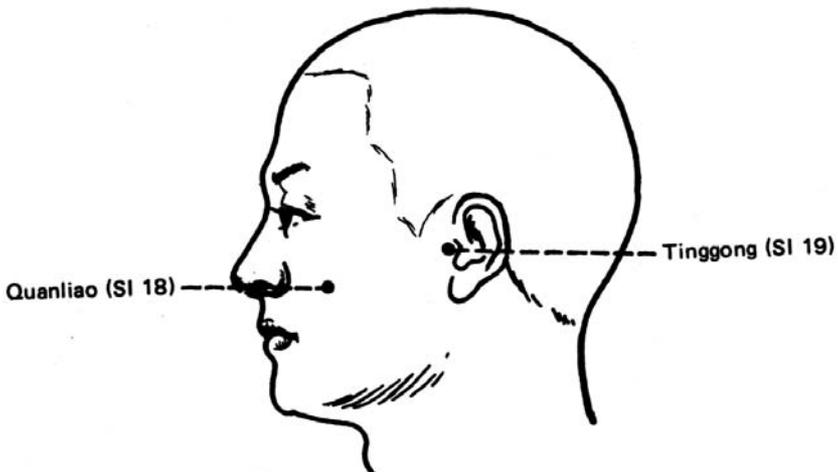


Figure 3.33: Locating Tinggong

Method: Puncture perpendicularly or obliquely 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branches of the circumflex scapular artery and vein.

Innervation: The suprascapular nerve.

Tinggong (SI 19)

Location: Anterior to the tragus and posterior to the condyloid process of the mandible, in the depression formed when the mouth is open (see Figure 3.33).

Indications: Deafness, tinnitus, otorrhoea, motor impairment of the mandibular joint, toothache.

Method: Puncture perpendicularly 0.5–1.0 inch when the mouth is open. Moxibustion is applicable.

Regional anatomy:

Vasculature: The auricular branches of the superficial temporal artery and vein.

Innervation: The branch of the facial nerve, the auriculotemporal nerve.

6.2 Other acupoints

Qianggu (Ying-spring point, SI 2)

Location: When a loose fist is made, the point is on the ulnar end of the crease in front of the metacarpophalangeal joint of the little finger, at the junction of the red and white skin (see Figure 3.28).

Indications: Numbness of the fingers, febrile diseases, tinnitus, headache, reddish urine.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery and vein arising from the ulnar artery and vein.

Innervation: The dorsal digital nerve and palmar digital proprial nerve derived from the ulnar nerve.

Wangu (Yuan-primary point, SI 4)

Location: On the ulnar side of the palm, in the depression between the base of the fifth metacarpal bone and the hamate bone (see Figure 3.28).

Indications: Febrile diseases with anhidrosis, headache, rigidity of the neck, contracture of the fingers, pain in the wrist, jaundice.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior carpal artery (the branch of the ulnar artery), the dorsal venous network of the hand.

Innervation: The dorsal branch of the ulnar nerve.



Yanggu (Jing-river point, SI 5)

Location: At the ulnar end of the transverse crease on the dorsal aspect of the wrist, in the depression between the styloid process of the ulna and the triquetral bone (see Figure 3.28).

Indications: Swelling of the neck and submandibular region, pain of the hand and wrist, febrile diseases.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior carpal artery.

Innervation: The dorsal branch of the ulnar nerve.

Zhizheng (Luo-connecting point, SI 7)

Location: On the line joining Yanggu (SI 5) and Xiaohai (SI 8), 5 cun proximal to the dorsal crease of the wrist (see Figure 3.30).

Indications: Neck rigidity, headache, dizziness, spasmodic pain in the elbow and fingers, febrile diseases, mania.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The terminal branches of the posterior interosseous artery and vein.

Innervation: Superficially, the branch of the medial antebrachial cutaneous nerve; deeper, on the radial side, the posterior interosseous nerve.

Jianzhen (SI 9)

Location: Posterior and inferior to the shoulder joint. When the arm is adducted, the point is 1 cun above the posterior end of the axillary fold (see Figure 3.32).

Indications: Pain in the scapular region, motor impairment of the hand and arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The circumflex scapular artery and vein.

Innervation: The branch of the axillary nerve; deeper in the superior aspect, the radial nerve.

Naoshu (SI 10)

Location: When the arm is adducted, the point is directly above the posterior end of the axillary fold, in the depression inferior to the scapular spine (see Figure 3.32).

Indications: Swelling of the shoulder, aching and weakness of the shoulder and arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior circumflex humeral artery and vein; deeper, the suprascapular artery and vein.

Innervation: The posterior cutaneous nerve of the arm, the axillary nerve; deeper, the suprascapular nerve.

Bingfeng (SI 12)

Location: In the centre of the suprascapular fossa, directly above Tianzong (SI 11). When the arm is lifted, the point is at the site of the depression (see Figure 3.32).

Indications: Pain in the scapular region, numbness and aching of the upper extremities, motor impairment of the shoulder and arm.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The suprascapular artery and vein.

Innervation: The lateral suprascapular nerve and accessory nerve; deeper, the suprascapular nerve.

Quyuan (SI 13)

Location: On the medial extremity of the suprascapular fossa, about midway between Naoshu (SI 10) and the spinous process of the second thoracic vertebra (see Figure 3.32).

Indications: Pain and stiffness of the scapular region.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficially, the descending branches of the transverse cervical artery and vein; deeper, the muscular branch of the suprascapular artery and vein.

Innervation: Superficially, the lateral branch of the posterior ramus of the second thoracic nerve, the accessory nerve; deeper, the muscular branch of the suprascapular nerve.

Jianwaishu (SI 14)

Location: 3 cun lateral to the lower border of the spinous process of the first thoracic vertebra where Taodao (GV 13) is located (see Figure 3.32).

Indications: Aching of the shoulder and back, pain and rigidity of the neck.

Method: Puncture obliquely 0.3–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the transverse cervical artery and vein.

Innervation: Superficially, the medial cutaneous branches of the posterior rami of the first and second thoracic nerves, the accessory nerve; deeper, the dorsal scapular nerve.

Jianzhongshu (SI 15)

Location: 2 cun lateral to the lower border of the spinous process of the seventh cervical vertebra (Dazhui, GV 14) (see Figure 3.32).

Indications: Cough, asthma, pain in the shoulder and back, haemoptysis.

Method: Puncture obliquely 0.3–0.6 inch. Moxibustion is applicable.

Regional anatomy: See Jianwaishu (SI 14).

Tianchuang (SI 16)

Location: In the lateral aspect of the neck, posterior to *m. sternocleidomast-oideus* and Futu (LI 18), on the level of the laryngeal protuberance (see Figure 3.34).

Indications: Sore throat, sudden loss of voice, deafness, tinnitus, stiffness and pain of the neck.

Method: Puncture perpendicularly 0.3–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The ascending cervical artery.

Innervation: The cutaneous cervical nerve, the emerging portion of the great auricular nerve.



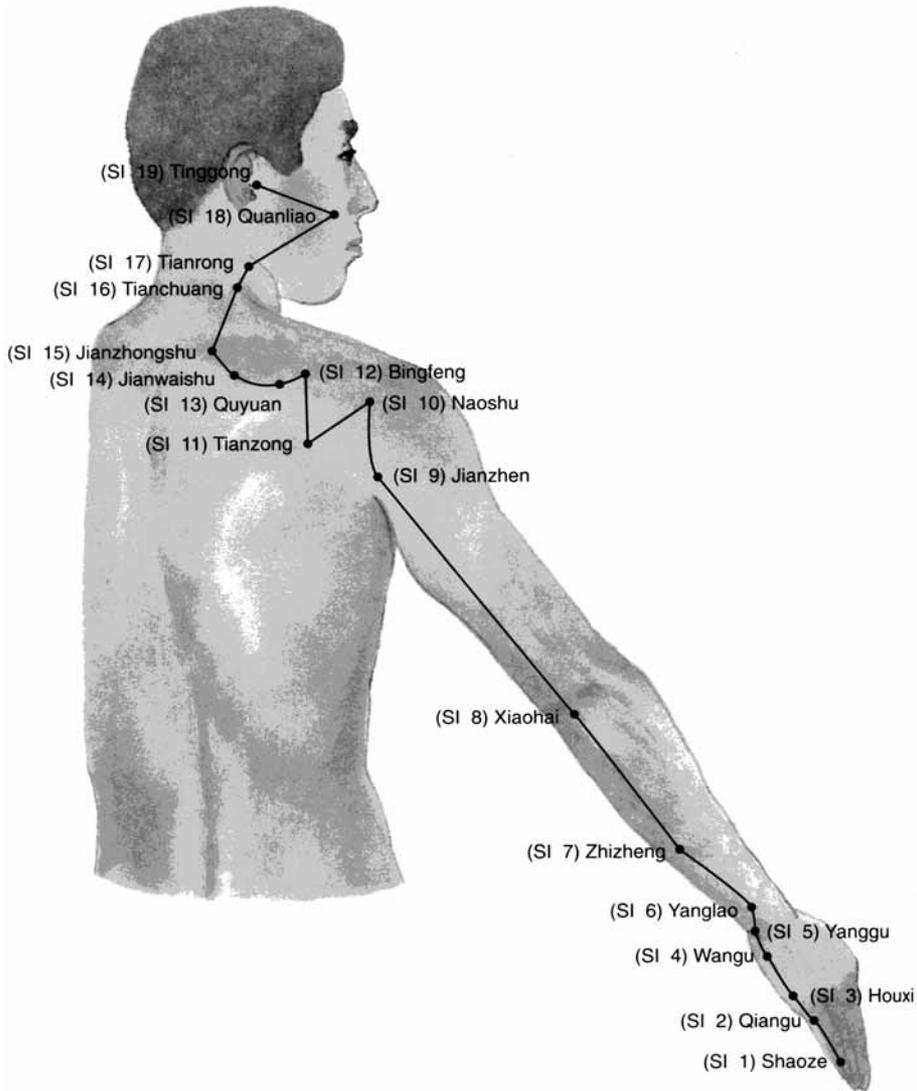


Figure 3.34: The Small Intestine Meridian of Hand-Taiyang

Tianrong (SI 17)

Location: Posterior to the angle of mandible, in the depression on the anterior border of *m. sternocleidomastoideus* (see Figure 3.35).

Indications: Deafness, tinnitus, sore throat, swelling of the cheek, foreign body sensation in the throat, goitre.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the external jugular vein; deeper, the internal carotid artery and internal jugular vein.

Innervation: Superficially, the anterior branch of the great auricular nerve, the cervical branch of the facial nerve; deeper, the superior cervical ganglion of the sympathetic trunk.

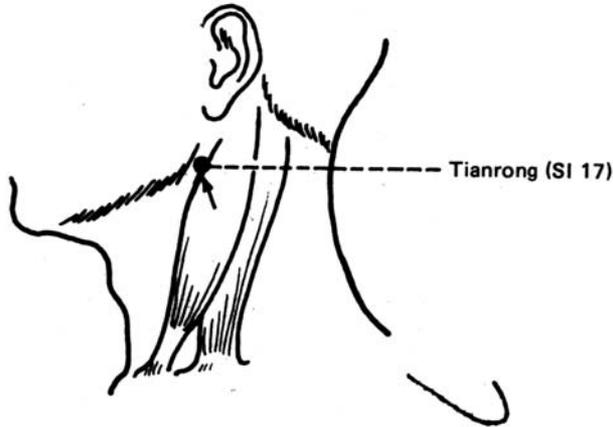


Figure 3.35: Location of Tianrong

Quanliao (SI 18)

Location: Directly below the outer canthus, in the depression on the lower border of zygoma (see Figure 3.36).

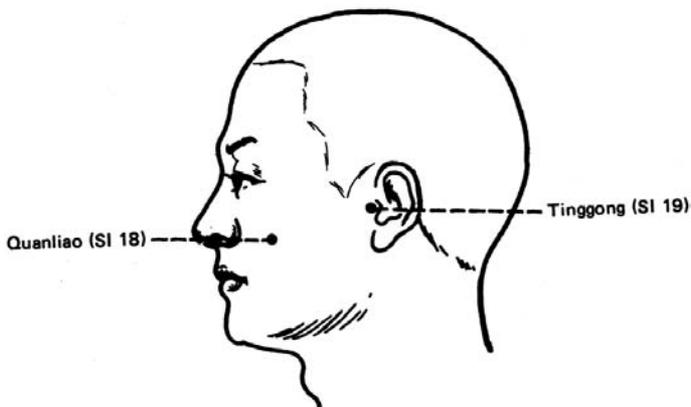


Figure 3.36: Location of Quanliao

Indications: Facial paralysis, twitching of eyelids, pain in the face, toothache, swelling of the cheek, yellowish sclera.

Method: Puncture perpendicularly 0.5–0.8 inch.

Regional anatomy:

Vasculature: The branches of the transverse facial artery and vein.

Innervation: The facial and infraorbital nerves.

7. THE BLADDER MERIDIAN OF FOOT-TAIYANG

This meridian goes from the head to the foot and has 67 acupoints in total on each side.

7.1 Frequently used acupoints

Jingming (BL 1)

Location: In the depression slightly above the inner canthus (see Figure 3.37).

Indications: Redness, swelling and pain of the eye, itching of the canthus, lacrimation, night blindness, colour blindness, blurring of vision, myopia.

Method: Ask the patient to close his eyes when pushing the eyeball gently to the lateral side. Puncture slowly perpendicularly 0.3–0.7 inch along the orbital wall. It is not advisable to twist or lift and thrust the needle vigorously. To avoid bleeding, press the puncturing site for a few seconds after withdrawal of the needle. Moxibustion is forbidden.

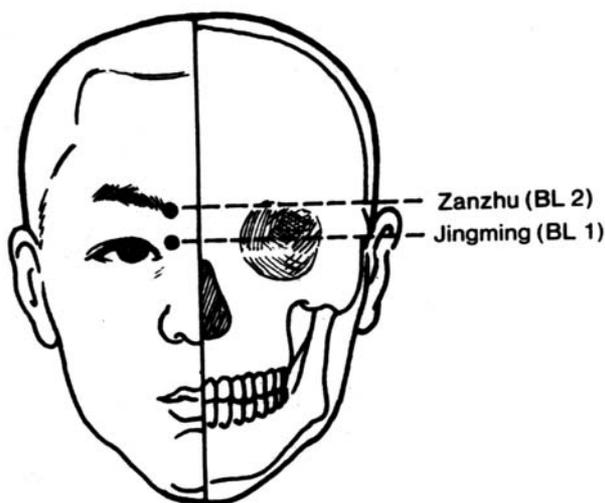


Figure 3.37: Locating Jingming and Zanzhu

Regional anatomy:

Vasculature: The angular artery and vein, deeper, superiorly, the ophthalmic artery and vein.

Innervation: Superficially, the supratrochlear and infratrochlear nerves; deeper, the branches of the oculomotor nerve, the ophthalmic nerve.

Zanzhu (BL 2)

Location: On the medial extremity of the eyebrow, or on the supraorbital notch (see Figure 3.37).

Indications: Headache, blurring and failing of vision, pain in the supraorbital region, lacrimation, redness, swelling and pain of the eye, twitching of eyelids, glaucoma.

Method: Puncture subcutaneously 0.3–0.5 inch, or prick with three-edged needle to cause bleeding.

Regional anatomy:

Vasculature: The frontal artery and vein.

Innervation: The medial branch of the frontal nerve.

Tianzhu (BL 10)

Location: 1.3 cun lateral to the midpoint of the posterior hairline and in the depression on the lateral aspect of *m. trapezius* (see Figure 3.38).

Indications: Headache, nasal obstruction, sore throat, neck rigidity, pain in the shoulder and back.

Method: Puncture perpendicularly 0.5–0.8 inch.

Regional anatomy:

Vasculature: The occipital artery and vein.

Innervation: The great occipital nerve.

Dazhu (Influential point of bone, BL 11)

Location: 1.5 cun lateral to Taodao (GV 13), at the level of the lower border of the spinous process of the first thoracic vertebra (see Figure 3.38).

Indications: Headache, pain in the neck and back, pain and soreness in the scapular region, cough, fever, neck rigidity.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.



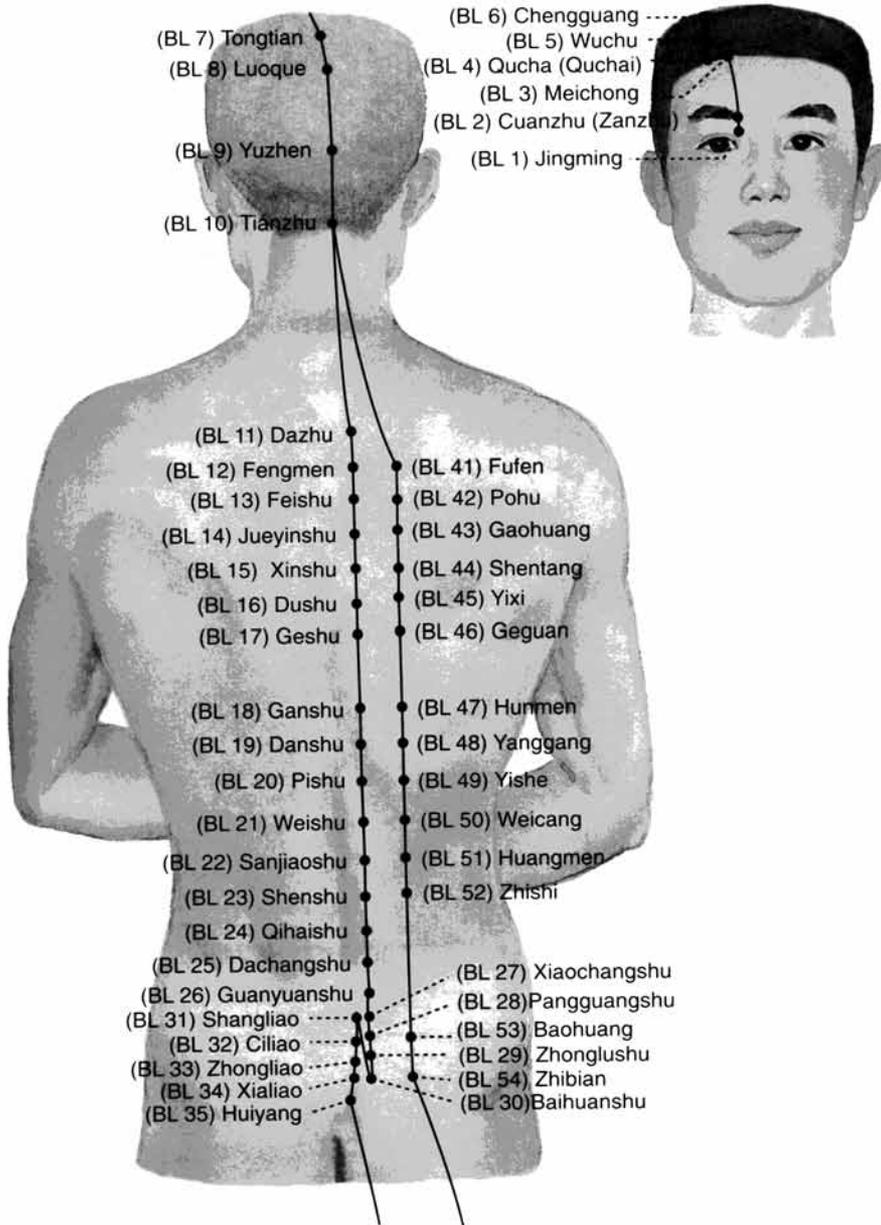


Figure 3.38: The Bladder Meridian of Foot-Taiyang

Regional anatomy:

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the first and second thoracic nerves; deeper, their lateral cutaneous branches.

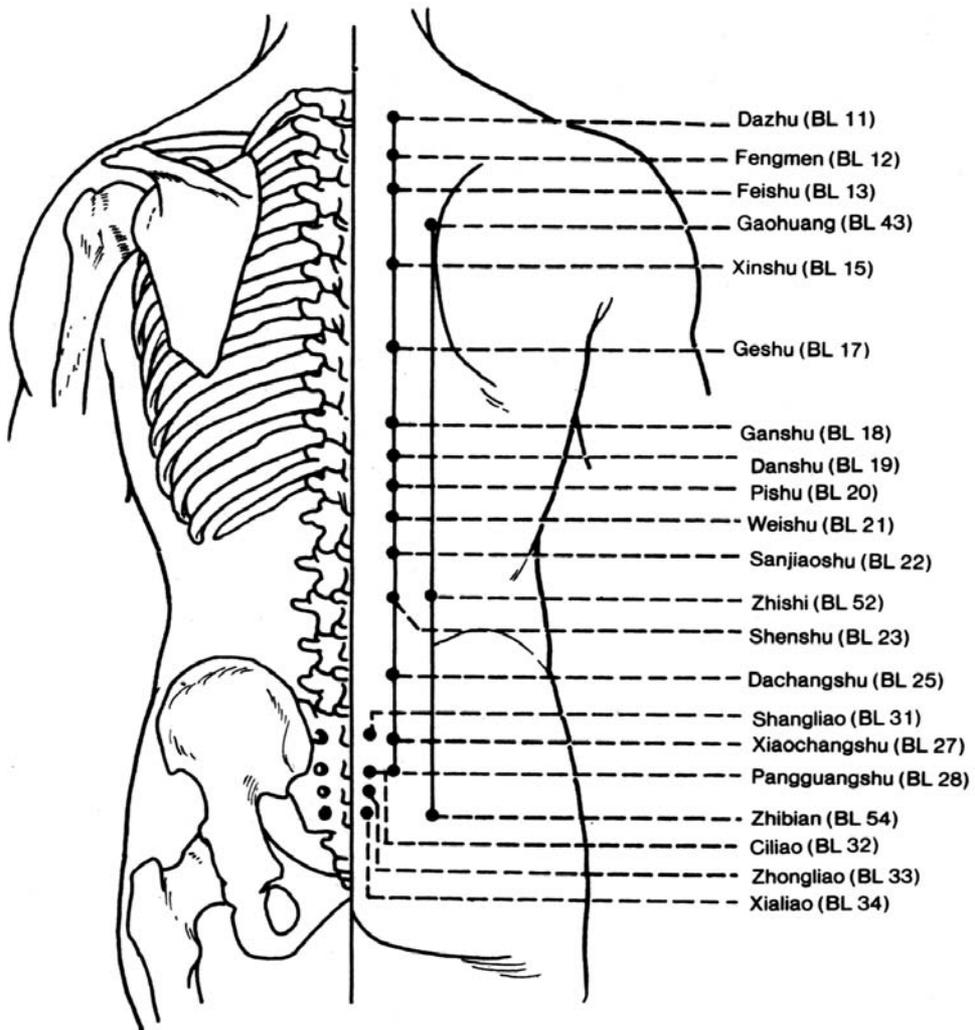


Figure 3.39: The Bladder Meridian of Foot-Taiyang

Fengmen (BL 12)

Location: 1.5 cun lateral to the GV Meridian, at the level of the lower border of the spinous process of the second thoracic vertebra (see Figure 3.39).

Indications: Common cold, cough, fever and headache, neck rigidity, backache.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: Superficially, the medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral cutaneous branches.

Feishu (Back-Shu point of the Lung, BL 13)

Location: 1.5 cun lateral to Shenzhu (GV 12), at the level of the lower border of the spinous process of the third thoracic vertebra (see Figure 3.39).

Indications: Cough, asthma, chest pain, spitting of Blood, afternoon fever, night sweating.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the third and fourth thoracic nerves; deeper, their lateral branches.

Xinshu (Back-Shu point of the Heart, BL 15)

Location: 1.5 cun lateral to Shendao (GV 11), at the level of the lower border of the spinous process of the fifth thoracic vertebra (see Figure 3.39).

Indications: Cardiac pain, panic, loss of memory, palpitations, cough, spitting of Blood, nocturnal emission, night sweating, mania, epilepsy.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the fifth and sixth thoracic nerves; deeper, their lateral branches.

Geshu (Influential point of Blood, BL 17)

Location: 1.5 cun lateral to Zhiyang (GV 9), at the level of the lower border of the spinous process of the seventh thoracic vertebra (see Figure 3.39).

Indications: Vomiting, hiccups, belching, difficulty in swallowing, asthma, cough, spitting of Blood, afternoon fever, night sweating, measles.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial branches of the posterior rami of the seventh and eighth thoracic nerves; deeper, their lateral branches.

Ganshu (Back-Shu point of the Liver, BL 18)

Location: 1.5 cun lateral to Jinsuo (GV 8), at the level of the lower border of the spinous process of the ninth thoracic vertebra (see Figure 3.39).

Indications: Jaundice, pain in the hypochondriac region, redness of the eye, blurring of vision, night blindness, mental disorders, epilepsy, backache, spitting of Blood, epistaxis.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the ninth and tenth thoracic nerves; deeper, their lateral branches.

Danshu (Back-Shu point of the Gallbladder, BL 19)

Location: 1.5 cun lateral to Zhongshu (GV 7), at the level of the lower border of the spinous process of the tenth thoracic vertebra (see Figure 3.39).

Indications: Jaundice, bitter taste in the mouth, pain in the chest and hypochondriac region, pulmonary tuberculosis, afternoon fever.

Method: Puncture obliquely 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Musculature: *M. latissimus dorsi*, the site between *m. longissimus* and *m. iliocostalis*.

Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the tenth and eleventh thoracic nerves; deeper, their lateral branches.

Pishu (Back-Shu point of the Spleen, BL 20)

Location: 1.5 cun lateral to Jizhong (GV 6), at the level of the lower border of the spinous process of the eleventh thoracic vertebra (see Figure 3.39).

Indications: Epigastric pain, abdominal distention, jaundice, vomiting, diarrhoea, dysentery, bloody stools, profuse menstruation, oedema, anorexia, backache.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the eleventh and twelfth thoracic nerves; deeper, their lateral branches.

Weishu (Back-Shu point of the Stomach, BL 21)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the twelfth thoracic vertebra (see Figure 3.39).

Indications: Pain in the chest and hypochondriac and epigastric regions, anorexia, abdominal distention, borborygmus, diarrhoea, nausea, vomiting.

Method: Puncture obliquely 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial branches of the posterior branches of the subcostal artery and vein.

Innervation: The medial cutaneous branch of the posterior ramus of the twelfth thoracic nerve; deeper, its lateral branch.

Shenshu (Back-Shu point of the Kidney, BL 23)

Location: 1.5 cun lateral to Mingmen (GV 4), at the level of the lower border of the spinous process of the second lumbar vertebra (see Figure 3.39).

Indications: Nocturnal emission, impotence, enuresis, irregular menstruation, leucorrhoea, low back pain, weakness of the knee, blurring of vision, dizziness, tinnitus, deafness, oedema, asthma, diarrhoea.

Method: Puncture perpendicularly 1–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the second lumbar artery and vein.

Innervation: The lateral branch of the posterior ramus of the first lumbar nerve; deeper, its lateral branch.

Dachangshu (Back-Shu point of the Large Intestine, BL 25)

Location: 1.5 cun lateral to Yaoyangguan (GV 3), at the level of the lower border of the spinous process of the fourth lumbar vertebra (see Figure 3.39).

Indications: Low back pain, borborygmus, abdominal distention, diarrhoea, constipation, muscular atrophy, pain, numbness and motor impairment of the lower extremities, sciatica.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the fourth lumbar artery and vein.

Innervation: The posterior ramus of the third lumbar nerve.

Ciliao (BL 32)

Location: On the sacrum, medial and inferior to the posteriosuperior iliac spine, just at the second posterior sacral foramen (see Figure 3.39).

Indications: Lower back pain, hernia, irregular menstruation, leucorrhoea, dysmenorrhoea, nocturnal emission, impotence, enuresis, dysuria, muscular atrophy, pain, numbness and motor impairment of the lower extremities.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein.

Innervation: The posterior ramus of the second sacral nerve.

Chengfu (BL 36)

Location: On the posterior side of the thigh, at the midpoint of the inferior gluteal crease (see Figure 3.42).

Indications: Pain in the lower back and gluteal region, constipation, muscular atrophy, pain, numbness and motor impairment of the lower extremities.

Method: Puncture perpendicularly 1.0–1.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The artery and vein running alongside the sciatic nerve.

Innervation: The posterior femoral cutaneous nerve; deeper, the sciatic nerve.

Weizhong (He-sea point, BL 40)

Location: Midpoint of the transverse crease of the popliteal fossa, between the tendons of *m. biceps femoris* and *m. semitendinosus* (see Figure 3.40).

Indications: Low back pain, motor impairment of the hip joint, contracture of the tendons in the popliteal fossa, muscular atrophy, pain, numbness and motor impairment of the lower extremities, hemiplegia, abdominal pain, vomiting, diarrhoea, erysipelas.

Method: Puncture perpendicularly 0.5–1.0 inch. Or prick the popliteal vein with three-edged needle to cause bleeding.

Regional anatomy:

Vasculature: Superficially, the femoro-popliteal vein; deeper and medially, the popliteal vein; deepest, the popliteal artery.

Innervation: The posterior femoral cutaneous nerve, the tibial nerve.

Zhibian (BL 54)

Location: On the level of the fourth posterior sacral foramen, 3 cun lateral to the median sacral crest (see Figure 3.39).

Indications: Pain in the lumbosacral region, muscular atrophy, motor impairment of the lower extremities, dysuria, swelling around external genitalia, haemorrhoids, constipation.

Method: Puncture perpendicularly 1.5–2.0 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The inferior gluteal artery and vein.

Innervation: The inferior gluteal nerve, the posterior femoral cutaneous nerve and the sciatic nerve.

Chengshan (BL 57)

Location: On the posterior midline of the leg, between Weizhong (BL 40) and Kunlun (BL 60), in a pointed depression formed below the gastrocnemius muscle belly when the leg is stretched or the heel is lifted (see Figure 3.40).

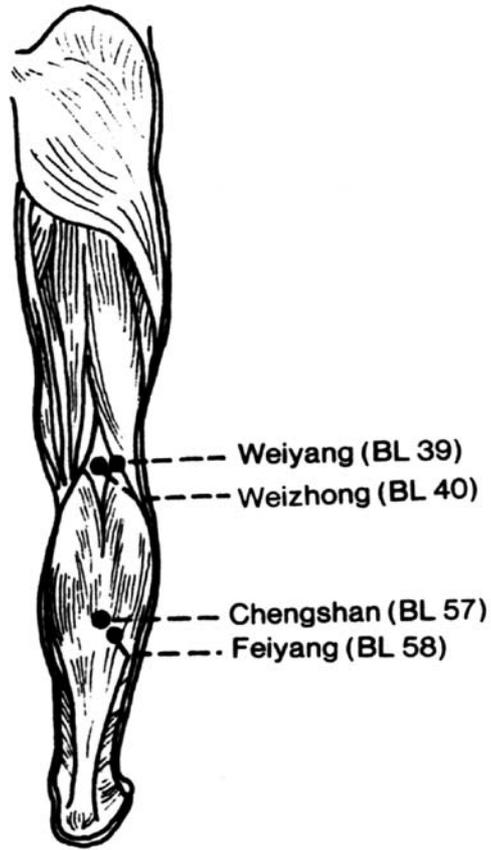


Figure 3.40: Location of Chengshan

Indications: Low back pain, spasm of the gastrocnemius, haemorrhoids, constipation, beriberi.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy: See Chengjin (BL 56, p.201).

Kunlun (Jing-river point, BL 60)

Location: In the depression between the tip of the external malleolus and the Achilles' tendon (see Figure 3.41).

Indications: Headache, blurring of vision, neck rigidity, epistaxis, pain in the shoulder, back and arm, swelling and pain of the heel, difficult labour, epilepsy.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The small saphenous vein, the posteroexternal malleolar artery and vein.

Innervation: The sural nerve.

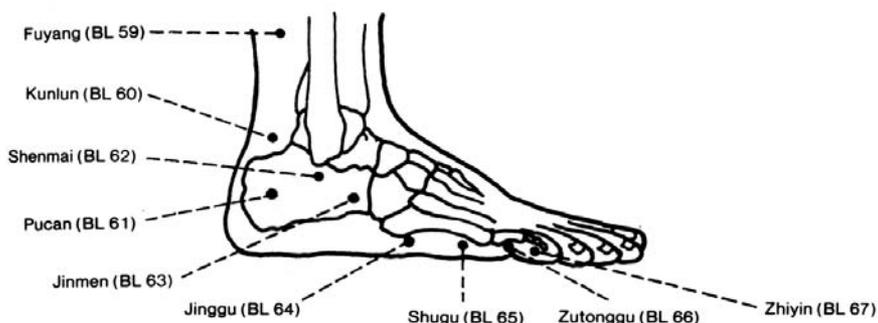


Figure 3.41: Location of Kunlun, and Zhiyin, Fuyang, Pucan, Shenmai, Jinmen, Jinggu, Shugu and Zutonggu

Zhiyin (Jing-well point, BL 67)

Location: On the lateral side of the small toe, about 0.1 cun from the corner of the nail (see Figure 3.41).

Indications: Headache, nasal obstruction, epistaxis, ophthalmalgia, malposition of foetus, difficult labour, detention of after birth, feverish sensation in the sole of the foot.

Method: Puncture superficially 0.1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The network formed by the dorsal digital artery and plantar digital proprial artery.

Innervation: The plantar digital proprial nerve and the lateral dorsal cutaneous nerve of foot.

7.2 Other acupoints

Meichong (BL 3)

Location: Directly above Zanzhu, 0.5 cun within the anterior hairline, between Shenting (GV 24) and Qucha (BL 4) (see Figure 3.38).

Indications: Headache, giddiness, epilepsy, nasal obstruction.

Method: Puncture subcutaneously 0.3–0.5 inch.

Regional anatomy: See Zanzhu (BL 2, p.179).

Qucha (BL 4)

Location: 0.5 cun directly above the midpoint of the anterior hairline and 1.5 cun lateral to the midline, at the junction of the medial third and lateral two-thirds of the distance from Shenting (GV 24) to Touwei (ST 8) (see Figure 3.38).

Indications: Headache, nasal obstruction, epistaxis, blurring and failing of vision.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The frontal artery and vein.

Innervation: The lateral branch of the frontal nerve.

Wuchu (BL 5)

Location: 1 cun directly above the midpoint of the anterior hairline and 1.5 cun lateral to the midline (see Figure 3.38).

Indications: Headache, blurring of vision, epilepsy, convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Qucha (BL 4).

Chengguang (BL 6)

Location: 2.5 cun directly above the midpoint of the anterior hairline and 1.5 cun lateral to the midline (see Figure 3.38).

Indications: Headache, blurring of vision, nasal obstruction.

Method: Puncture subcutaneously 0.3–0.5 inch.



Regional anatomy:

Vasculature: The anastomotic network of the frontal artery and vein, the superficial temporal artery and vein, the occipital artery and vein.

Innervation: The anastomotic branch of the lateral branch of the frontal nerve and the great occipital nerve.

Tongtian (BL 7)

Location: 4 cun directly above the midpoint of the anterior hairline and 1.5 cun lateral to the midline (see Figure 3.38).

Indications: Headache, giddiness, nasal obstruction, epistaxis, rhinorrhoea.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial temporal artery and vein and the occipital artery and vein.

Innervation: The branch of the great occipital nerve.

Luoque (BL 8)

Location: 5.5 cun directly above the midpoint of the anterior hairline and 1.5 cun lateral to the midline (see Figure 3.38).

Indications: Dizziness, blurring of vision, tinnitus, mania.

Method: Puncture subcutaneously 0.3–0.5 inch.

Regional anatomy:

Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the great occipital nerve.

Yuzhen (BL 9)

Location: 2.5 cun directly above the midpoint of the posterior hairline and 1.3 cun lateral to the midline, in the depression on the level of the upper border of the external occipital protuberance (see Figure 3.38).

Indications: Headache and neck pain, dizziness, ophthalmalgia, nasal obstruction.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The occipital artery and vein.

Innervation: The branch of the great occipital nerve.

Jueyinshu (Back-Shu point of the Pericardium, BL 14)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the fourth thoracic vertebra (see Figure 3.38).

Indications: Cough, cardiac pain, palpitations, stuffy chest, vomiting.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the fourth or fifth thoracic nerves; deeper, their lateral branches.

Dushu (BL 16)

Location: 1.5 cun lateral to Lingtai (GV 10), at the level of the lower border of the spinous process of the sixth thoracic vertebra (see Figure 3.38).

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial branches of the posterior branches of the intercostal artery and vein, the descending branch of the transverse cervical artery.

Innervation: The dorsal scapular nerve, the medial cutaneous branches of the dorsal rami of the sixth and seventh thoracic nerves; deeper, their lateral branches.

Sanjiaoshu (Back-Shu point of Triple Burner, BL 22)

Location: 1.5 cun lateral to Xuanshu (GV 5), at the level of the lower border of the spinous process of the first lumbar vertebra (see Figure 3.39).

Indications: Borborygmus, abdominal distention, indigestion, vomiting, diarrhoea, dysentery, oedema, pain and stiffness of the lower back.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the first lumbar artery and vein.

Innervation: The lateral cutaneous branch of the posterior ramus of the tenth thoracic nerve; deeper, the lateral branch of the posterior ramus of the first lumbar nerve.

Qihaishu (BL 24)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the third lumbar vertebra (see Figure 3.38).

Indications: Low back pain, irregular menstruation, dysmenorrhea, asthma.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the third lumbar artery and vein.

Innervation: The lateral cutaneous branch of the posterior ramus of the second lumbar nerve.

Guanyuanshu (BL 26)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the fifth lumbar vertebra (see Figure 3.38).

Indications: Low back pain, abdominal distention, diarrhoea, enuresis, sciatica, frequent urination.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lowest lumbar artery and vein.

Innervation: The posterior ramus of the fifth lumbar nerve.

Xiaochangshu (Back-Shu point of the Small Intestine, BL 27)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the first posterior sacral foramen (see Figure 3.39).

Indications: Lower abdominal pain and distention, dysentery, nocturnal emission, hematuria, enuresis, morbid leucorrhoea, lower back pain, sciatica.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein.

Innervation: The lateral branch of the posterior ramus of the first sacral nerve.

Panguangshu (Back-Shu point of the Bladder, BL 28)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the second posterior sacral foramen (see Figure 3.39).

Indications: Retention of urine, enuresis, frequent urination, diarrhoea, constipation, stiffness and pain of the lower back.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein.

Innervation: The lateral branches of the posterior rami of the first and second sacral nerves.

Zhonglushu (BL 29)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the third posterior sacral foramen (see Figure 3.39).

Indications: Dysentery, hernia, stiffness and pain of the lower back.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein, the branches of the inferior gluteal artery and vein.

Innervation: The lateral branches of the posterior rami of the third and fourth sacral nerves.

Baihuanshu (BL 30)

Location: 1.5 cun lateral to the Governor Vessel, at the level of the fourth posterior sacral foramen (see Figure 3.38).

Indications: Enuresis, pain due to hernia, morbid leucorrhoea, irregular menstruation, Cold sensation and pain of the lower back, dysuria, constipation, tenesmus, prolapse of the rectum.

Method: Puncture perpendicularly 0.8–1.2 inches.

Regional anatomy:

Vasculature: The inferior gluteal artery and vein; deeper, the internal pudendal artery and vein.

Innervation: The lateral branches of the posterior rami of the third and fourth sacral nerves, the inferior gluteal nerve.



Shangliao (BL 31)

Location: On the sacrum, at the midpoint between the posteriosuperior iliac spine and the posterior midline, just at the first posterior sacral foramen (see Figure 3.39).

Indications: Low back pain, dysuria, constipation, irregular menstruation, morbid leucorrhoea, prolapse of the uterus.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein.

Innervation: At the site where the posterior ramus of the first sacral nerve passes.

Zhongliao (BL 33)

Location: On the sacrum, medial and inferior to Ciliao (BL 32), just at the third posterior sacral foramen (see Figure 3.39).

Indications: Low back pain, constipation, diarrhoea, dysuria, irregular menstruation, morbid leucorrhoea.

Method; Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the lateral sacral artery and vein.

Innervation: On the course of the posterior ramus of the third sacral nerve.

Xialiao (BL 34)

Location: On the sacrum, medial and inferior to Zhongliao (BL 33), just at the fourth posterior sacral foramen (see Figure 3.39).

Indications: Lower back pain, lower abdominal pain, dysuria, constipation, morbid leucorrhoea.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the inferior gluteal artery and vein.

Innervation: On the course of the posterior ramus of the fourth sacral nerve.

Huiyang (BL 35)

Location: On the sacrum, 0.5 cun lateral to the tip of the coccyx (see Figure 3.38).

Indications: Dysentery, bloody stools, diarrhoea, haemorrhoids, impotence, morbid leucorrhoea.

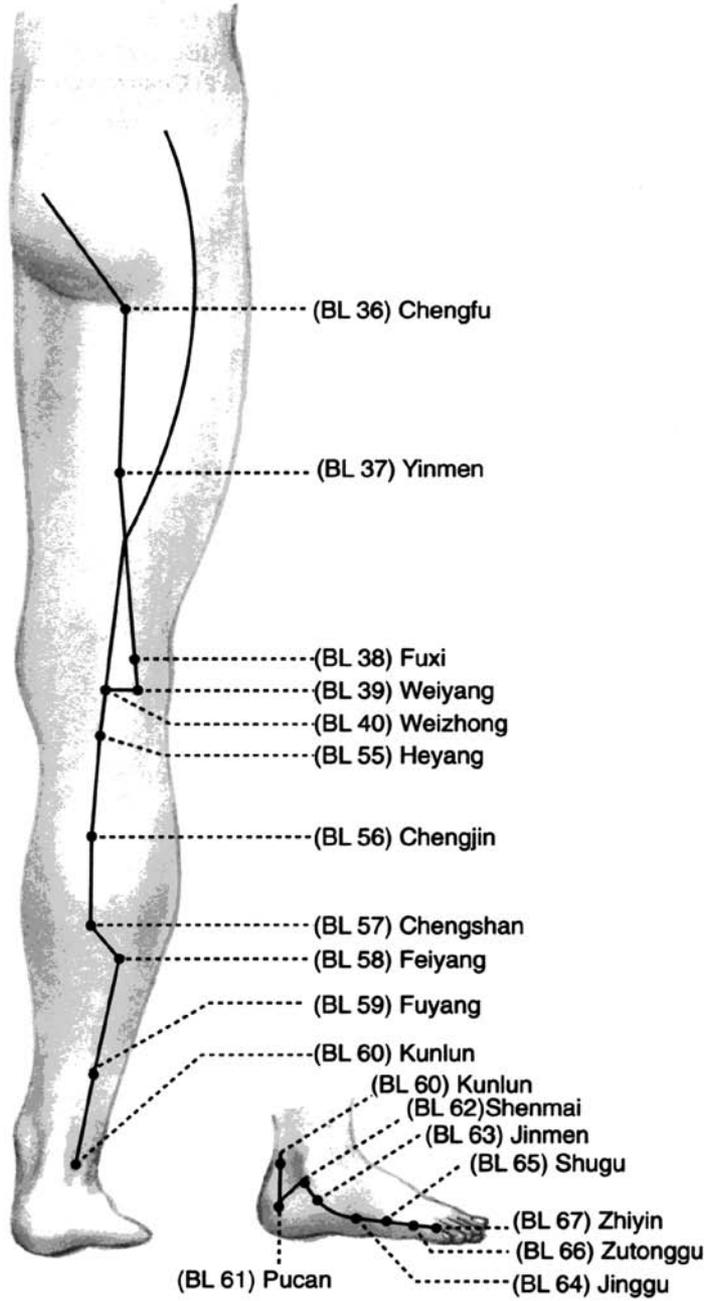


Figure 3.42: The Bladder Meridian of Foot-Taiyang

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the inferior gluteal artery and vein.

Innervation: The coccygeal nerve.

Yinmen (BL 37)

Location: 6 cun below Chengfu (BL 36) on the line joining Chengfu (BL 36) and Weizhong (BL 40) (see Figure 3.42).

Indications: Pain in the lower back and thigh, muscular atrophy, pain, numbness and motor impairment of the lower extremities, hemiplegia.

Method: Puncture perpendicularly 1.0–2.0 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: Laterally, the third perforating branches of the deep femoral artery and vein.

Innervation: The posterior femoral cutaneous nerve; deeper, the sciatic nerve.

Fuxi (BL 38)

Location: 1 cun above Weiyang (BL 39) on the medial side of the tendon of *m. biceps femoris*. The point is located with the knee slightly flexed (see Figure 3.42).

Indications: Numbness of the gluteal and femoral regions, contracture of the tendons in the popliteal fossa.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superolateral genicular artery and vein.

Innervation: The posterior femoral cutaneous nerve and the common peroneal nerve.

Weiyang (Lower He-sea point of Triple Burner, BL 39)

Location: Lateral to Weizhong (BL 40), on the medial border of the tendon of *m. biceps femoris* (see Figure 3.40).

Indications: Stiffness and pain of the lower back, distention and fullness of the lower abdomen, oedema, dysuria, cramp of the leg and foot.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Fuxi (BL 38).

Fufen (BL 41)

Location: 3 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the second thoracic vertebra, on the spinal border of the scapula (see Figure 3.38).

Indications: Stiffness and pain of the shoulder, back and neck, numbness of the elbow and arm.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The descending branch of the transverse cervical artery, the posterior branches of the intercostal artery and vein.

Innervation: The lateral branches of the posterior rami of the first and second thoracic nerves; deeper, the dorsal scapular nerve.

Pohu (BL 42)

Location: 3 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the third thoracic vertebra, on the spinal border of the scapula (see Figure 3.38).

Indications: Pulmonary tuberculosis, haemoptysis, cough, asthma, neck rigidity, pain in the shoulder and back.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the intercostal artery, the descending branch of the transverse cervical artery.

Innervation: The medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

Gaohuang (BL 43)

Location: 3 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the fourth thoracic vertebra, on the spinal border of the scapula (see Figure 3.39).

Indications: Pulmonary tuberculosis, cough, asthma, spitting of Blood, night sweating, poor memory, nocturnal emission.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The posterior branch of the intercostal artery and the descending branch of the transverse cervical artery.

Innervation: The medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

Shentang (BL 44)

Location: 3 cun lateral to Shendao (GV 11), at the level of the lower border of the spinous process of the fifth thoracic vertebra, on the spinal border of the scapula (see Figure 3.38).

Indications: Asthma, cardiac pain, palpitations, stuffy chest, cough, stiffness and pain of the back.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein, the descending branch of the transverse cervical artery.

Innervation: The medial cutaneous branches of the posterior rami of the fourth and fifth thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

Yixi (BL 45)

Location: 3 cun lateral to Lingtai (GV 10), at the level of the lower border of the spinous process of the sixth thoracic vertebra, on the spinal border of the scapula (see Figure 3.38).

Indications: Cough, asthma, pain of the shoulder and back.

Method: Puncture obliquely downward 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the fifth and sixth thoracic nerves; deeper, their lateral branches.

Geguan (BL 46)

Location: 3 cun lateral to Zhiyang (GV 9), at the level of the lower border of the spinous process of the seventh thoracic vertebra, approximately at the level of the inferior angle of the scapula (see Figure 3.38).

Indications: Dysphagia, hiccups, vomiting, belching, pain and stiffness of the back.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the sixth and seventh thoracic nerves; deeper, their lateral branches.

Hunmen (BL 47)

Location: 3 cun lateral to Jinsuo (GV 8), at the level of the lower border of the spinous process of the ninth thoracic vertebra (see Figure 3.38).

Indications: Pain in the chest and hypochondriac region, back pain, vomiting, diarrhoea.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The lateral cutaneous branches of the posterior rami of the seventh and eighth thoracic nerves.

Yanggang (BL 48)

Location: 3 cun lateral to Zhongshu (GV 7), at the level of the lower border of the spinous process of the tenth thoracic vertebra (see Figure 3.38).

Indications: Borborygmus, abdominal pain, diarrhoea, pain in the hypochondriac region, jaundice.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The lateral cutaneous branches of the posterior rami of the eighth and ninth thoracic nerves.

Yishe (BL 49)

Location: 3 cun lateral to Jizhong (GV 6), at the level of the lower border of the spinous process of the eleventh thoracic vertebra (see Figure 3.38).

Indications: Abdominal distention, borborygmus, vomiting, diarrhoea, difficulty in swallowing.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The lateral branches of the posterior rami of the tenth and eleventh thoracic nerves.

Weicang (BL 50)

Location: 3 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the twelfth thoracic vertebra (see Figure 3.38).

Indications: Abdominal distention, pain in the epigastric region and back, infantile indigestion.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the subcostal artery and vein.

Innervation: The lateral cutaneous branches of the posterior ramus of the eleventh thoracic nerve.

Huangmen (BL 51)

Location: 3 cun lateral to Xuanshu (GV 5), at the level of the lower border of the spinous process of the first lumbar vertebra (see Figure 3.38).

Indications: Abdominal pain, constipation, abdominal mass.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the first lumbar artery and vein.

Innervation: The lateral branch of the posterior ramus of the twelfth thoracic nerve.

Zhishi (BL 52)

Location: 3 cun lateral to Mingmen (GV 4), at the level of the lower border of the spinous process of the second lumbar vertebra (see Figure 3.39).

Indications: Nocturnal emission, impotence, enuresis, frequency of urination, dysuria, irregular menstruation, pain in the back and knee, oedema.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branches of the second lumbar artery and vein.

Innervation: The lateral branch of the posterior ramus of the twelfth thoracic nerve and the lateral branch of the first lumbar nerve.

Baohuang (BL 53)

Location: 3 cun lateral to the median sacral crest, at the level of the second sacral posterior foramen (see Figure 3.38).

Indications: Borborygmus, abdominal distention, pain in the lower back, anuria.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superior gluteal artery and vein.

Innervation: The superior cluneal nerves; deeper, the superior gluteal nerve.

Heyang (BL 55)

Location: 2 cun directly below Weizhong (BL 40), between the medial and lateral heads of *m. gastrocnemius*, on the line joining Weizhong (BL 40) and Chengshan (BL 57) (see Figure 3.42).

Indications: Low back pain, pain and paralysis of the lower extremities.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The small saphenous vein; deeper, the popliteal artery and vein.

Innervation: The medial sural cutaneous nerve; deeper, the tibial nerve.

Chengjin (BL 56)

Location: On the line connecting Weizhong (BL 40) and Chengshan (BL 57), in the centre of the belly of *m. gastrocnemius*, 5 cun below Weizhong (BL 40) (see Figure 3.42).

Indications: Spasm of the *gastrocnemius*, haemorrhoids, acute lower back pain.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The small saphenous vein; deeper, the posterior tibial artery and vein.

Innervation: The medial sural cutaneous nerve; deeper, the tibial nerve.

Feiyang (Luo-connecting point, BL 58)

Location: 7 cun directly above Kunlun (BL 60), on the posterior border of fibula, about 1 cun lateral and inferior to Chengshan (BL 57) (see Figure 3.40).



Indications: Headache, blurring of vision, nasal obstruction, epistaxis, back pain, haemorrhoids, weakness of the leg.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior tibial artery.

Innervation: The lateral sural cutaneous nerve.

Fuyang (Xi-cleft point of the Yang Heel Vessel, BL 59)

Location: 3 cun directly above Kunlun (BL 60) (see Figure 3.41).

Indications: Heavy sensation in the head, headache, lower back pain, redness and swelling of the external malleolus, paralysis of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The small saphenous vein; deeper, the terminal branch of the peroneal artery.

Innervation: The sural nerve.

Pucan (BL 61)

Location: Posterior and inferior to the external malleolus, directly below Kunlun (BL 60), lateral to the *calcaneum*, at the junction of the red and white skin (see Figure 3.41).

Indications: Muscular atrophy and weakness of the lower extremities, pain in the heel.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The external calcaneal branches of the peroneal artery and vein.

Innervation: The external calcaneal branch of the sural nerve.

Shenmai (Confluent point, BL 62)

Location: In the depression directly below the external malleolus (see Figure 3.41).

Indications: Epilepsy, mania, headache, dizziness, insomnia, backache, aching of the leg.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The external malleolar arterial network.

Innervation: The sural nerve.

Jinmen (Xi-cleft point, BL 63)

Location: On the lateral side of the foot, directly below the anterior border of the external malleolus, on the lower border of the cuboid bone (see Figure 3.41).

Indications: Mania, epilepsy, infantile convulsions, backache, pain in the external malleolus, motor impairment and pain in the lower extremities.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The lateral plantar artery and vein.

Innervation: The lateral dorsal cutaneous nerve of the foot; deeper, the lateral plantar nerve.

Jinggu (Yuan-primary point, BL 64)

Location: Below the tuberosity of the fifth metatarsal bone, at the junction of the red and white skin (see Figure 3.41).

Indications: Headache, neck rigidity, pain in the lower back and thigh, epilepsy.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Jinmen (BL 63).

Shugu (Shu-stream point, BL 65)

Location: Posterior to the fifth metatarsophalangeal joint, at the junction of the red and white skin (see Figure 3.41).

Indications: Mania, headache, neck rigidity, blurring of vision, backache, pain in the lower extremities.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The fourth common plantar digital artery and vein.

Innervation: The fourth common plantar digital nerve and the lateral dorsal cutaneous nerve of the foot.

Zutonggu (Ying-spring point, BL 66)

Location: Anterior to the fifth metatarsophalangeal joint, at the junction of the red and white skin (see Figure 3.41).

Indications: Headache, neck rigidity, blurring of vision, epistaxis, mania.

Method: Puncture perpendicularly 0.2–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The plantar digital artery and vein.

Innervation: The plantar digital proprial nerve and the lateral dorsal cutaneous nerve of the foot.

8. THE KIDNEY MERIDIAN OF FOOT-SHAOYIN

This meridian goes from the foot to the abdomen and has 27 acupoints in total.

8.1 Frequently used acupoints**Yongquan (Jing-well point, KI 1)**

Location: On the sole of the foot, in the depression when the foot is in plantar flexion, approximately at the junction of the anterior one-third and posterior two-thirds of the line connecting the base of the second and third toes and the heel (see Figure 3.43).

Indications: Headache, blurring of vision, dizziness, sore throat, dryness of the tongue, loss of voice, dysuria, infantile convulsions, feverish sensation in the sole of the foot, loss of consciousness.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the plantar arterial arch.

Innervation: The second common plantar digital nerve.

Taixi (Shu-stream and Yuan-primary point, KI 3)

Location: In the depression between the tip of the medial malleolus and the Achilles' tendon (see Figure 3.44).

Indications: Sore throat, toothache, deafness, tinnitus, dizziness, spitting of Blood, asthma, thirst, irregular menstruation, insomnia, nocturnal emission, impotence, frequency of micturition, pain in the lower back.

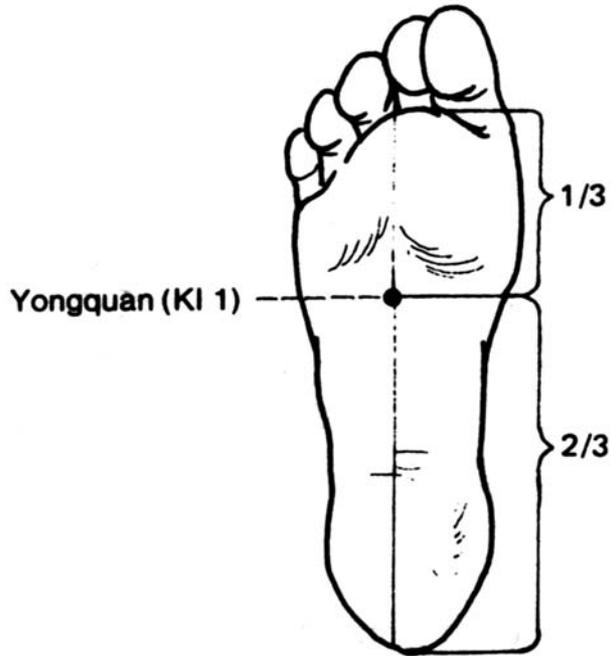


Figure 3.43: Location of Yongquan

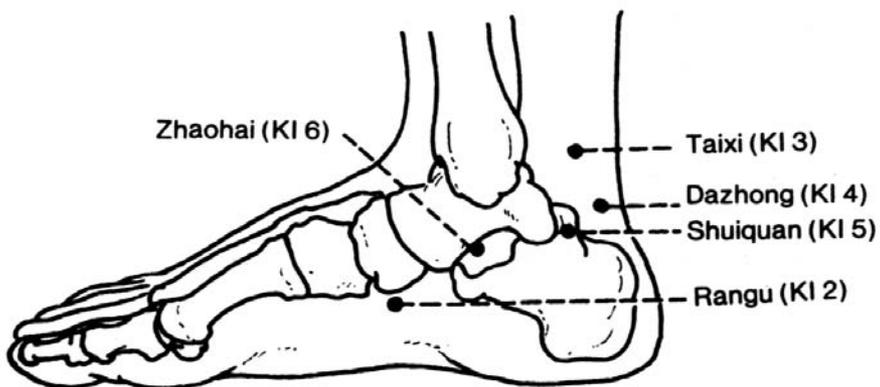


Figure 3.44: Location of Taixi, Rangu, Dazhong, Shuiquan and Zhaohai

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the posterior tibial artery and vein.

Innervation: The medial crural cutaneous nerve, on the course of the tibial nerve.

Fuliu (Jing-river point, KI 7)

Location: 2 cun directly above Taixi (KI 3), on the anterior border of the Achilles' tendon (see Figure 3.45).

Indications: Oedema, abdominal distention, diarrhoea, borborygmus, muscular atrophy of the leg, night sweating, spontaneous sweating, febrile diseases without sweating.

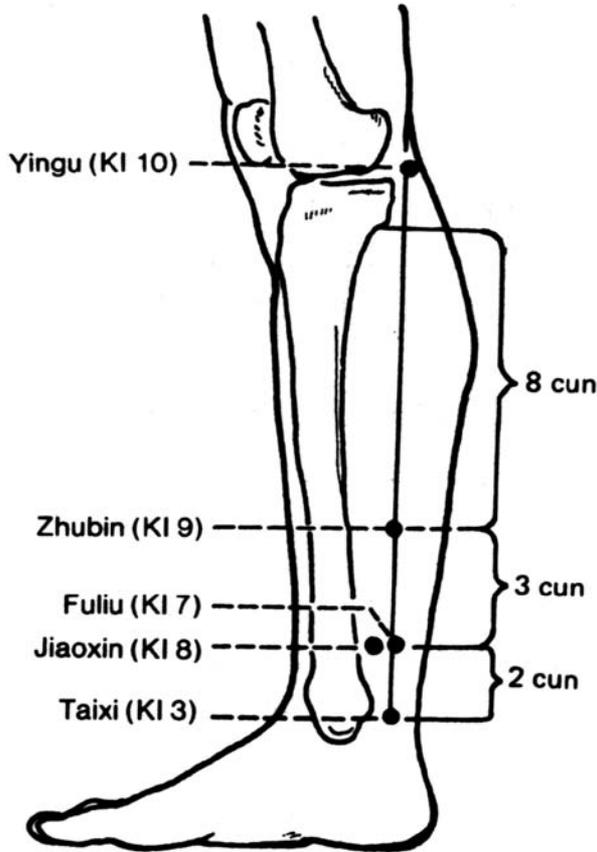


Figure 3.45: Location of Fuliu, Jiaoxin, Zhubin, Yingu and Taixi

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, anteriorly, the posterior tibial artery and vein.

Innervation: The medial sural and medial crural cutaneous nerves; deeper, the tibial nerve.

8.2 Other acupoints

Rangu (Ying-spring point, KI 2)

Location: Anterior and inferior to the medial malleolus, in the depression on the lower border of the tuberosity of the navicular bone (see Figure 3.44).

Indications: Pruritus vulvae, prolapse of uterus, irregular menstruation, nocturnal emission, haemoptysis, thirst, diarrhoea, swelling and pain of the dorsum of the foot, acute infantile omphalitis.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the medial plantar and medial tarsal arteries.

Innervation: The terminal branch of the medial crural cutaneous nerve, the medial plantar nerve.

Dazhong (Luo-connecting point, KI 4)

Location: Posterior and inferior to the medial malleolus, in the depression anterior to the medial side of the attachment of the Achilles' tendon (see Figure 3.44).

Indications: Spitting of Blood, asthma, stiffness and pain of the lower back, dysuria, constipation, pain in the heel, dementia.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial calcaneal branch of the posterior tibial artery.

Innervation: The medial crural cutaneous nerve, on the course of the medial calcaneal ramus derived from the tibial nerve.

Shuiquan (Xi-cleft point, KI 5)

Location: 1 cun directly below Taixi (KI 3) in the depression of the medial side of the tuberosity of the calcaneum (see Figure 3.44).



Indications: Amenorrhoea, irregular menstruation, dysmenorrheal, prolapse of uterus, dysuria, blurring of vision.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Dazhong (KI 4).

Zhaohai (one of the eight confluent points, KI 6)

Location: In the depression below the tip of the medial malleolus (see Figure 3.44).

Indications: Irregular menstruation, morbid leucorrhoea, prolapse of uterus, pruritus vulvae, frequency of micturition, retention of urine, constipation, epilepsy, insomnia, sore throat, asthma.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Posterior, the posterior tibial artery and vein.

Innervation: The medial crural cutaneous nerve; deeper, the tibial nerve.

Jiaoxin (Xi-cleft point of the Yin Heel Vessel, KI 8)

Location: 0.5 cun anterior to Fuliu (KI 7), 2 cun above Taixi (KI 3) posterior to the medial border of the tibia (see Figure 3.45).

Indications: Irregular menstruation, dysmenorrheal, uterine bleeding, prolapse of uterus, diarrhoea, constipation, pain and swelling of testis.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the posterior tibial artery and vein.

Innervation: The medial crural cutaneous nerve; deeper, the tibial nerve.

Zhubin (Xi-cleft point of the Yin Link Vessel, KI 9)

Location: 5 cun directly above Taixi (KI 3) at the lower end of the belly of *m. gastrocnemius*, on the line drawn from Taixi (KI 3) to Yingu (KI 10) (see Figure 3.45).

Indications: Mental disorders, pain in the foot and lower leg, hernia.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the posterior tibial artery and vein.

Innervation: The medial sural and medial crural cutaneous nerves, deeper, the tibial nerve.

Yingu (He-sea point, KI 10)

Location: When the knee is flexed, the point is on the medial side of the popliteal fossa, between the tendons of *m. semitendinosus* and *semimembranosus*, at the level with Weizhong (BL 40) (see Figure 3.45).

Indications: Impotence, hernia, uterine bleeding, dysuria, pain in the knee and popliteal fossa, mental disorders.

Method: Puncture perpendicularly 0.8–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The medial superior genicular artery and vein.

Innervation: The medial femoral cutaneous nerve.

Henggu (KI 11)

Location: 5 cun below the *umbilicus*, on the superior border of the *symphysis pubis*, 0.5 cun lateral to Qugu (CV 2) (see Figure 3.46).

Indications: Fullness and pain of the lower abdomen, dysuria, enuresis, nocturnal emission, impotence, pain in genitalia.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The inferior epigastric artery and external pudendal artery.

Innervation: The branch of the iliohypogastric nerve.

Dahe (KI 12)

Location: 4 cun below the *umbilicus*, 0.5 cun lateral to Zhongji (CV 3) (see Figure 3.47).

Indications: Nocturnal emission, impotence, morbid leucorrhoea, pain in the external genitalia, prolapse of uterus.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branches of the inferior epigastric artery and vein.

Innervation: The branches of subcostal nerve and the iliohypogastric nerve.

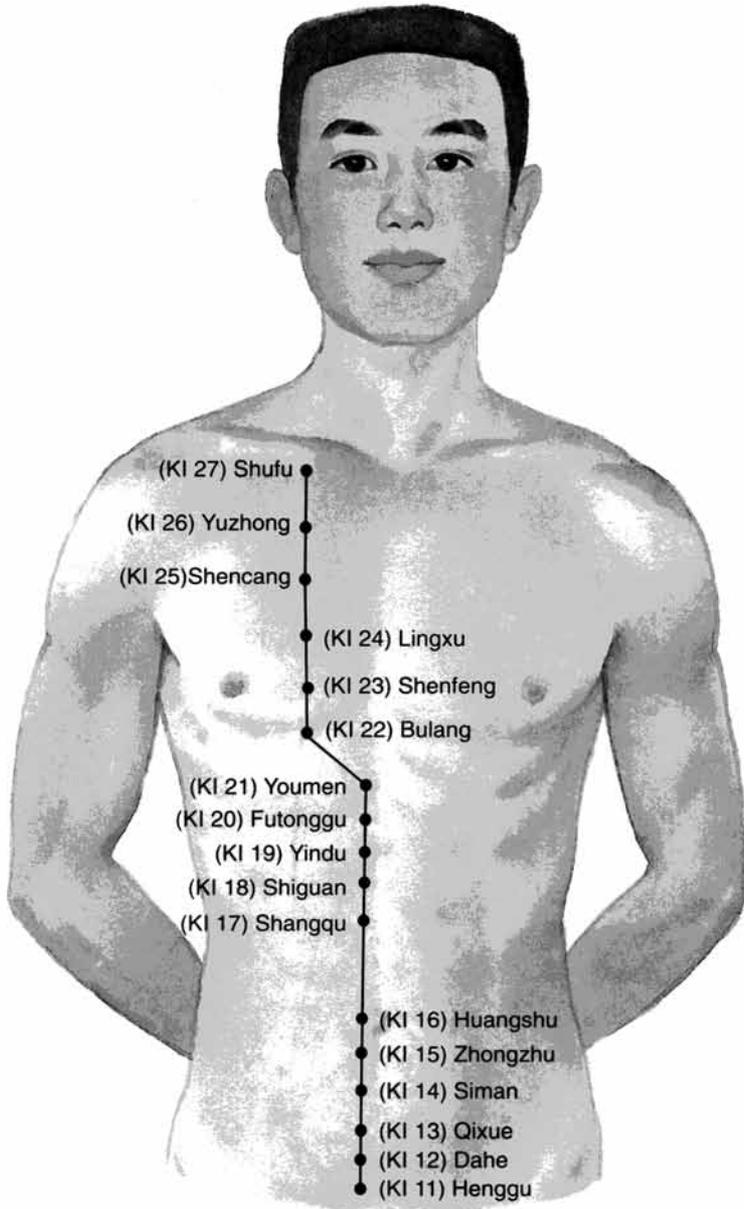


Figure 3.46: The Kidney Meridian of Foot-Shaoying

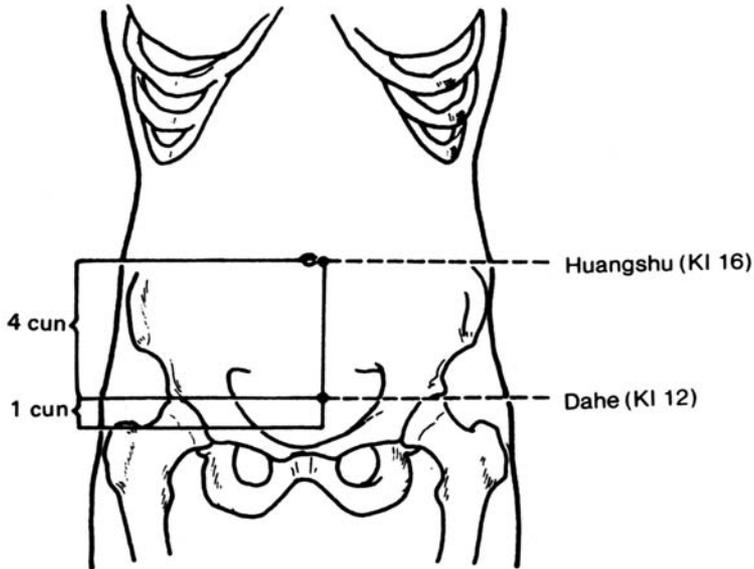


Figure 3.47: Location of Dabe and Huangshu

Qixue (KI 13)

Location: 3 cun below the *umbilicus*, 0.5 cun lateral to Guanyuan (CV 4) (see Figure 3.46).

Indications: Irregular menstruation, dysmenorrheal, dysuria, abdominal pain, diarrhoea.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Dabe (KI 12, p.209).

Innervation: The subcostal nerve.

Siman (KI 14)

Location: 2 cun below the *umbilicus*, 0.5 cun lateral to Shimen (CV 5) (see Figure 3.46).

Indications: Abdominal pain and distention, diarrhoea, nocturnal emission, irregular menstruation, dysmenorrheal, postpartum abdominal pain.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Dahe (KI 12, p.209).

Innervation: The eleventh intercostal nerve.

Zhongzhu (KI 15)

Location: 1 cun below the *umbilicus*, 0.5 cun lateral to Yinjiao (CV 7) (see Figure 3.46).

Indications: Irregular menstruation, abdominal pain, constipation.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Dahe (KI 12, p.209).

Innervation: The tenth intercostal nerve.

Huangshu (KI 16)

Location: 0.5 cun lateral to the *umbilicus*, level with Shenque (CV 8) (see Figure 3.47).

Indications: Abdominal pain and distention, vomiting, constipation, diarrhoea.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Dahe (KI 12, p.209).

Innervation: The tenth intercostal nerve.

Shangqu (KI 17)

Location: 2 cun above the *umbilicus*, 0.5 cun lateral to Xiawan (CV 10) (see Figure 3.46).

Indications: Abdominal pain, diarrhoea, constipation.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superior and inferior epigastric arteries and veins.

Innervation: The ninth intercostal nerve.

Shiguan (KI 18)

Location: 3 cun above the *umbilicus*, 0.5 cun lateral to Jianli (CV 11) (see Figure 3.46).

Indications: Vomiting, abdominal pain, constipation, postpartum abdominal pain, sterility.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superior epigastric artery and vein.

Innervation: The eighth intercostal nerve.

Yindu (KI 19)

Location: 4 cun above the *umbilicus*, 0.5 cun lateral to Zhongwan (CV 12) (see Figure 3.46).

Indications: Borborygmus, abdominal pain, epigastric pain, constipation, vomiting.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Shiguan (KI 18).

Futonggu (KI 20)

Location: 5 cun above the *umbilicus*, 0.5 cun lateral to Shangwan (CV 13) (see Figure 3.46).

Indications: Abdominal pain and distention, vomiting, indigestion.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Shiguan (KI 18).

Youmen (KI 21)

Location: 6 cun above the *umbilicus*, 0.5 cun lateral to Juque (CV 14) (see Figure 3.46).

Indications: Abdominal pain and distention, indigestion, vomiting, diarrhoea, nausea, morning sickness.

Method: Puncture perpendicularly 0.3–0.7 inch. To avoid injuring the Liver, deep insertion is not advisable. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Shiguan (KI 18).

Innervation: The seventh intercostal nerve.



Bulang (KI 22)

Location: In the fifth intercostal space, 2 cun lateral to the Conception Vessel (see Figure 3.46).

Indications: Cough, asthma, distention and fullness in the chest and hypochondriac region, vomiting, anorexia.

Method: Puncture obliquely 0.3–0.5 inch. To avoid injuring the Heart, deep insertion is not advisable. Moxibustion is applicable.

Regional anatomy:

Vasculature: The fifth intercostal artery and vein.

Innervation: The anterior cutaneous branch of the fifth intercostal nerve; deeper, the fifth intercostal nerve.

Shengfeng (KI 23)

Location: In the fourth intercostal space, 2 cun lateral to the anterior midline (see Figure 3.46).

Indications: Cough, asthma, fullness in the chest and hypochondriac region, mastitis.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The fourth intercostal artery and vein.

Innervation: The anterior cutaneous branch of the fourth intercostal nerve; deeper, the fourth intercostal nerve.

Lingxu (KI 24)

Location: In the third intercostal space, 2 cun lateral to the anterior midline (see Figure 3.46).

Indications: Cough, asthma, fullness in the chest and hypochondriac region, mastitis.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The third intercostal artery and vein.

Innervation: The anterior cutaneous branch of the third intercostal nerve; deeper, the third intercostal nerve.



Shencang (KI 25)

Location: In the second intercostal space, 2 cun lateral to the anterior midline (see Figure 3.46).

Indications: Cough, asthma, chest pain.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The second intercostal artery and vein.

Innervation: The anterior cutaneous branch of the second intercostal nerve; deeper, the second intercostal nerve.

Yuzhong (KI 26)

Location: In the first intercostal space, 2 cun lateral to the anterior midline (see Figure 3.46).

Indications: Cough, asthma, accumulation of Phlegm, fullness in the chest and hypochondriac region.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The first intercostal artery and vein.

Innervation: The anterior cutaneous branch of the first intercostal nerve, the medial supraclavicular nerve; the first intercostal nerve.

Shufu (KI 27)

Location: In the depression on the lower border of the clavicle, 2 cun lateral to the anterior midline (see Figure 3.46).

Indications: Cough, asthma, chest pain.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anterior perforating branches of the internal mammary artery and vein.

Innervation: The medial supraclavicular nerve.



9. THE PERICARDIUM MERIDIAN OF HAND-JUEYIN

This meridian goes from the chest to the hand and has nine acupoints in total.

9.1 Frequently used acupoints

Quze (He-sea point, PC 3)

Location: On the transverse cubital crease, at the ulnar side of the tendon of *m. biceps brachii* (see Figure 3.48).

Indications: Cardiac pain, palpitation, febrile diseases, irritability, stomachache, vomiting, pain in the elbow and arm, tremor of the hand and arm.

Method: Puncture perpendicularly 0.5–0.7 inch, or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy:

Vasculature: On the pathway of the brachial artery and vein.

Innervation: The median nerve.

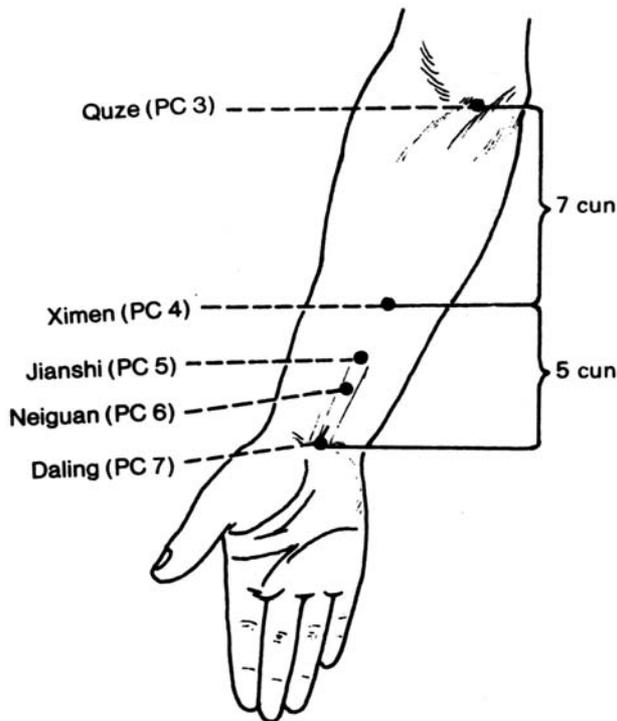


Figure 3.48: Location of *Quze*, *Neiguan*, *Daling*, *Ximen* and *Jianshi*

Neiguan (Luo-connecting point, one of the eight confluent points, PC 6)

Location: 2 cun above the transverse crease of the wrist, between the tendons of *m. palmaris longus* and *m. flexor carpi radialis* (see Figure 3.48).

Indications: Cardiac pain, palpitations, stuffy chest, pain in the hypochondriac region, stomachache, nausea, vomiting, hiccups, mental disorders, epilepsy, insomnia, febrile diseases, irritability, malaria, contracture and pain of the elbow and arm.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy: See Jianshi (PC 5, p.219).

Daling (Shu-stream and Yuan-primary point, PC 7)

Location: In the middle of the transverse crease of the wrist, between the tendons of *m. palmaris longus* and *m. flexor carpi radialis* (see Figure 3.48).

Indications: Cardiac pain, palpitations, stomachache, vomiting, mental disorders, epilepsy, stuffy chest, pain in the hypochondriac region, convulsions, insomnia, irritability, foul breath.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The palmar arterial and venous network of the wrist.

Innervation: Deeper, the median nerve.

9.2 Other acupoints

Tianchi (PC 1)

Location: In the fourth intercostal space, 1 cun lateral to the nipple and 5 cun lateral to the anterior midline (see Figure 3.49).

Indications: Suffocating sensation in the chest, pain in the hypochondriac region, swelling and pain of the axillary region.

Method: Puncture obliquely 0.2–0.4 inch. Deep puncture is not advisable. Moxibustion is applicable.

Regional anatomy:

Vasculature: The thoracoepigastric vein, the branches of the lateral thoracic artery and vein.

Innervation: The muscular branch of the anterior thoracic nerve, the fourth intercostal nerve.

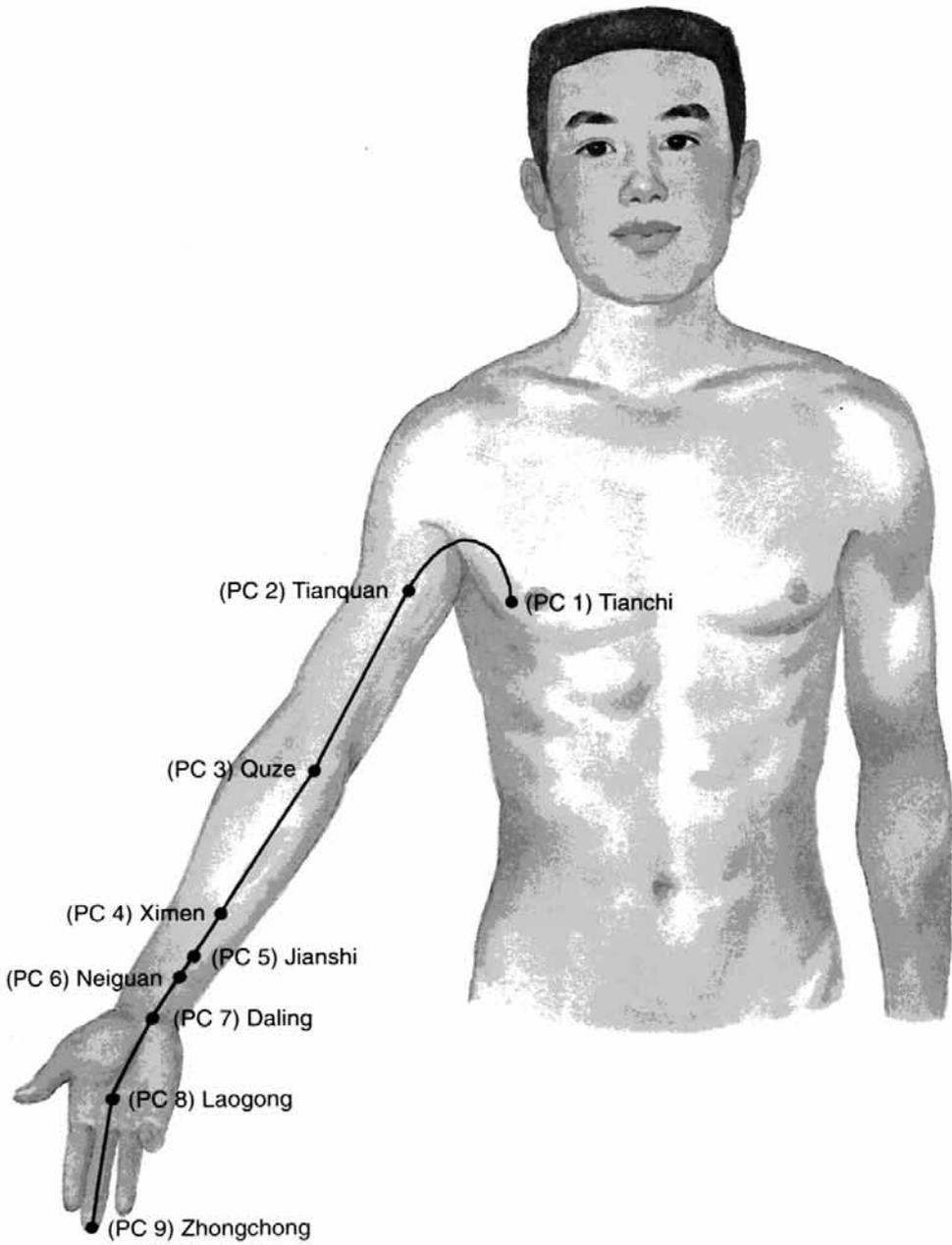


Figure 3.49: The Pericardium Meridian of Hand-Jueyin

Tianquan (PC 2)

Location: 2 cun below the level of the anterior axillary fold, between the two heads of *m. biceps brachii* (see Figure 3.49).

Indications: Cardiac pain, distention of the hypochondriac region, cough, pain in the chest, back and the medial aspect of the arm.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branches of the brachial artery and vein.

Innervation: The medial brachial cutaneous nerve and the musculocutaneous nerve.

Ximen (Xi-cleft point, PC 4)

Location: 5 cun above the transverse crease of the wrist, on the line connecting Quze (PC 3) and Daling (PC 7), between the tendons of *m. palmaris longus* and *m. flexor carpi radialis* (see Figure 3.48).

Indications: Cardiac pain, palpitation, epistaxis, hematemesis, haemoptysis chest pain, furuncles, epilepsy.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The median artery and vein; deeper, the anterior interosseous artery and vein.

Innervation: The medial antebrachial cutaneous nerve; deeper, the median nerve; deepest, the anterior interosseous nerve.

Jianshi (Jing-river point, PC 5)

Location: 3 cun above the transverse crease of the wrist, between the tendons of *m. palmaris longus* and *m. flexor carpi radialis* (see Figure 3.48).

Indications: Cardiac pain, palpitations, stomachache, vomiting, febrile diseases, irritability, malaria, mental disorders, epilepsy, swelling of the axilla, contracture of the elbow and arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The median artery and vein; deeper, the anterior interosseous artery and vein.

Innervation: The medial and lateral antebrachial cutaneous nerves, the palmar cutaneous branch of the median nerve; deeper, the anterior interosseous nerve.

Laogong (Ying-spring point, PC 8)

Location: At the centre of the palm, between the second and third metacarpal bones, but close to the latter, and in the part touching the tip of the middle finger when a fist is made (see Figure 3.50).

Indications: Cardiac pain, mental disorder, epilepsy, gastritis, foul breath, fungus infection of the hand and foot, vomiting, nausea.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The common palmar digital artery.

Innervation: The second common palmar digital nerve of the median nerve.

Zhongchong (Jing-well point, PC 9)

Location: In the centre of the tip of the middle finger (see Figure 3.50).

Indications: Cardiac pain, palpitation, loss of consciousness, aphasia with stiffness and swelling of the tongue, febrile diseases, Heat stroke, convulsions, feverish sensation in the palm.

Method: Puncture superficially 0.1 inch or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

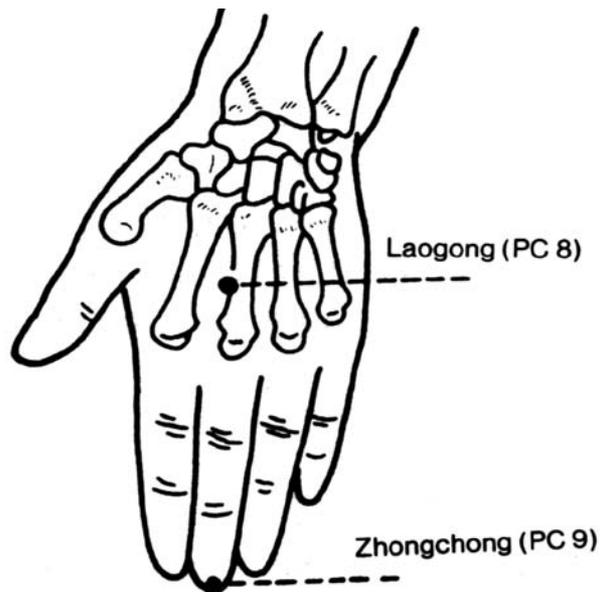


Figure 3.50: Location of Laogong and Zhongchong

Regional anatomy:

Vasculature: The arterial and venous network formed by the palmar digital proprial artery and vein.

Innervation: The palmar digital proprial nerve of the median nerve.

10. THE TRIPLE BURNER MERIDIAN OF HAND-SHAOYANG

This meridian goes from hand to head and has 23 acupoints in total.

10.1 Frequently used acupoints**Guanchong (Jing-well point, TE 1)**

Location: On the lateral side of the ring finger, about 0.1 cun from the corner of the nail (see Figure 3.51).

Indications: Headache, redness of the eyes, sore throat, stiffness of the tongue, febrile diseases, irritability.

Method: Puncture superficially 0.1 inch, or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

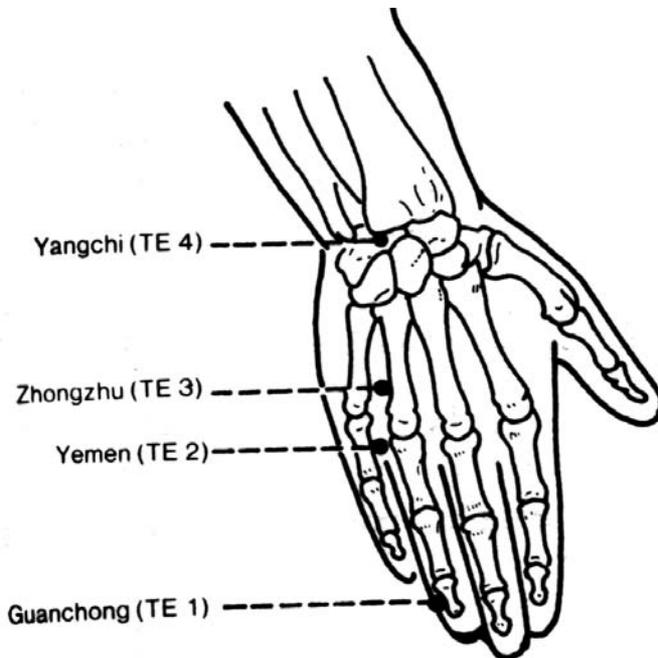


Figure 3.51: Location of Guanchong, Zhongzhu, Yemen and Yangchi

Regional anatomy:

Vasculature: The arterial and venous network formed by the palmar digital proprial artery and vein.

Innervation: The palmar digital proprial nerve derived from the ulnar nerve.

Zhongzhu (Shu-stream point, TE 3)

Location: When the fist is clenched, the point is on the dorsum of the hand between the fourth and fifth metacarpal bones, in the depression proximal to the fourth metacarpophalangeal joint (see Figure 3.51).

Indications: Headache, redness of the eyes, deafness, tinnitus, sore throat, febrile diseases, pain in the elbow and arm, motor impairment of fingers.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of hand and the fourth dorsal metacarpal artery.

Innervation: The dorsal branch of the ulnar nerve.

Waiguan (Luo-connecting point, one of the eight confluent points, TE 5)

Location: 2 cun proximal to the dorsal crease of the wrist, on the line connecting Yangchi (TE 4) and the tip of the olecranon, between the radius and ulna (see Figure 3.52).

Indications: Febrile diseases, headache, pain in the cheek, strained neck, deafness, tinnitus, pain in the hypochondriac region, motor impairment of the elbow and arm, pain in the fingers, hand tremor.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the posterior and anterior antebrachial interosseous arteries and veins.

Innervation: The posterior antebrachial cutaneous nerve; deeper, the posterior interosseous nerve and the anterior interosseous nerve.

Zhigou (Jing-river point, TE 6)

Location: 3 cun proximal to the dorsal crease of the wrist, on the line connecting Yangchi (TE 4) and the tip of the olecranon, between the radius and ulna, on the radial side of *m. extensor digitorum* (see Figure 3.52).

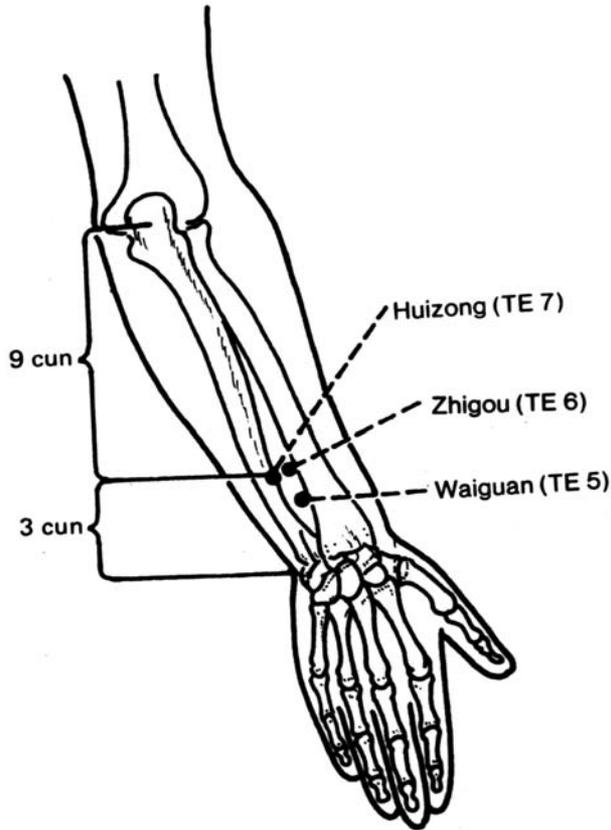


Figure 3.52: Location of Huizong, Waiguan and Zhigou

Indications: Tinnitus, deafness, pain in the hypochondriac region, vomiting, constipation, febrile diseases, aching and heavy sensation in the shoulder and back, sudden hoarseness of voice.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy: See Waiguan (TE 5).

Jianliao (TE 14)

Location: On the shoulder, posterior to Jianyu (LI 15), in the depression inferior and posterior to the acromion when the arm is abducted (see Figure 3.54).

Indications: Pain and motor impairment of the shoulder and upper arm.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branch of the posterior circumflex humeral artery.

Innervation: The muscular branch of the axillary nerve.

Yifeng (TE 17)

Location: Posterior to the lobule of the ear, in the depression between the mandible and mastoid process (see Figure 3.53).

Indications: Tinnitus, deafness, otorrhoea, facial paralysis, toothache, swelling of the cheek, scrofula, trismus.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior auricular artery and vein, the external jugular vein.

Innervation: The great auricular nerve; deeper, the site where the facial nerve perforates out of the stylomastoid foramen.

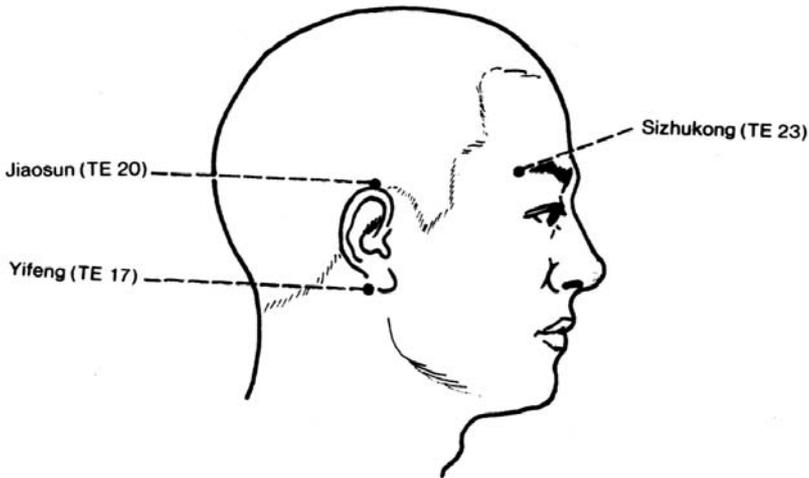


Figure 3.53: Location of Yifeng and Sizhukong

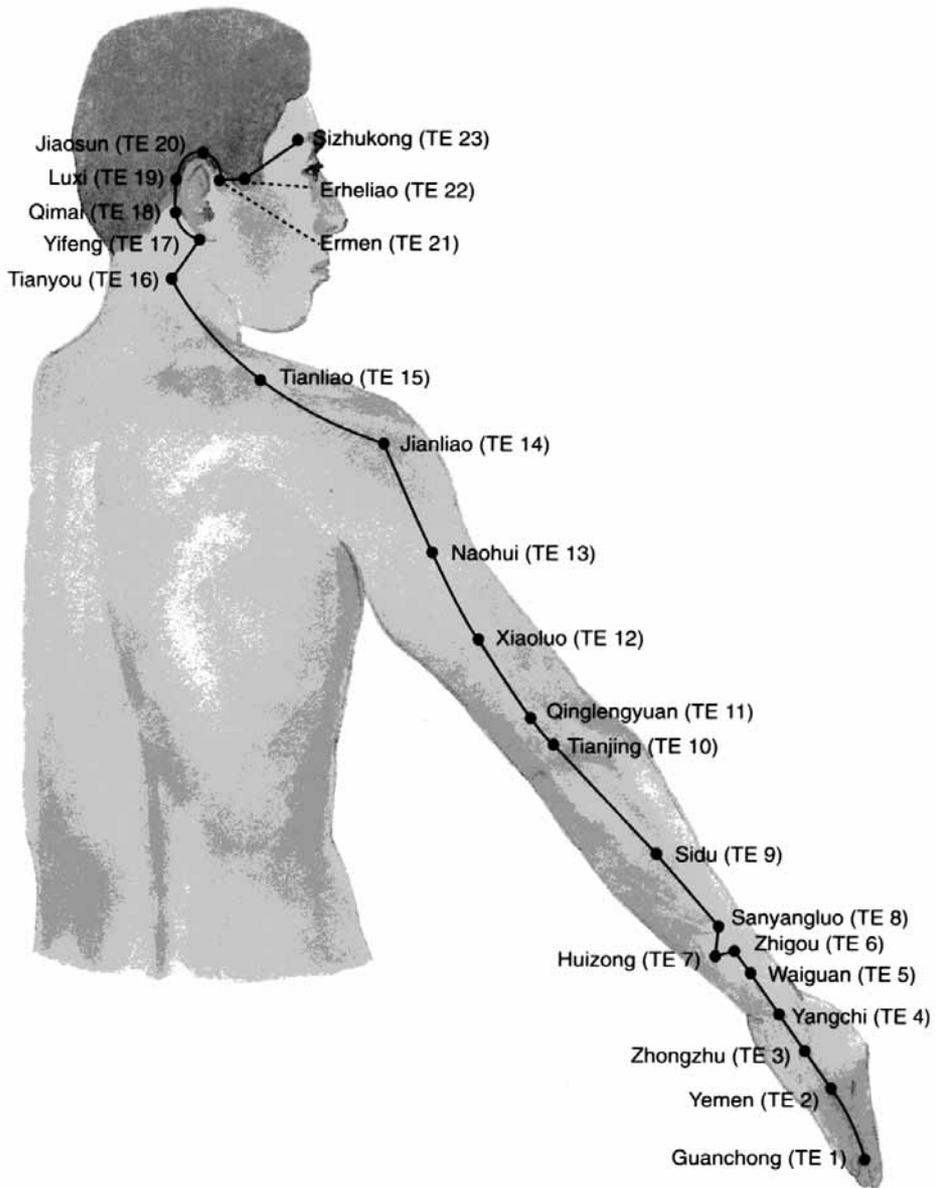


Figure 3.54: The Triple Burner Meridian of Hand-Shaoyang

Ermen (TE 21)

Location: In the depression anterior to the supratragic notch and behind the posterior border of the condyloid process of the mandible. The point is located with the mouth open (see Figure 3.54).

Indications: Tinnitus, deafness, otorrhoea, toothache, stiffness of the lip.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial temporal artery and vein.

Innervation: The branches of the auriculotemporal nerve and facial nerve.

Sizhukong (TE 23)

Location: In the depression at the lateral end of the eyebrow (see Figure 3.53).

Indications: Headache, redness and pain of the eye, blurring of vision, twitching of the eyelid, toothache, facial paralysis.

Method: Puncture subcutaneously 0.3–0.5 inch.

Regional anatomy:

Vasculature: The frontal branches of the superficial temporal artery and vein.

Innervation: The zygomatic branch of the facial nerve and the branch of the auriculotemporal nerve.

10.2 Other acupoints**Yemen (Ying-spring point, TE 2)**

Location: When the fist is clenched, the point is located in the depression proximal to the margin of the web between the ring and small fingers, at the junction of the red and white skin (see Figure 3.51).

Indications: Headache, redness of the eyes, sudden deafness, sore throat, malaria, pain in the arm.

Method: Puncture obliquely 0.3–0.5 inch towards the interspace of the metacarpal bones. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery of the ulnar artery.

Innervation: The dorsal branch of the ulnar nerve.



Yangchi (Yuan-primary point, TE 4)

Location: On the transverse crease of the dorsum of the wrist, in the depression lateral to the tendon of *m. extensor digitorum communis* (see Figure 3.51).

Indications: Pain in the arm, shoulder and wrist, malaria, deafness, thirst.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the wrist and the posterior carpal artery.

Innervation: The terminal branch of the posterior antebrachial cutaneous nerve and the dorsal branch of the ulnar nerve.

Huizong (Xi-cleft point, TE 7)

Location: At the level with Zhigou (TE 6), on the ulnar side of Zhigou (TE 6), on the radial border of the ulna (see Figure 3.52).

Indications: Deafness, pain in the ear, epilepsy, pain of the arm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior antebrachial interosseous artery and vein.

Innervation: The posterior and medial antebrachial cutaneous nerves; deeper, the posterior and anterior interosseous nerves.

Sanyangluo (TE 8)

Location: 4 cun proximal to the dorsal crease of the wrist, between the radius and ulna (see Figure 3.54).

Indications: Deafness, sudden hoarseness of voice, pain in the chest and hypochondriac region, pain in the hand and arm, toothache.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Huizong (TE 7).

Sidu (TE 9)

Location: On the lateral side of the forearm, 5 cun below the olecranon, between the radius and ulna (see Figure 3.54).

Indications: Deafness, toothache, migraine, sudden hoarseness of voice, pain in the forearm.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Huizong (TE 7).

Tianjing (He-sea point, TE 10)

Location: When the elbow is flexed, the point is in the depression about 1 cun superior to the olecranon (see Figure 3.54).

Indications: Migraine, pain in the neck, shoulder and arm, epilepsy, scrofula, goitre.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network of the elbow.

Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

Qinglengyuan (TE 11)

Location: 1 cun above Tianjing (TE 10) when the elbow is flexed (see Figure 3.54).

Indications: Motor impairment and pain of the shoulder and arm, migraine.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The terminal branches of the median collateral artery and vein.

Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

Xiaoluo (TE 12)

Location: On the line joining the olecranon and Jianliao (TE 14), midway between Qinglengyuan (TE 11) and Naohui (TE 13) (see Figure 3.54).

Indications: Headache, neck rigidity, motor impairment and pain in the arm.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The median collateral artery and vein.

Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.



Naohui (TE 13)

Location: On the line joining Jianliao (TE 14) and the olecranon, on the posterior border of *m. deltoideus* (see Figure 3.54).

Indications: Goitre, pain in the shoulder and arm.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The median collateral artery and vein.

Innervation: The posterior brachial cutaneous nerve, the muscular branch of the radial nerve; deeper, the radial nerve.

Tianliao (TE 15)

Location: Midway between Jianjing (GB 21) and Quyuan (SI 13), on the superior angle of the scapula (see Figure 3.54).

Indications: Pain in the shoulder and elbow, stiffness of the neck.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The descending branch of the transverse cervical artery; deeper, the muscular branch of the suprascapular artery.

Innervation: The accessory nerve and the branch of the suprascapular nerve.

Tianyou (TE 16)

Location: On the lateral side of the neck, directly below the posterior border of the mastoid process, on the level of the mandibular angle, and on the posterior border of the sternocleido mastoid muscle (see Figure 3.54).

Indications: Headache, neck rigidity, facial swelling, blurring of vision, sudden deafness.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior auricular artery.

Innervation: The lesser occipital nerve.



Qimai (TE 18)

Location: In the centre of the mastoid process, at the junction of the middle and lower third of the curve formed by Yifeng (TE 17) and Jiaosun (TE 20) posterior to the helix (see Figure 3.54).

Indications: Headache, tinnitus, deafness, infantile convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior auricular artery and vein.

Innervation: The posterior auricular branch of the great auricular nerve.

Luxi (TE 19)

Location: Posterior to the ear, at the junction of the upper and middle third of the curve formed by Yifeng (TE 17) and Jiaosun (TE 20) behind the helix (see Figure 3.54).

Indications: Headache, tinnitus, deafness, pain in the ear, infantile convulsions.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior auricular artery and vein.

Innervation: The anastomotic branch of the great auricular nerve and the lesser occipital nerve.

Jiaosun (TE 20)

Location: Directly above the ear apex, within the hairline (see Figure 3.53).

Indications: Tinnitus, redness, pain and swelling of the eye, swelling of gums, toothache, parotitis.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superficial temporal artery and vein.

Innervation: The branches of the auriculotemporal nerve.

Erheliao (TE 22)

Location: Anterior and superior to Ermen (TE 21), at the level with the root of the auricle, on the posterior border of the hairline of the temple where the superficial temporal artery passes (see Figure 3.54).

Indications: Migraine, tinnitus, lockjaw.

Method: Avoid puncturing the artery, puncture obliquely 0.1–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial temporal artery and vein.

Innervation: The branch of the auriculotemporal nerve, on the course of the temporal branch of the facial nerve.

11. THE GALLBLADDER MERIDIAN OF FOOT-SHAOYANG

This meridian goes from the head to the foot and has 44 acupoints in total.

11.1 Frequently used acupoints

Tinghui (GB 2)

Location: Anterior to the intertragic notch, at the posterior border of the condyloid process of the mandible. The point is located with the mouth open (see Figure 3.55).

Indications: Deafness, tinnitus, toothache, motor impairment of the temporomandibular joint, mumps, deviation of the eye and mouth.

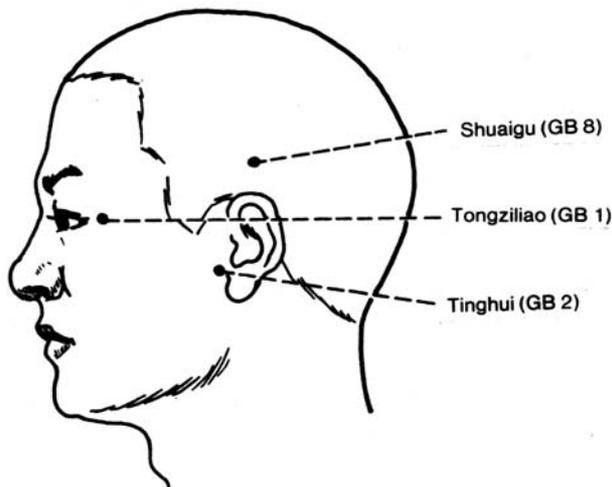


Figure 3.55: Tinghui, Shuaigu and Tongziliao

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial temporal artery.

Innervation: The great auricular nerve and facial nerve.

Shuaigu (GB 8)

Location: Superior to the apex of the auricle, 1.5 cun within the hairline (see Figure 3.55).

Indications: Migraine, vertigo, vomiting, infantile convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The parietal branches of the superficial temporal artery and vein.

Innervation: The anastomotic branch of the auriculotemporal nerve and great occipital nerve.

Yangbai (GB 14)

Location: On the forehead, directly above the pupil, 1 cun directly above the midpoint of the eyebrow (see Figure 3.56).

Indications: Headache in the frontal region, pain of the orbital ridge, eye pain, vertigo, twitching of the eyelids, ptosis of the eyelids, laceration.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

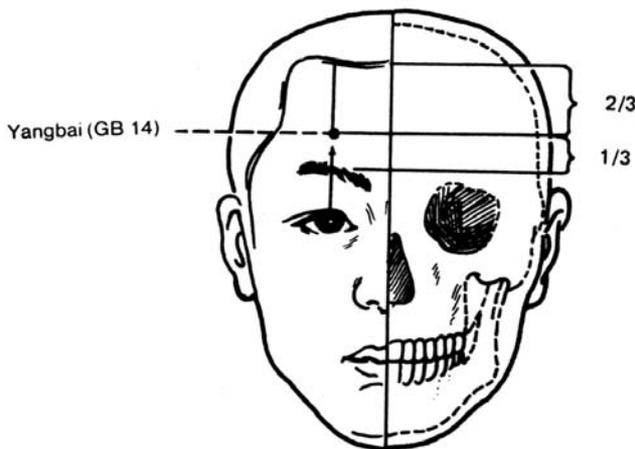


Figure 3.56: Location of Yangbai

Regional anatomy:

Vasculature: The lateral branches of the frontal artery and vein.

Innervation: The lateral branch of the frontal nerve.

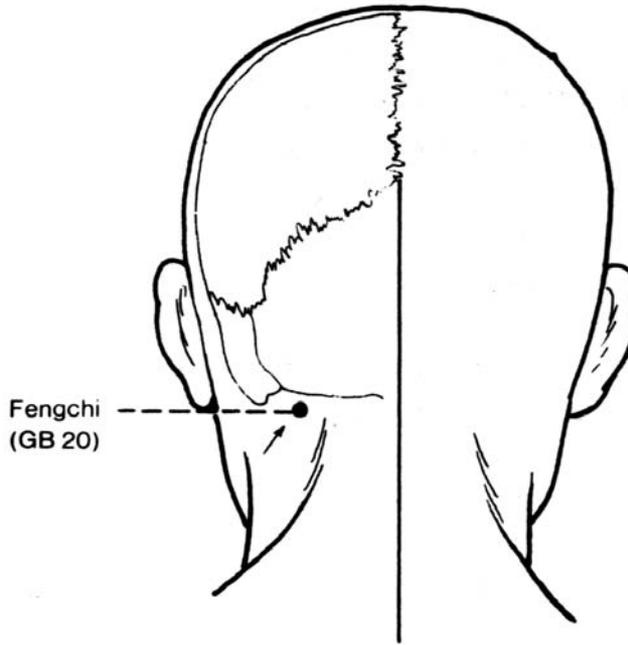


Figure 3.57: Location of Fengchi

Fengchi (GB 20)

Location: In the depression between the upper portion of *m. sternocleidomastoideus* and *m. trapezius*, on the same level with Fengfu (GV 16) (see Figure 3.57).

Indications: Headache, vertigo, insomnia, pain and stiffness of the neck, blurred vision, glaucoma, red and painful eyes, tinnitus, convulsions, epilepsy, infantile convulsions, febrile diseases, common cold, nasal obstruction, rhinorrhoea.

Method: Puncture 0.5–0.8 inch towards the tip of the nose. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the lesser occipital nerve.

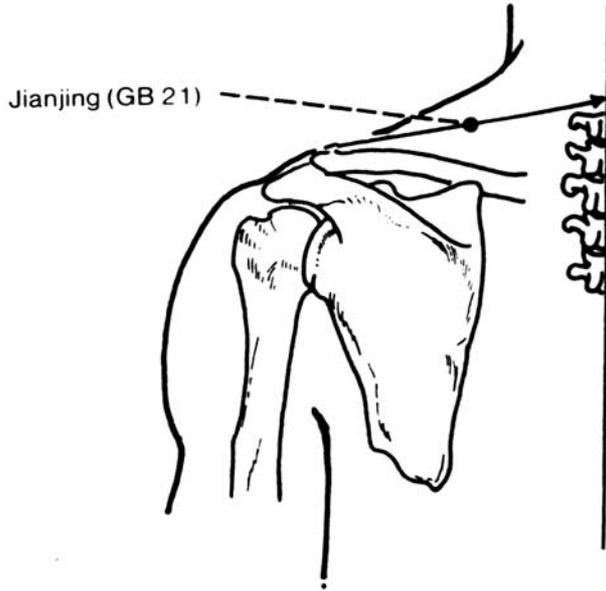


Figure 3.58: Location of Jianjing

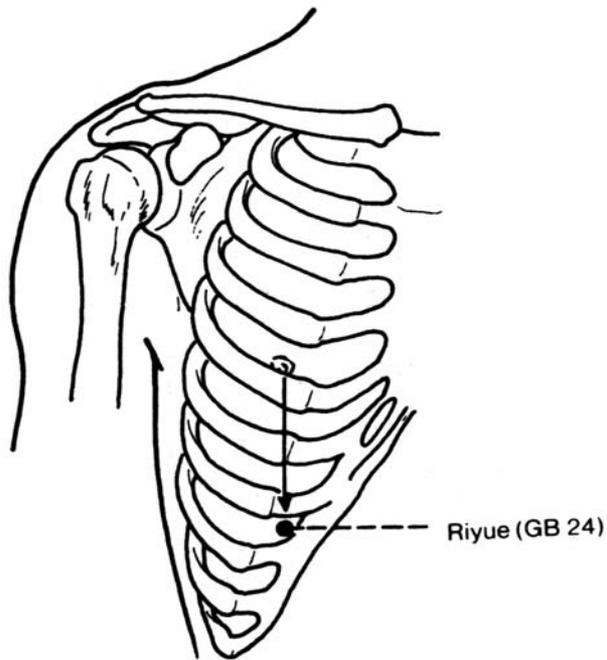


Figure 3.59: Location at Riyue

Jianjing (GB 21)

Location: On the shoulder, directly above the nipple, at the midpoint of the line connecting Dazhui (GV 14) and the acromion, at the highest point of the shoulder (see Figure 3.58).

Indications: Pain and rigidity of the neck, pain in the shoulder and back, motor impairment of the arm, insufficient lactation, mastitis, scrofula, apoplexy, difficult labour.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The transverse cervical artery and vein.

Innervation: The posterior branch of the supraclavicular nerve, the accessory nerve.

Riyue (Front-Mu point of the Gallbladder, GB 24)

Location: Directly below the nipple, in the seventh intercostal space, 4 cun lateral to the anterior midline (see Figure 3.59).

Indications: Pain in the hypochondriac region, vomiting, acid regurgitation, hiccups, jaundice, mastitis.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The seventh intercostal artery and vein.

Innervation: The seventh intercostal nerve.

Juliao (GB 29)

Location: In the depression of the midpoint between the anterosuperior iliac spine and the prominence of the great trochanter (see Figure 3.60).

Indications: Pain and numbness in the thigh and lumbar region, paralysis, muscular atrophy of the lower limbs.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superficial circumflex iliac artery and vein, the ascending branches of the lateral circumflex femoral artery and vein.

Innervation: The lateral femoral cutaneous nerve.



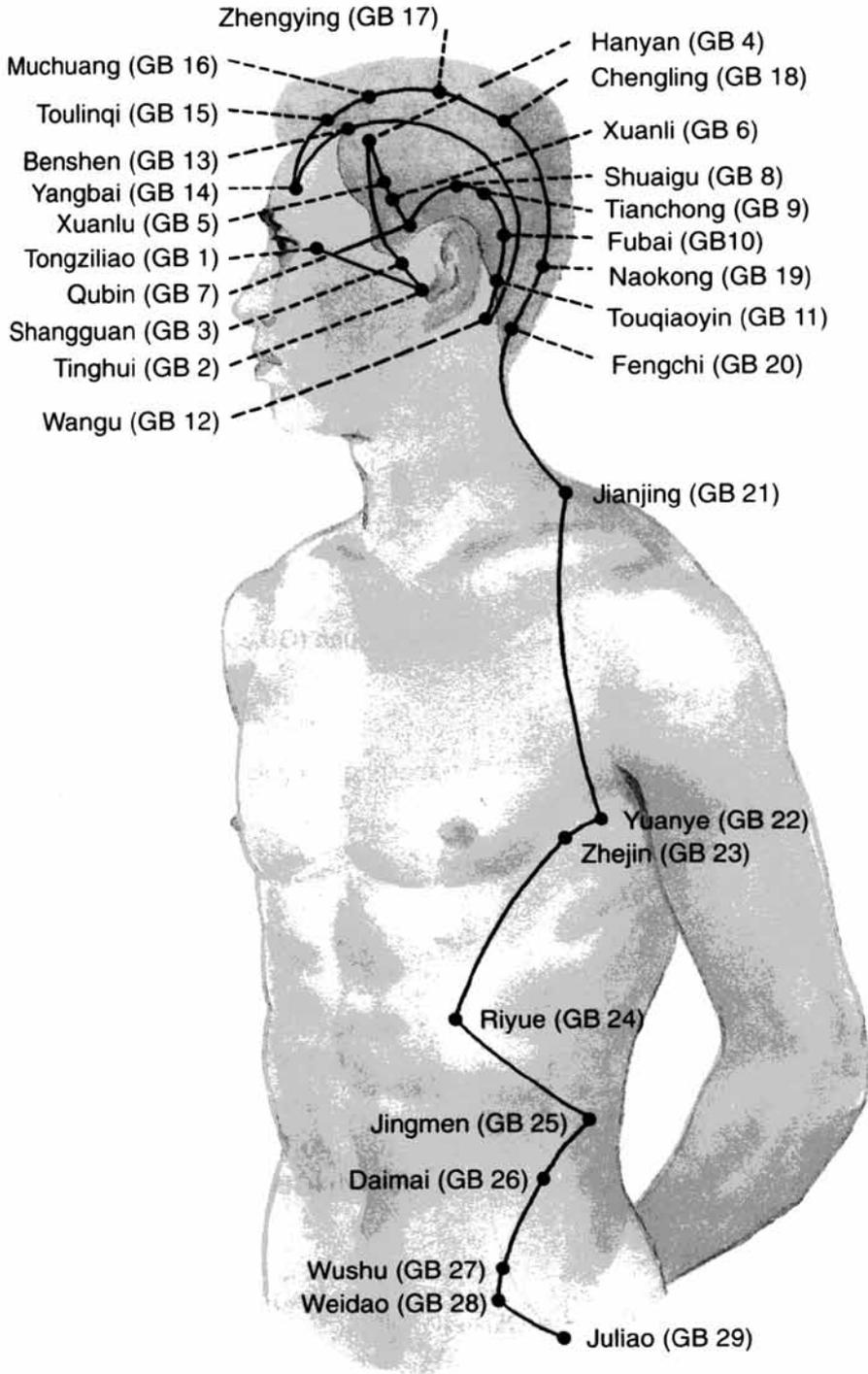


Figure 3.60: The Gallbladder Meridian of Foot-Shaoyang

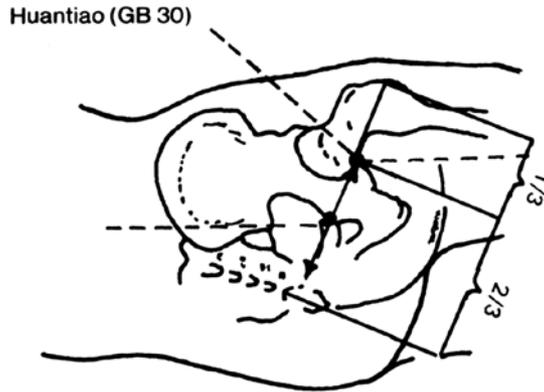


Figure 3.61: Location of Huantiao

Huantiao (GB 30)

Location: At the junction of the lateral 1/3 and medial 2/3 of the distance between the prominence of the great trochanter and the hiatus of the sacrum (Yaoshu, GV 2). When locating the point, put the patient in lateral recumbent position with the thigh flexed (see Figure 3.61).

Indications: Pain of the lumbar region and thigh, muscular atrophy of the lower limbs, hemiplegia.

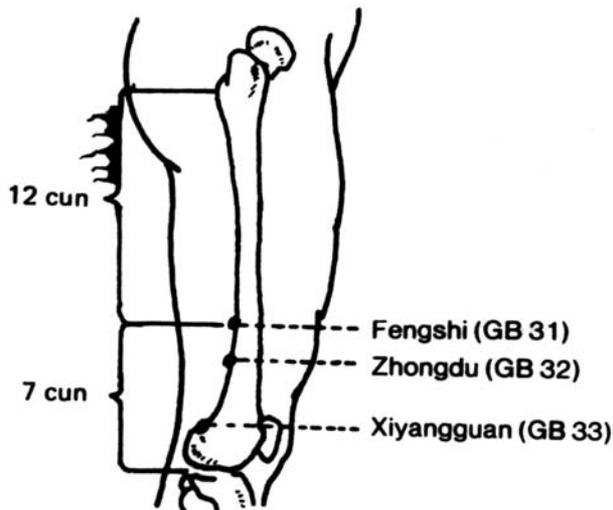


Figure 3.62: Location of Fengshi, Xiyangguan and Zhongdu

Method: Puncture perpendicularly 1.5–2.5 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: Medially, the inferior gluteal artery and vein.

Innervation: The inferior gluteal cutaneous nerve, the inferior gluteal nerve; deeper, the sciatic nerve.

Fengshi (GB 31)

Location: On the midline of the lateral aspect of the thigh, 7 cun above the transverse popliteal crease. When the patient is standing erect with the hands close to the sides, the point is where the tip of the middle finger touches (see Figure 3.62).

Indications: Pain and soreness in the thigh and lumbar region, paralysis of the lower limbs, beriberi, general pruritus.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The muscular branches of the lateral circumflex femoral artery and vein.

Innervation: The lateral femoral cutaneous nerve, the muscular branch of the femoral nerve.

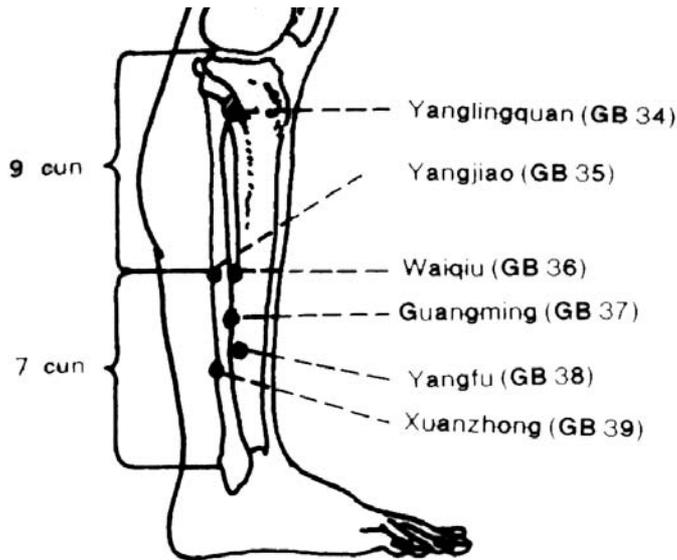


Figure 3.63: Location of Yanglingquan, Guangming, Xuanzhong, Yangjiao, Waiqiu and Yang Fu

Xiyangguan (GB 33)

Location: 3 cun above Yangliangquan (GB 34), lateral to the knee joint, in the depression above the external epicondyle of the femur (see Figure 3.62).

Indications: Swelling and pain of the knee, contracture of the tendons in the popliteal fossa, numbness of the leg.

Method: Puncture perpendicularly 0.5–1.0 inch.

Regional anatomy:

Vasculature: The superior lateral genicular artery and vein.

Innervation: The terminal branch of the lateral femoral cutaneous nerve.

Yanglingquan (He-sea point, influential point of tendon, GB 34)

Location: In the depression anterior and inferior to the head of the fibula (see Figure 3.63).

Indications: Hemiplegia, weakness, numbness and pain of the lower extremities, swelling and pain of the knee, beriberi, hypochondriac pain, bitter taste in the mouth, vomiting, jaundice, infantile convulsions.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The inferior lateral genicular artery and vein.

Innervation: Just where the common peroneal nerve bifurcates into the superficial and deep peroneal nerves.

Guangming (Luo-connecting point, GB 37)

Location: 5 cun directly above the tip of the external malleolus, on the anterior border of the fibula (see Figure 3.63).

Indications: Pain in the knee, muscular atrophy, motor impairment and pain of the lower extremities, blurring of vision, ophthalmalgia, night blindness, distending pain in the breast.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the anterior tibial artery and vein.

Innervation: The superficial peroneal nerve.



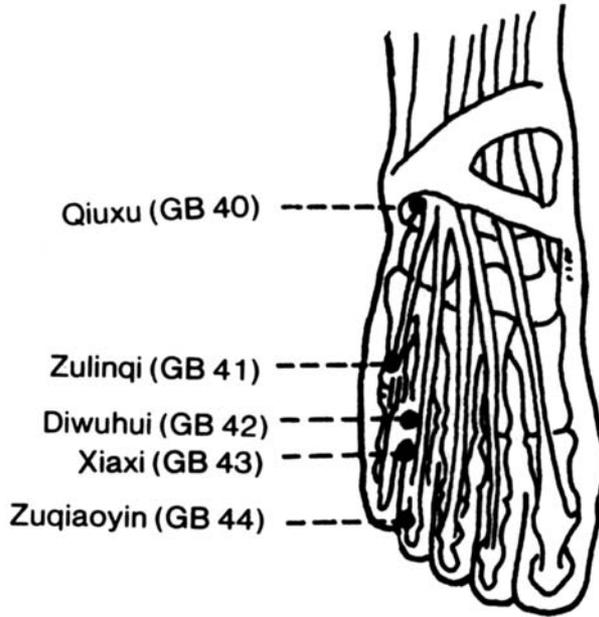


Figure 3.64: Location of *Qiuxu*, *Zulinqi*, *Diwuhui* and *Zuqiaoyin*

Xuanzhong (Influential point of the marrow, GB 39)

Location: 3 cun above the tip of the external malleolus, on the anterior border of fibula (see Figure 3.63).

Indications: Apoplexy, hemiplegia, pain of the neck, abdominal distention, pain in the hypochondriac region, muscular atrophy of the lower limbs, spastic pain of the leg, beriberi.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See *Guangming* (GB 37).

Qiuxu (Yuan-primary point, GB 40)

Location: Anterior and inferior to the external malleolus, in the depression on the lateral side of the tendon of *m. extensor digitorum longus* (see Figure 3.64).

Indications: Pain in the neck, swelling in the axillary region, pain in the hypochondriac region, vomiting, acid regurgitation, muscular atrophy of the lower limbs, pain and swelling of the external malleolus, malaria.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branch of the anterolateral malleolar artery.

Innervation: The branches of the intermediate dorsal cutaneous nerve and superficial peroneal nerve.

11.2 Other acupoints**Tongziliao (GB 1)**

Location: 0.5 cun lateral to the outer canthus, in the depression on the lateral side of the orbit (see Figure 3.55).

Indications: Headache, redness and pain of the eyes, failing of vision, lacrimation, deviation of the eye and mouth.

Method: Puncture subcutaneously 0.3–0.5 inch.

Regional anatomy:

Vasculature: The zygomaticoorbital artery and vein.

Innervation: The zygomaticofacial and zygomaticotemporal nerve, the temporal branch of the facial nerve.

Shangguan (GB 3)

Location: In the front of the ear, on the upper border of the zygomatic arch, in the depression directly above Xiaguan (ST 7) (see Figure 3.60).

Indications: Headache, deafness, tinnitus, diplacusis, deviation of the eye and mouth, toothache.

Method: Puncture perpendicularly 0.3–0.5 inch. Deep puncture is not advisable. Moxibustion is applicable.

Regional anatomy:

Vasculature: The zygomaticoorbital artery and vein.

Innervation: The zygomatic branch of the facial nerve and the zygomaticofacial nerve.

Hanyan (GB 4)

Location: Within the hairline of the temporal region, at the junction of the upper $\frac{1}{4}$ and lower $\frac{3}{4}$ of the distance between Touwei (ST 8) and Qubin (GB 7) (see Figure 3.60).

Indications: Migraine, vertigo, tinnitus, pain in the outer canthus, toothache, convulsion, epilepsy.



Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The parietal branches of the superficial temporal artery and vein.

Innervation: The temporal branch of the auriculotemporal nerve.

Xuanlu (GB 5)

Location: Within the hairline of the temporal region, midway of the border line connecting Touwei (ST 8) and Qubin (GB 7) (see Figure 3.60).

Indications: Migraine, pain in the outer canthus, facial swelling.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Hanyan (GB 4).

Xuanli (GB 6)

Location: Within the hairline, at the junction of the lower $\frac{1}{4}$ and upper $\frac{3}{4}$ of the distance between Touwei (ST 8) and Qubin (GB 7) (see Figure 3.60).

Indications: Migraine, pain in the outer canthus, tinnitus, frequent sneezing.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Hanyan (GB 4).

Qubin (GB 7)

Location: On the head, at a crossing point of the vertical posterior border of the temple and horizontal line through the ear apex (see Figure 3.60).

Indications: Headache, swelling of the cheek, trismus, pain in the temporal region, infantile convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Hanyan (GB 4).

Tianchong (GB 9)

Location: Directly above the posterior border of the auricle, 2 cun within the hairline, about 0.5 cun posterior to Shuaigu (GB 8) (see Figure 3.60).

Indications: Headache, epilepsy, swelling and pain of the gums, convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch.

Regional anatomy:

Vasculature: The posterior auricular artery and vein.

Innervation: The branch of the great occipital nerve.

Fubai (GB 10)

Location: Posterior and superior to the mastoid process, at the junction of the middle third and upper third of the curve line connecting Tianchong (GB 9) and Wangu (GB 12) (see Figure 3.60).

Indications: Headache, tinnitus, deafness.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Tianchong (GB 9).

Touqiaoyin (GB 11)

Location: Posterior and superior to the mastoid process, at the junction of middle third and lower third of the curved line connecting Tianchong (GB 9) and Wangu (GB 12) (see Figure 3.60).

Indications: Pain of the head and neck, tinnitus, deafness, pain in the ears.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the posterior auricular artery and vein.

Innervation: The anastomotic branch of the great and lesser occipital nerves.

Wangu (GB 12)

Location: In the depression posterior and inferior to the mastoid process (see Figure 3.60).

Indications: Headache, insomnia, swelling of the cheek, retroauricular pain, deviation of the eye and mouth, toothache.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior auricular artery and vein.

Innervation: The lesser occipital nerve.



Benshen (GB 13)

Location: 0.5 cun within the hairline of the forehead, 3 cun lateral to Shenting (GV 24) (see Figure 3.60).

Indications: Headache, insomnia, vertigo, epilepsy.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The frontal branches of the superficial temporal artery and vein, and the lateral branches of the frontal artery and vein.

Innervation: The lateral branch of the frontal nerve.

Toulinqi (GB 15)

Location: On the head, directly above the pupil and 0.5 cun above the anterior hairline, at the midpoint of the line connecting Shenting (GV 24) and Touwei (ST 8) (see Figure 3.60).

Indications: Headache, vertigo, lacrimation, pain in the outer canthus, rhinorrhoea, nasal obstruction.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The frontal artery and vein.

Innervation: The anastomotic branch of the medial and lateral branches of the frontal nerve.

Muchuang (GB 16)

Location: On the head, 1.5 cun above the anterior hairline and 2.25 cun lateral to the midline of the head (see Figure 3.60).

Indications: Headache, vertigo, red and painful eyes, nasal obstruction.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The frontal branches of the superficial temporal artery and vein.

Innervation: The anastomotic branch of the medial and lateral branches of the frontal nerve.

Zhengying (GB 17)

Location: On the head, 2.5 cun above the anterior hairline and 2.25 cun lateral to the midline of the head (see Figure 3.60).

Indications: Migraine, vertigo.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anastomotic plexus formed by the parietal branches of the superficial temporal artery and vein and the occipital artery and vein.

Innervation: The anastomotic branch of the frontal and great occipital nerves.

Chengling (GB 18)

Location: On the head, 4 cun above the anterior hairline and 2.25 cun lateral to the midline of the head (see Figure 3.60).

Indications: Headache, vertigo, epistaxis, rhinorrhoea.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the great occipital nerve.

Naokong (GB 19)

Location: On the head and on the level of the upper border of external occipital protuberance or Naohu (GV 17), 2.25 cun lateral to the midline of the head (see Figure 3.60).

Indications: Headache, stiffness of the neck, vertigo, painful eyes, tinnitus, epilepsy.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Chengling (GB 18).

Yuanye (GB 22)

Location: On the mid-axillary line when the arm is raised, 3 cun below the axilla, in the fourth intercostal space (see Figure 3.60).

Indications: Fullness of the chest, swelling of the axillary region, pain in the hypochondriac region, pain and motor impairment of the arm.



Method: Puncture obliquely 0.3–0.5 inch.

Regional anatomy:

Vasculature: The thoracoepigastric vein, the lateral thoracic artery and vein, the fifth intercostal artery and vein.

Innervation: The lateral cutaneous branch of the fifth intercostal nerve, the branch of the long thoracic nerve.

Zhejin (GB 23)

Location: 1 cun anterior to Yuanye (GB 22), at the level of the nipple, in the fourth intercostal space (see Figure 3.60).

Indications: Fullness of the chest, pain in the hypochondriac region, asthma.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The lateral thoracic artery and vein, the fifth intercostal artery and vein.

Innervation: The lateral cutaneous branch of the fifth intercostal nerve.

Jingmen (Front-Mu point of the Kidney, GB 25)

Location: On the lateral side of the abdomen, on the lower of the free end of the twelfth rib (see Figure 3.65).

Indications: Abdominal distention, borborygmus, diarrhoea, pain in the lumbar and hypochondriac region.

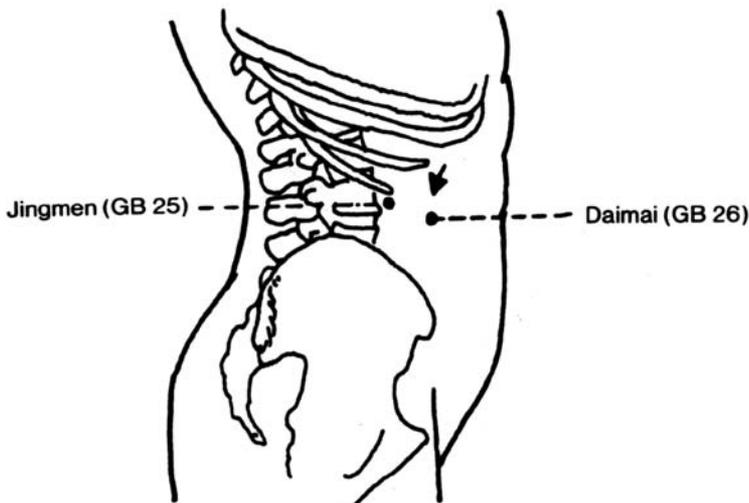


Figure 3.65: Location of Jingmen and Daimai

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The eleventh intercostal artery and vein.

Innervation: The eleventh intercostal nerve.

Daimai (GB 26)

Location: Directly below Zhangmen (LR 13), at the crossing point of a vertical line through the free end of the eleventh rib and a horizontal line through the *umbilicus* (see Figure 3.65).

Indications: Irregular menstruation, amenorrhoea, leucorrhoea, abdominal pain, hernia, pain in the lumbar and hypochondriac region.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The subcostal artery and vein.

Innervation: The subcostal nerve.

Wushu (GB 27)

Location: In the lateral side of the abdomen, anterior to the superior iliac spine, 3 cun below the level of the *umbilicus* (see Figure 3.60).

Indications: Leukorrhea, lower abdominal pain, lumbar pain, hernia, constipation.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial and deep circumflex iliac arteries and veins.

Innervation: The iliohypogastric nerve.

Weidao (GB 28)

Location: Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to Wushu (GB 27) (see Figure 3.60).

Indications: Leukorrhea, lower abdominal pain, hernia, prolapse of uterus.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial and deep circumflex iliac arteries and veins.

Innervation: The ilioinguinal nerve.

Zhongdu (GB 32)

Location: On the lateral aspect of the thigh, 2 cun below Fengshi (GB 31), or 5 cun above the transverse popliteal crease, between *m. vastus lateralis* and *m. biceps femoris* (see Figure 3.62).

Indications: Pain and soreness of the thigh and knee, numbness and weakness of the lower limbs, hemiplegia.

Method: Puncture perpendicularly 0.7–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Fengshi (GB 31, p.238).

Yangjiao (Xi-cleft point of the Yang Link Vessel, GB 35)

Location: 7 cun above the tip of the external malleolus, on the posterior border of the fibula (see Figure 3.63).

Indications: Fullness of the chest and hypochondriac region, muscular atrophy and paralysis of the leg.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the peroneal artery and vein.

Innervation: The lateral sural cutaneous nerve.

Waiqiu (Xi-cleft point, GB 36)

Location: 7 cun above the tip of the external malleolus, on the anterior border of the fibula (see Figure 3.63).

Indications: Pain in the neck, chest, thigh and hypochondriac region, rabies.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the anterior tibial artery and vein.

Innervation: The superficial peroneal nerve.

Yangfu (Jing-river point, GB 38)

Location: 4 cun above the tip of the external malleolus, slightly anterior to the anterior border of the fibula, between *m. extensor digitorum longus* and *m. peroneus brevis* (see Figure 3.63).

Indications: Migraine, pain of the outer canthus, pain in the axillary region, scrofula, lumbar pain, pain in the chest, hypochondriac region and lateral aspect of the lower extremities, malaria.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Regional anatomy: See Guangming (GB 37, p.239).

Zulinqi (Shu-stream point, one of the eight confluent points, GB 41)

Location: Posterior to the fourth metatarsophalangeal joint, in the depression lateral to the tendon of *m. extensor digiti minimi* of the foot (see Figure 3.64).

Indications: Headache, vertigo, pain of the outer canthus, scrofula, pain in the hypochondriac region, distending pain of the breast, irregular menstruation, pain and swelling of the dorsum of the foot, spastic pain in the foot and toe.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal arterial and venous network of the foot, the fourth dorsal metatarsal artery and vein.

Innervation: The branch of the intermediate dorsal cutaneous nerve of the foot.

Diwuhui (GB 42)

Location: Posterior to the fourth metatarsophalangeal joint, between the fourth and fifth metatarsal bones, on the medial side of the tendon of *m. extensor digiti minimi* of the foot (see Figure 3.64).

Indications: Pain of the canthus, tinnitus, distending pain of the breast, swelling and pain of the dorsum of the foot.

Method: Puncture perpendicularly 0.3–0.5 inch.

Regional anatomy: See Zulinqi (GB 41).

Xiaksi (Ying-spring point, GB 43)

Location: On the dorsum of the foot, between the fourth and fifth toe, proximal to the margin of the web, at the junction of the red and white skin (see Figure 3.64).

Indications: Headache, dizziness and vertigo, pain of the outer canthus, tinnitus, deafness, swelling of the cheek, pain in the hypochondriac region, distending pain of the breast, febrile diseases.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery and vein.

Innervation: The dorsal digital nerve.

Zuqiaoyin (Jing-well point, GB 44)

Location: On the lateral side of the fourth toe, about 0.1 cun from the corner of the nail (see Figure 3.64).

Indications: Migraine, deafness, tinnitus, ophthalmalgia, dream-disturbed sleep, febrile diseases.

Method: Puncture superficially about 0.1 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The arterial and venous network formed by the dorsal digital artery and vein and plantar digital artery and vein.

Innervation: The dorsal digital nerve.

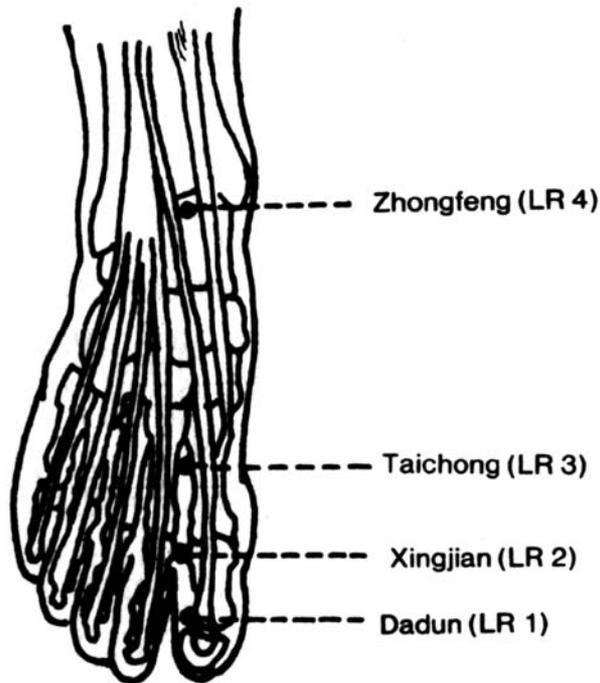


Figure 3.66: Location of Dadun, Taichong, Xingjian and Zhongfeng

12. THE LIVER MERIDIAN OF FOOT-JUEYIN

This meridian goes from the foot to the abdomen and has 14 acupoints in total.

12.1 Frequently used acupoints

Dadun (Jing-well point, LR 1)

Location: On the lateral side of the terminal phalanx of the great toe, 0.1 cun from the corner of the nail (see Figure 3.66).

Indications: Hernia, enuresis, uterine bleeding, prolapse of the uterus, epilepsy.

Method: Puncture subcutaneously 0.1–0.2 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal digital artery and vein.

Innervation: The dorsal digital nerve derived from the deep peroneal nerve.

Taichong (Shu-stream and Yuan-primary point, LR 3)

Location: On the dorsum of the foot, in the depression distal to the junction of the first and second metatarsal bones (see Figure 3.66).

Indications: Headache, dizziness and vertigo, insomnia, congestion, swelling and pain of the eye, depression, infantile convulsions, deviation of the mouth, pain in the hypochondriac region, uterine bleeding, hernia, enuresis, retention of urine, epilepsy, pain in the anterior aspect of the medial malleolus.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot, the first dorsal metatarsal artery.

Innervation: The branch of the deep peroneal nerve.

Xiguan (LR 7)

Location: Posterior and inferior to the medial condyle of the tibia, in the upper portion of the medial head of *m. gastrocnemius*, 1 cun posterior to Yinlingquan (SP 9) (see Figure 3.67).

Indications: Pain in the knee.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Deeper, the posterior tibial artery.

Innervation: The branch of the medial sural cutaneous nerve; deeper, the tibial nerve.



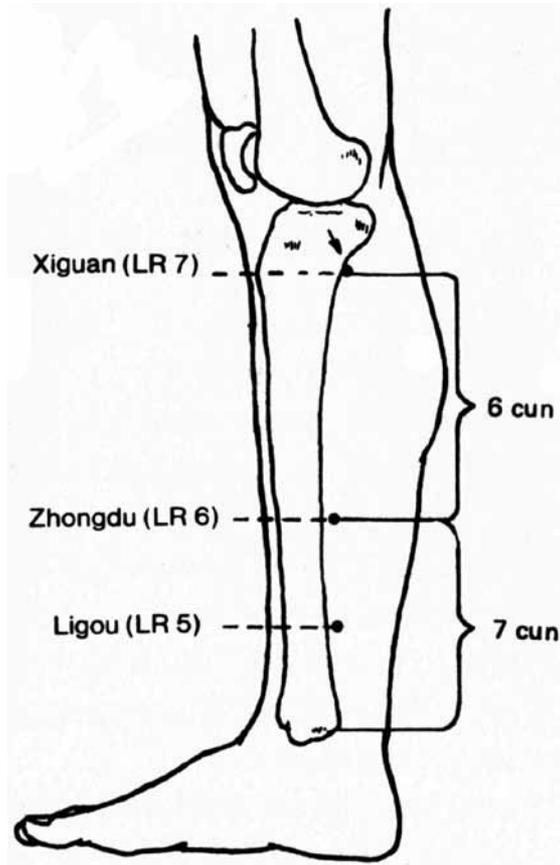


Figure 3.67: Location of Xiguan, Ligou and Zhongdu

Qimen (Front-Mu point of the Liver, LR 14)

Location: Directly below the nipple, in the sixth intercostal space, 4 cun lateral to the anterior midline (see Figure 3.68).

Indications: Hypochondriac pain, abdominal distention, hiccups, acid regurgitation, mastitis, depression, febrile diseases.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The sixth intercostal artery and vein.

Innervation: The sixth intercostal nerve.

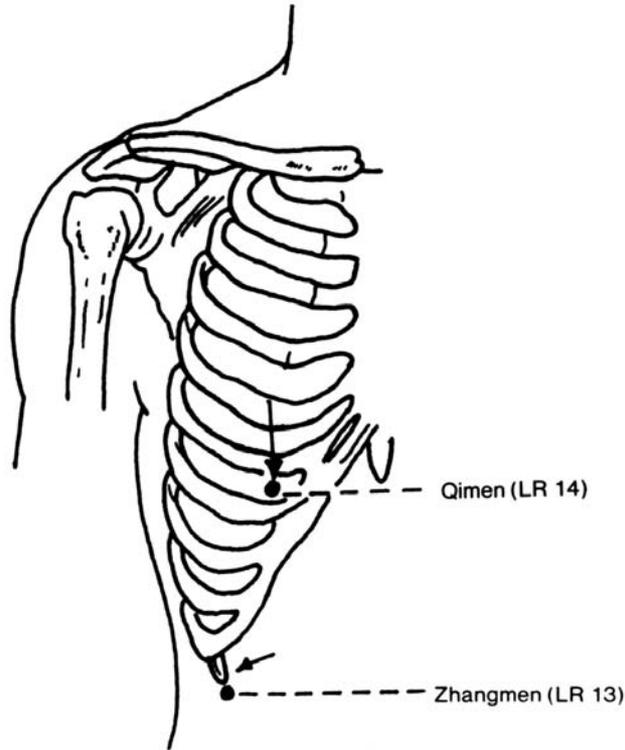


Figure 3.68: Location of Qimen and Zhangmen

12.2 Other acupoints

Xingjian (Ying-spring point, LR 2)

Location: On the dorsum of the foot between the first and second toe, proximal to the margin of the web at the junction of the red and white skin (see Figure 3.66).

Indications: Pain in the hypochondrium, abdominal distention, headache, dizziness and vertigo, congestion, swelling and pain of the eye, deviation of the mouth, hernia, painful urination, retention of urine, irregular menstruation, epilepsy, insomnia, convulsions.

Method: Puncture obliquely 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot and the first dorsal digital artery and vein.

Innervation: The site where the dorsal digital nerves split from the lateral dorsal metatarsal nerve of the deep peroneal nerve.

Zhongfeng (Jing-river point, LR 4)

Location: Anterior to the medial malleolus, midway between Shangqiu (SP 5) and Jiexi (ST 41), in the depression on the medial side of the tendon of *m. tibialis anterior* (see Figure 3.66).

Indications: Hernia, pain in the external genitalia, nocturnal emission, retention of urine, distending pain in the hypochondrium.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The dorsal venous network of the foot and the anterior medial malleolar artery.

Innervation: The branch of the medial dorsal cutaneous nerve of the foot and the saphenous nerve.

Ligou (Luo-connecting point, LR 5)

Location: 5 cun above the tip of the medial malleolus, on the midline of the medial surface of the tibia (see Figure 3.67).

Indications: Retention of urine, enuresis, hernia, irregular menstruation, leucorrhoea, pruritus vulvae, weakness and atrophy of the leg.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Posteriorly, the great saphenous vein.

Innervation: The branch of the saphenous nerve.

Zhongdu (Xi-cleft point, LR 6)

Location: 7 cun above the tip of the medial malleolus, on the midline of the medial surface of the tibia (see Figure 3.67).

Indications: Abdominal pain, hypochondriac pain, diarrhoea, hernia, uterine bleeding, prolonged lochia.

Method: Puncture subcutaneously 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The great saphenous vein.

Innervation: The branch of the saphenous nerve.



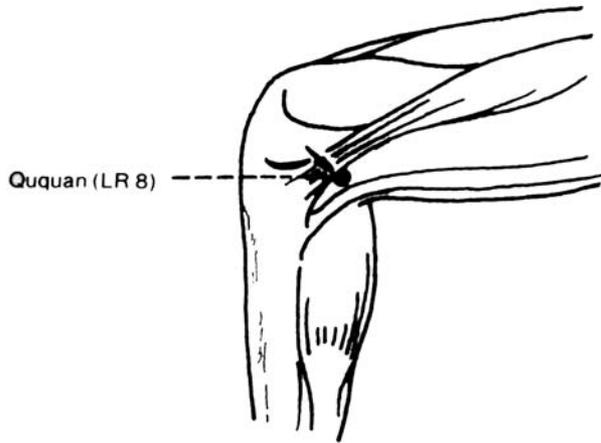


Figure 3.69: Location of Ququan

Ququan (He-sea point, LR 8)

Location: When knee is flexed, the point is at the medial end of the transverse popliteal crease, posterior to the medial epicondyle of the tibia, in the depression of the anterior border of the insertions of *m. semimembranosus* and *m. semitendinosus* (see Figure 3.69).

Indications: Prolapse of uterus, lower abdominal pain, retention of urine, nocturnal emission, pain in the external genitalia, pruritus vulvae, pain in the medial aspect of the knee and thigh.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Anteriorly, the great saphenous vein, on the pathway of the genu suprema artery.

Innervation: The saphenous nerve.

Yinbao (LR 9)

Location: 4 cun above the medial epicondyle of the femur, between *m. vastus medialis* and *m. sartorius* (see Figure 3.70).

Indications: Pain in the lumbosacral region, lower abdominal pain, enuresis, retention of urine, irregular menstruation.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

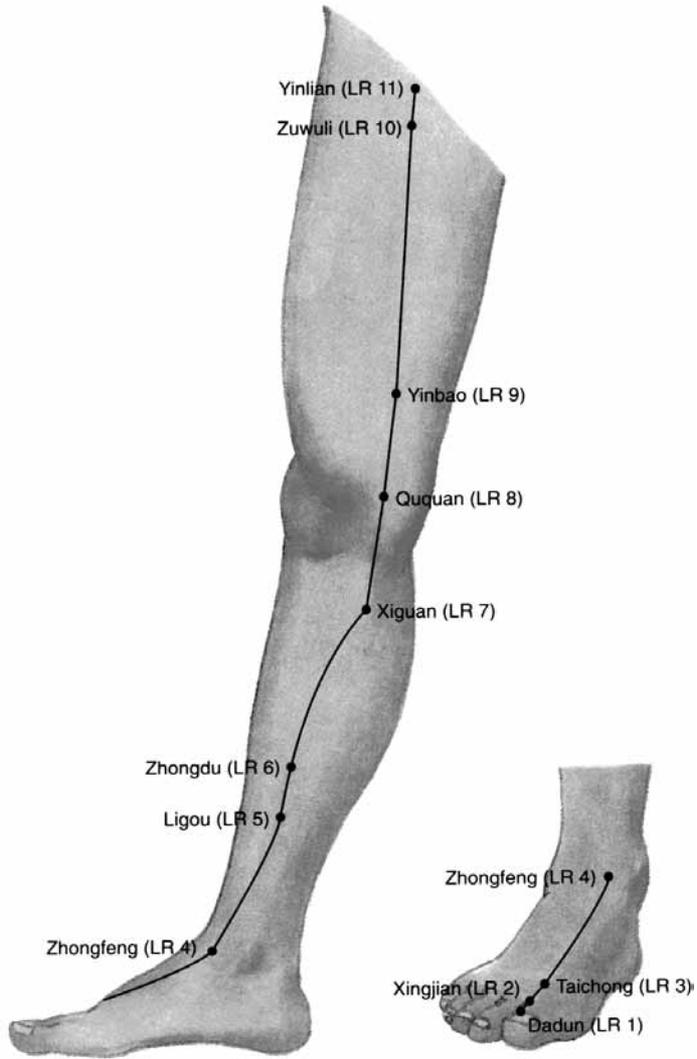


Figure 3.70: The Liver Meridian of Foot-Jueyin

Regional anatomy:

Vasculature: Deeper, on the lateral side, the femoral artery and vein, the superficial branch of the medial circumflex femoral artery.

Innervation: The anterior femoral cutaneous nerve, on the pathway of the anterior branch of the obturator nerve.

Zuwuli (LR 10)

Location: 3 cun directly below Qichong (ST 30), at the proximal end of the thigh, below the pubic tubercle and on the lateral border of *m. adductor longus* (see Figure 3.70).

Indications: Lower abdominal distention and fullness, retention of urine.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superficial branches of the medial circumflex femoral artery and vein.

Innervation: The genitofemoral nerve, the anterior femoral cutaneous nerve; deeper, the anterior branch of the obturator nerve.

Yinlian (LR 11)

Location: 2 cun directly below Qichong (ST 30), at the proximal end of the thigh, below the pubic tubercle and on the lateral border of *m. adductor longus* (see Figure 3.70).

Indications: Irregular menstruation, leucorrhoea, lower abdominal pain, pain in the thigh and leg.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the medial circumflex femoral artery and vein.

Innervation: The genitofemoral nerve, the branch of the medial femoral cutaneous nerve; deeper, the anterior branch of the obturator nerve.

Jimai (LR 12)

Location: Lateral to the pubic tubercle, lateral and inferior to Qichong (ST 30), in the inguinal groove where the pulsation of femoral artery is palpable, 2.5 cun lateral to the anterior midline (see Figure 3.71).

Indications: Lower abdominal pain, hernia, pain in the external genitalia.

Method: Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the external pudendal artery and vein, the pubic branches of the inferior epigastric artery and vein; laterally, the femoral vein.

Innervation: The ilioinguinal nerve; deeper, in the inferior aspect, the anterior branch of the obturator nerve.

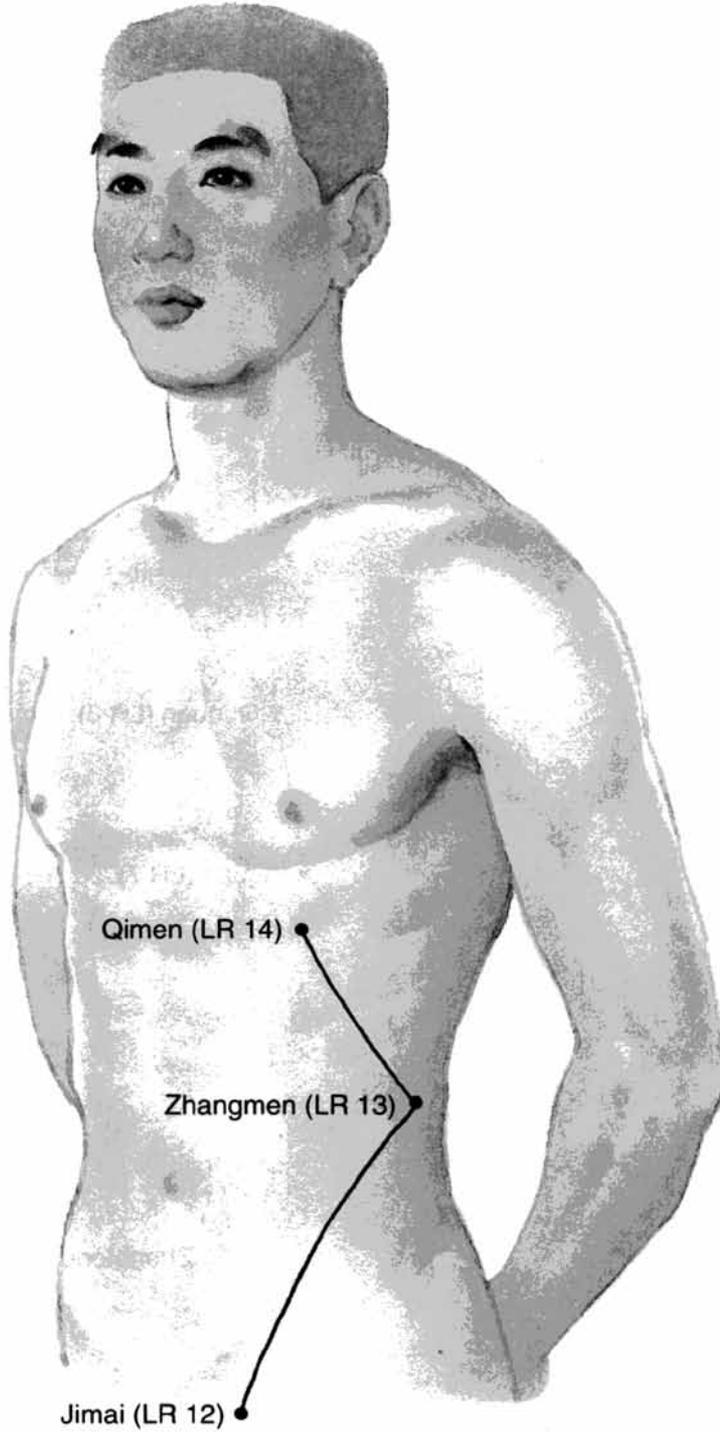


Figure 3.71: The Liver Meridian of Foot-Jueyin

Zhangmen (Front-Mu point of the Spleen, influential point of Zang organs, LR 13)

Location: On the lateral side of the abdomen, below the free end of the eleventh rib (see Figure 3.68).

Indications: Abdominal distention, borborygmus, pain in the hypochondriac region, vomiting, diarrhoea, indigestion.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The terminal branch of the tenth intercostal artery.

Innervation: Slightly inferiorly, the tenth intercostal nerve.

II. ACUPOINTS OF THE GOVERNOR AND THE CONCEPTION VESSELS

1. THE GOVERNOR VESSEL

This meridian goes along the back midline and has 28 acupoints.

1.1 Frequently used acupoints

Yaoyangguan (GV 3)

Location: Below the spinous process of the fourth lumbar vertebra, at the level with the crista iliaca (see Figures 3.72 and 3.73).

Indications: Irregular menstruation, nocturnal emission, impotence, pain in the lumbosacral region, muscular atrophy, motor impairment, numbness and pain of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the lumbar artery.

Innervation: The medial branch of the posterior ramus of the lumbar nerve.



Mingmen (GV 4)

Location: Below the spinous process of the second lumbar vertebra (see Figures 3.72 and 3.73).

Indications: Stiffness of the back, lumbago, impotence, nocturnal emission, irregular menstruation, diarrhoea, indigestion, leucorrhoea.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Yaoyangguan (GV 3).

Shenzhu (GV 12)

Location: Below the spinous process of the third thoracic vertebra (see Figures 3.72 and 3.73).

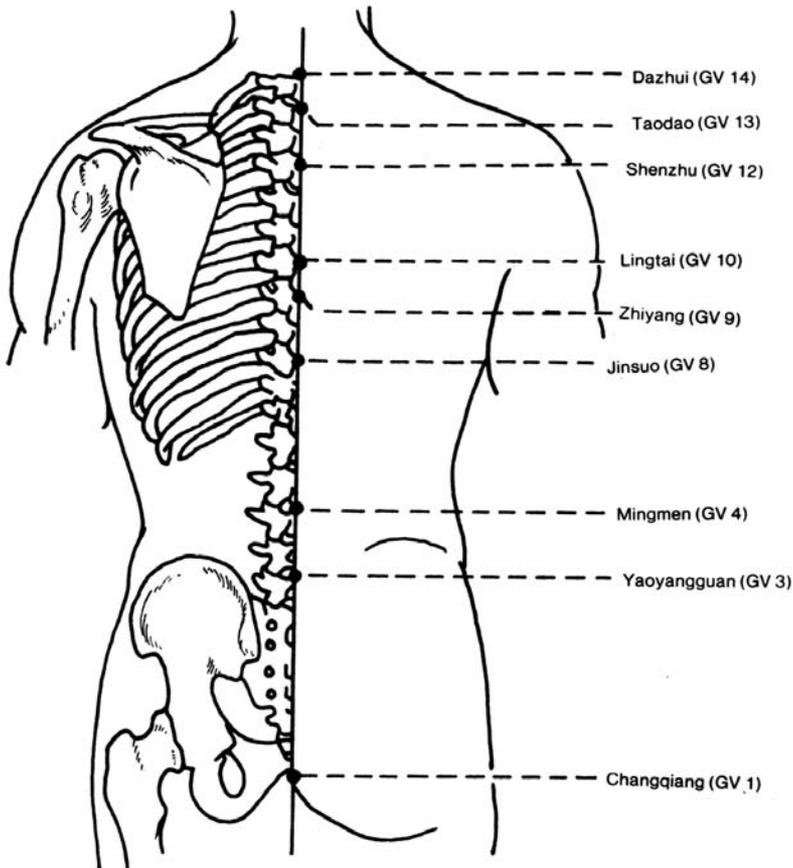


Figure 3.72: Acupoints on the Governor Vessel

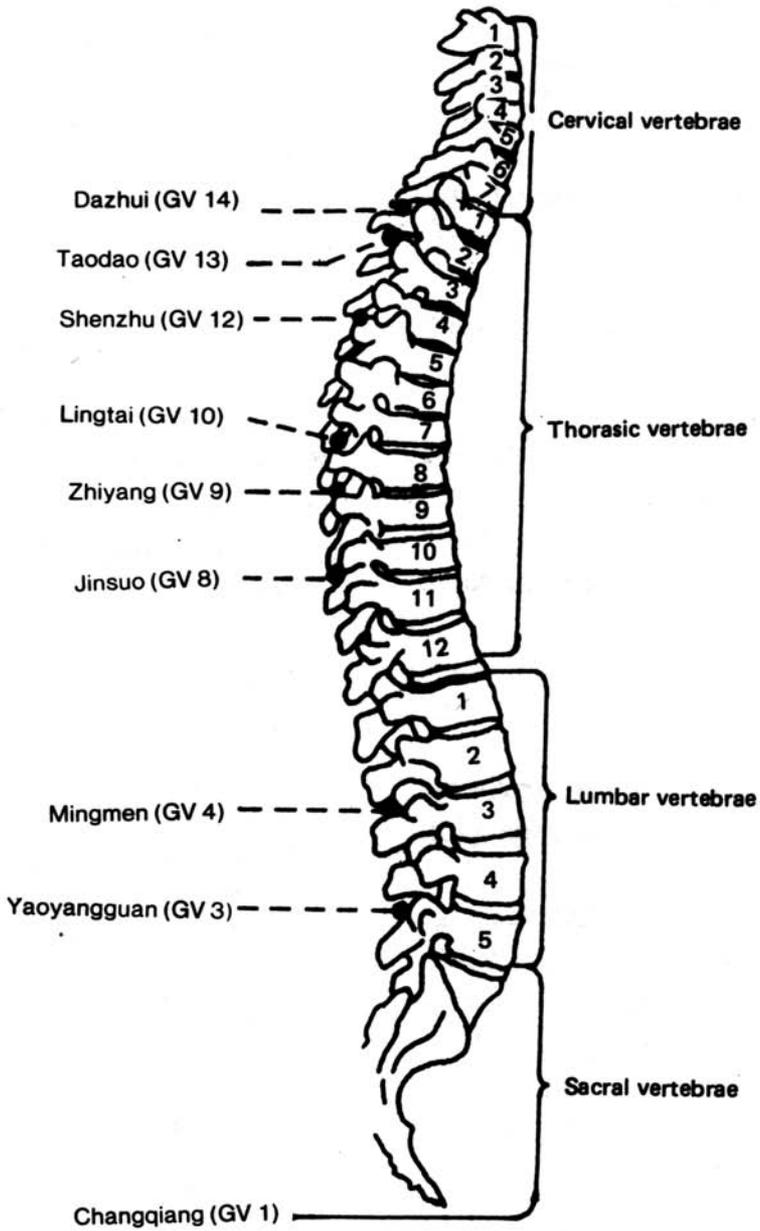


Figure 3.73: Acupoints on the Governor Vessel in relation to the vertebrae

Indications: Cough, asthma, epilepsy, pain and stiffness of the back, furuncles.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the third intercostal artery.

Innervation: The medial branch of the posterior ramus of the third thoracic nerve.

Dazhui (GV 14)

Location: Below the spinous process of the seventh cervical vertebra, approximately at the level of the shoulders (see Figures 3.72 and 3.73).

Indications: Neck pain and rigidity, malaria, febrile diseases, epilepsy, afternoon fever, cough, asthma, common cold, back stiffness.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branch of the transverse cervical artery.

Innervation: The posterior ramus of the eighth cervical nerve and the medial branch of the posterior ramus of the first thoracic nerve.

Yamen (GV 15)

Location: 0.5 cun directly above the midpoint of the posterior hairline, in the depression below the spinous process of the first cervical vertebra (see Figure 3.74).

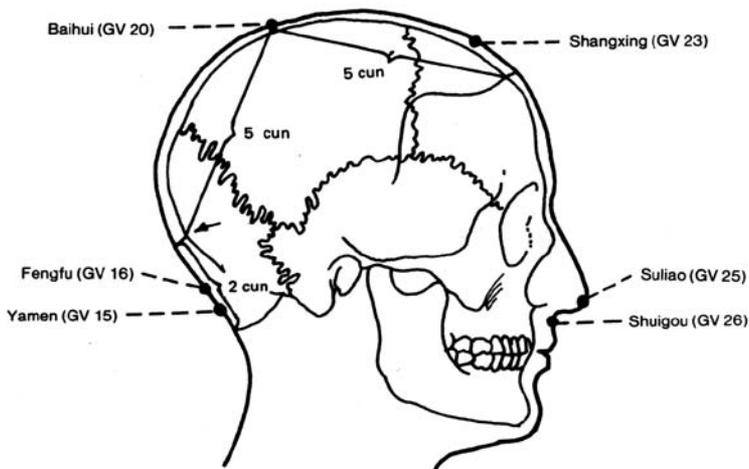


Figure 3.74: Location of Yamen, Fengfu, Baihui, Suliao, Shuigou and Shangxing

Indications: Mental disorders, epilepsy, deafness and mute, sudden hoarseness of voice, apoplexy, stiffness of the tongue and aphasia, occipital headache, neck rigidity.

Method: Puncture perpendicularly 0.5–0.8 inch. Neither upward obliquely nor deep puncture is advisable. It is near the medullary bulb in the deep layer, and the depth and angle of the puncture should be paid strict attention to.

Regional anatomy:

Vasculature: The branches of the occipital artery and vein.

Innervation: The third occipital nerve.

Fengfu (GV 16)

Location: 1 cun directly above the midpoint of the posterior hairline, directly below the external occipital protuberance, in the depression between *m. trapezius* of both sides (see Figure 3.74).

Indications: Headache, neck rigidity, blurring of vision, epistaxis, sore throat, post-apoplexy aphasia, hemiplegia, mental disorders.

Method: Puncture perpendicularly 0.5–0.8 inch. Deep puncture is not advisable. Medullary bulb is in the deep layer, special attention should be paid in acupuncture.

Regional anatomy:

Vasculature: The branch of the occipital artery.

Innervation: The branches of the third cervical nerve and the great occipital nerve.

Baihui (GV 20)

Location: On the midline of the head, 5 cun directly above the midpoint of the anterior hairline, approximately on the midpoint of the line connecting the apexes of both ears (see Figure 3.74).

Indications: Headache, vertigo, tinnitus, nasal obstruction, aphasia by apoplexy, coma, mental disorders, prolapse of the rectum and the uterus.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anastomotic network formed by the superficial temporal arteries and veins and the occipital arteries and veins on both sides.

Innervation: The branch of the great occipital nerve.



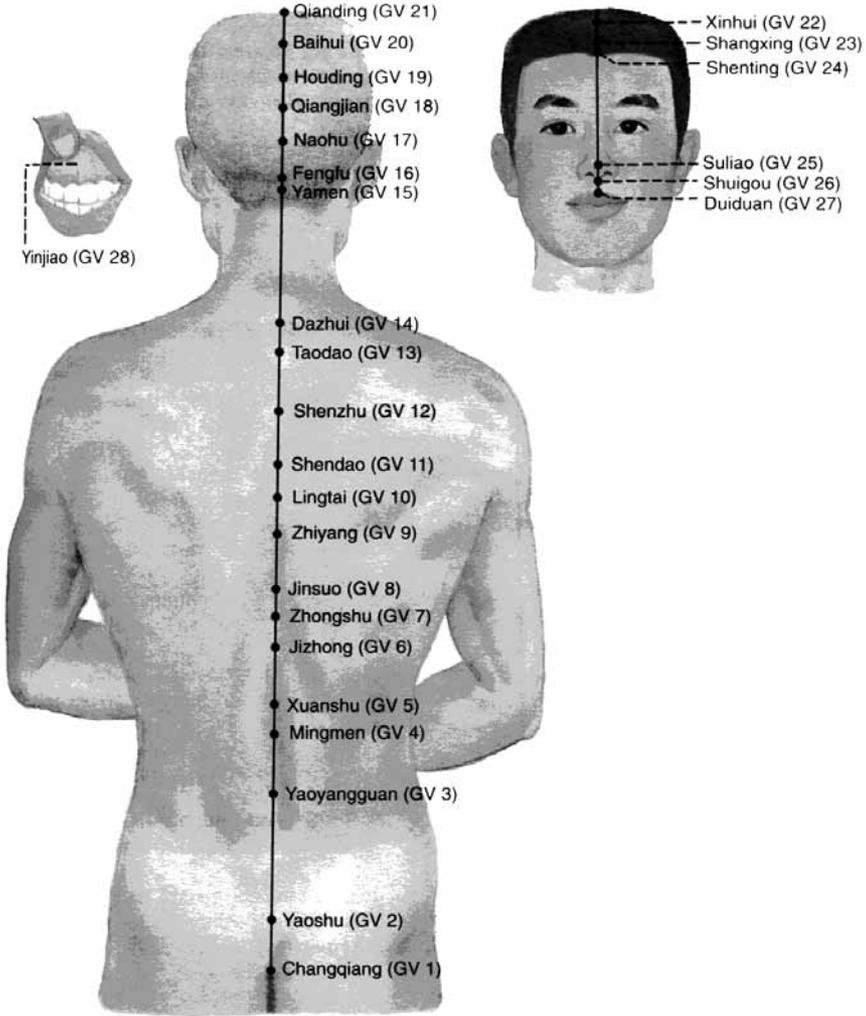


Figure 3.75: The Governor Vessel

Shenting (GV 24)

Location: 0.5 cun directly above the midpoint of the anterior hairline (see Figure 3.75).

Indications: Epilepsy, anxiety, palpitations, insomnia, headache, vertigo, rhinorrhoea.

Method: Puncture subcutaneously 0.3–0.5 inch, or prick to cause bleeding. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branch of the frontal artery and vein.

Innervation: The branch of the frontal nerve.

Suliao (GV 25)

Location: On the tip of the nose (see Figure 3.74).

Indications: Loss of consciousness, nasal obstruction, epistaxis, rhinorrhoea, rosacea.

Method: Puncture perpendicularly 0.2–0.3 inch, or prick to cause bleeding.

Regional anatomy:

Vasculature: The lateral nasal branches of the facial artery and vein.

Innervation: The external nasal branch of the anterior ethmoidal nerve.

Shuigou (also known as Renzhong, GV 26)

Location: At the junction of the upper third and middle third of the *philtrum* (see Figure 3.74).

Indications: Mental disorders, epilepsy, hysteria, infantile convulsions, coma, apoplexy-faint, trismus, deviation of the mouth and eyes, puffiness of the face, pain and stiffness of the lower back.

Method: Puncture obliquely upward 0.3–0.5 inch.

Regional anatomy:

Vasculature: The superior labial artery and vein.

Innervation: The buccal branch of the facial nerve, and the branch of the intraorbital nerve.

1.2 Other acupoints

Changqiang (Luo-connecting point, GV 1)

Location: Midway between the tip of the coccyx and the anus, locating the point in prone position (see Figures 3.72 and 3.73).

Indications: Diarrhoea, bloody stools, haemorrhoids, prolapse of the rectum, constipation, pain in the lower back, epilepsy.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.



Regional anatomy:

Vasculature: The branches of the inferior haemorrhoid artery and vein.

Innervation: The posterior ramus of the coccygeal nerve, the haemorrhoid nerve.

Yaoshu (GV 2)

Location: In the hiatus of the sacrum (see Figure 3.75).

Indications: Irregular menstruation, pain and stiffness of the lower back, haemorrhoids, muscular atrophy of the lower extremities, epilepsy.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the median sacral artery and vein.

Innervation: The branch of the coccygeal nerve.

Xuanshu (GV 5)

Location: Below the spinous process of the first lumbar vertebra (see Figure 3.75).

Indications: Pain and stiffness of the lower back, diarrhoea, indigestion.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy: See Yaoyangguan (GV 3).

Jizhong (GV 6)

Location: Below the spinous process of the eleventh thoracic vertebra (see Figure 3.75).

Indications: Pain in the epigastric region, diarrhoea, jaundice, epilepsy, stiffness and pain in the back.

Method: Puncture perpendicularly 0.5–1.0 inch.

Regional anatomy:

Vasculature: The posterior branch of the eleventh intercostal artery.

Innervation: The medial branch of the posterior ramus of the eleventh thoracic nerve.

Zhongshu (GV 7)

Location: Below the spinous process of the tenth thoracic vertebra (see Figure 3.75).

Indications: Pain in the epigastric region, low back pain, stiffness of the back.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the tenth intercostal artery.

Innervation: The medial branch of the posterior ramus of the tenth thoracic nerve.

Jinsuo (GV 8)

Location: Below the spinous process of the ninth thoracic vertebra (see Figures 3.72 and 3.73).

Indications: Epilepsy, stiffness of the back, gastric pain.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the ninth intercostal artery.

Innervation: The medial branch of the posterior ramus of the ninth thoracic nerve.

Zhiyang (GV 9)

Location: Below the spinous process of the seventh thoracic vertebra, approximately at the level with the inferior angle of the scapula (see Figures 3.72 and 3.73).

Indications: Jaundice, cough, asthma, stiffness of the back, pain in the chest and back.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the seventh intercostal artery.

Innervation: The medial branch of the posterior ramus of the seventh thoracic nerve.

Lingtai (GV 10)

Location: Below the spinous process of the sixth thoracic vertebra (see Figures 3.72 and 3.73).

Indications: Cough, asthma, furuncles, back pain, neck rigidity.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the sixth intercostal artery.

Innervation: The medial branch of the posterior ramus of the thoracic nerve.

Shendao (GV 11)

Location: Below the spinous process of the fifth thoracic vertebra (see Figure 3.75).

Indications: Poor memory, anxiety, palpitations, pain and stiffness of the back, cough, cardiac pain.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the fifth intercostal artery.

Innervation: The medial branch of the posterior ramus of the fifth thoracic nerve.

Taodao (GV 13)

Location: Below the spinous process of the first thoracic vertebra (see Figures 3.72 and 3.73).

Indications: Stiffness of the back, headache, malaria, febrile diseases.

Method: Puncture obliquely upward 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The posterior branch of the first intercostal artery.

Innervation: The medial branch of the posterior ramus of the first thoracic nerve.

Naohu (GV 17)

Location: 2.5 cun directly above the midpoint of the posterior hairline, 1.5 cun directly above Fengfu (GV 16), in the depression on the upper border of the external occipital protuberance (see Figure 3.75).

Indications: Epilepsy, dizziness, pain and stiffness of the neck.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the occipital arteries and veins of both sides.

Innervation: The branch of the great occipital nerve.

Qiangjian (GV 18)

Location: 4 cun directly above the midpoint of the posterior hairline and 1.5 cun above Naohu (GV 17) (see Figure 3.75).

Indications: Headache, neck rigidity, blurring of vision, mania.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Naohu (GV 17).

Houding (GV 19)

Location: 5.5 cun directly above the midpoint of the posterior hairline, 1.5 cun directly above Qiangjian (GV 18) (see Figure 3.75).

Indications: Headache, vertigo, mania, epilepsy.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy: See Naohu (GV 17).

Qianding (GV 21)

Location: 3.5 cun directly above the midpoint of the anterior hairline and 1.5 cun anterior to Baihui (GV 20) (see Figure 3.75).

Indications: Epilepsy, dizziness, blurring of vision, vertical headache, rhinorrhoea.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anastomotic network formed by the right and left superficial temporal arteries and veins.

Innervation: On the communicating site of the branch of the frontal nerve with the branch of the great occipital nerve.

Xinhui (GV 22)

Location: 2 cun posterior to the midpoint of the anterior hairline, 3 cun anterior to Baihui (GV 20) (see Figure 3.75).

Indications: Headache, blurring of vision, rhinorrhoea, infantile convulsions.

Method: Puncture subcutaneously 0.3–0.5 inch. This point is prohibited in infants with metopism. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anastomotic network formed by the right and left superficial temporal artery and vein and the frontal artery and vein.

Innervation: The branch of the frontal nerve.



Shangxing (GV 23)

Location: 1 cun directly above the midpoint of the anterior hairline (see Figure 3.74).

Indications: Headache, ophthalmalgia, epistaxis, rhinorrhoea, mental disorders.

Method: Puncture subcutaneously 0.3–0.5 inch or prick to cause bleeding. This point is prohibited in infants with metopism. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the frontal artery and vein, and the branches of the superficial temporal artery and vein.

Innervation: The branch of the frontal nerve.

Duiduan (GV 27)

Location: On the labial tubercle of the upper lip, on the vermilion border between the *philtrum* and upper lip (see Figure 3.75).

Indications: Mental disorders, lip twitching, lip stiffness, pain and swelling of the gums.

Method: Puncture obliquely upward 0.2–0.3 inch.

Regional anatomy:

Vasculature: The superior labial artery and vein.

Innervation: The buccal branch of the facial nerve, and the branch of the infraorbital nerve.

Yinjiao (GV 28)

Location: At the junction of the gum and the *frenulum* of the upper lip (see Figure 3.75).

Indications: Mental disorders, pain and swelling of the gums, rhinorrhoea.

Method: Puncture obliquely upward 0.1–0.2 inch, or prick to cause bleeding.

Regional anatomy:

Vasculature: The superior labial artery and vein.

Innervation: The branch of the superior alveolar nerve.



2. THE CONCEPTION VESSEL

This meridian goes along the front midline and has 24 acupoints.

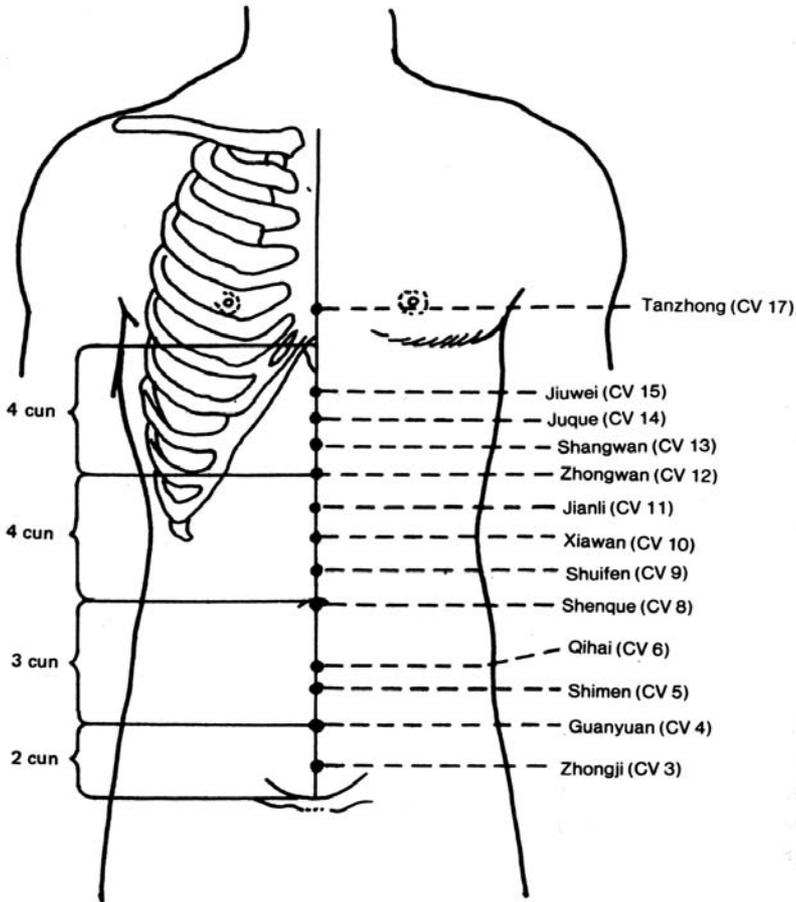


Figure 3.76: Acupoints of the Conception Vessel

2.1 Frequently used acupoints

Guanyuan (Front-Mu point of the Small Intestine, CV 4)

Location: On the anterior midline, 3 cun below the *umbilicus* (see Figure 3.76).

Indications: Enuresis, nocturnal emission, frequency of urination, retention of urine, hernia, irregular menstruation, morbid leucorrhoea, dysmenorrhoea, uterine bleeding, postpartum haemorrhage, lower abdominal pain, indigestion, diarrhoea, prolapse of the rectum, flaccid type of apoplexy.

Method: Puncture perpendicularly 0.8–1.2 inches. This is one of the important points for tonification. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongji (CV 3, p.276).

Innervation: The medial branch of the anterior cutaneous branch of the twelfth intercostal nerve.

Qihai (CV 6)

Location: On the anterior midline, 1.5 cun below the *umbilicus* (see Figure 3.76).

Indications: Abdominal pain, enuresis, nocturnal emission, impotence, hernia, oedema, diarrhoea, dysentery, uterine bleeding, irregular menstruation, dysmenorrhoea, amenorrhoea, morbid leucorrhoea, postpartum haemorrhage, constipation, flaccid type of apoplexy, asthma.

Method: Puncture perpendicularly 0.8–1.2 inches. This is one of the important points for tonification. Moxibustion is applicable.

Regional anatomy: See Shimen (CV 5, p.276).

Shenque (CV 8)

Location: In the centre of the *umbilicus* (see Figure 3.76).

Indications: Abdominal pain, borborygmus, flaccid type of apoplexy, prolapse of the rectum, unchecked diarrhoea.

Method: Puncture is prohibited. Moxibustion is applicable.

Regional anatomy:

Vasculature: The inferior epigastric artery and vein.

Innervation: The anterior cutaneous branch of the tenth intercostal nerve.

Zhongwan (Front-Mu point of the Stomach, influential point of the Fu organs, CV 12)

Location: On the anterior midline, 4 cun above the *umbilicus* (see Figure 3.76).

Indications: Stomachache, abdominal distention, borborygmus, nausea, vomiting, acid regurgitation, diarrhoea, dysentery, jaundice, indigestion, insomnia.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The superior epigastric artery and vein.

Innervation: The anterior cutaneous branch of the seventh intercostal nerve.

Tanzhong (Front-Mu point of the Pericardium, influential point of Qi, CV 17)

Location: On the anterior midline, at the level with the fourth intercostal space, midway between the nipples (see Figure 3.76).

Indications: Asthma, pain in the chest, fullness in the chest, palpitations, insufficient lactation, hiccups, difficulty in swallowing.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongting (CV 16, p.279).

Innervation: The anterior cutaneous branch of the fourth intercostal nerve.

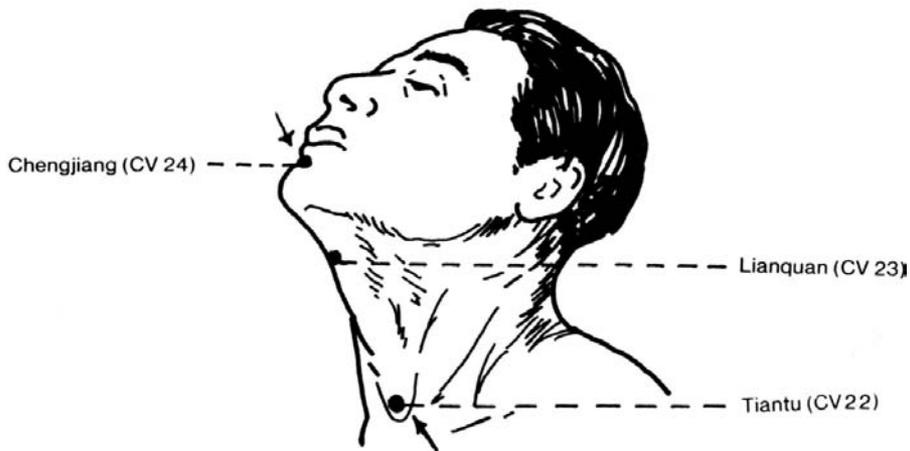


Figure 3.77: Location of Tiantu, Lianquan and Chengjiang

Tiantu (CV 22)

Location: In the centre of the suprasternal fossa (see Figure 3.77).

Indications: Asthma, cough, sore throat, dry throat, hiccups, sudden hoarseness of the voice, difficulty in swallowing, goitre.

Method: First puncture perpendicularly 0.2 inch and then insert the needle tip downward along the posterior aspect of the sternum 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: Superficially, the jugular arch and the branch of the inferior thyroid artery; deeper, the trachea; inferiorly, at the posterior aspect of the sternum, the innominate vein at the aortic arch.

Innervation: The anterior branch of the supraclavicular nerve.

Lianquan (CV 23)

Location: Above the Adam's apple, in the depression of the upper border of the hyoid bone (see Figure 3.77).

Indications: Swelling and pain of the subglossal region, salivation with glossoplegia, aphasia with stiffness of tongue by apoplexy, sudden hoarseness of the voice, difficulty in swallowing.

Method: Puncture obliquely 0.5–1.0 inch toward the tongue root. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anterior jugular vein.

Innervation: The branch of the cutaneous cervical nerve, the hypoglossal nerve, and the branch of the glossopharyngeal nerve.

Chengjiang (CV 24)

Location: In the depression in the centre of the mentolabial groove (see Figure 3.77).

Indications: Facial puffiness, swelling of the gums, toothache, salivation, mental disorders, deviation of the eyes and mouth.

Method: Puncture obliquely upward 0.2–0.3 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the inferior labial artery and vein.

Innervation: The branch of the facial nerve.

2.2 Other acupoints**Huiyin (CV 1)**

Location: Between the anus and the root of the scrotum in males and between the anus and the posterior labial commissure in females (see Figure 3.78).

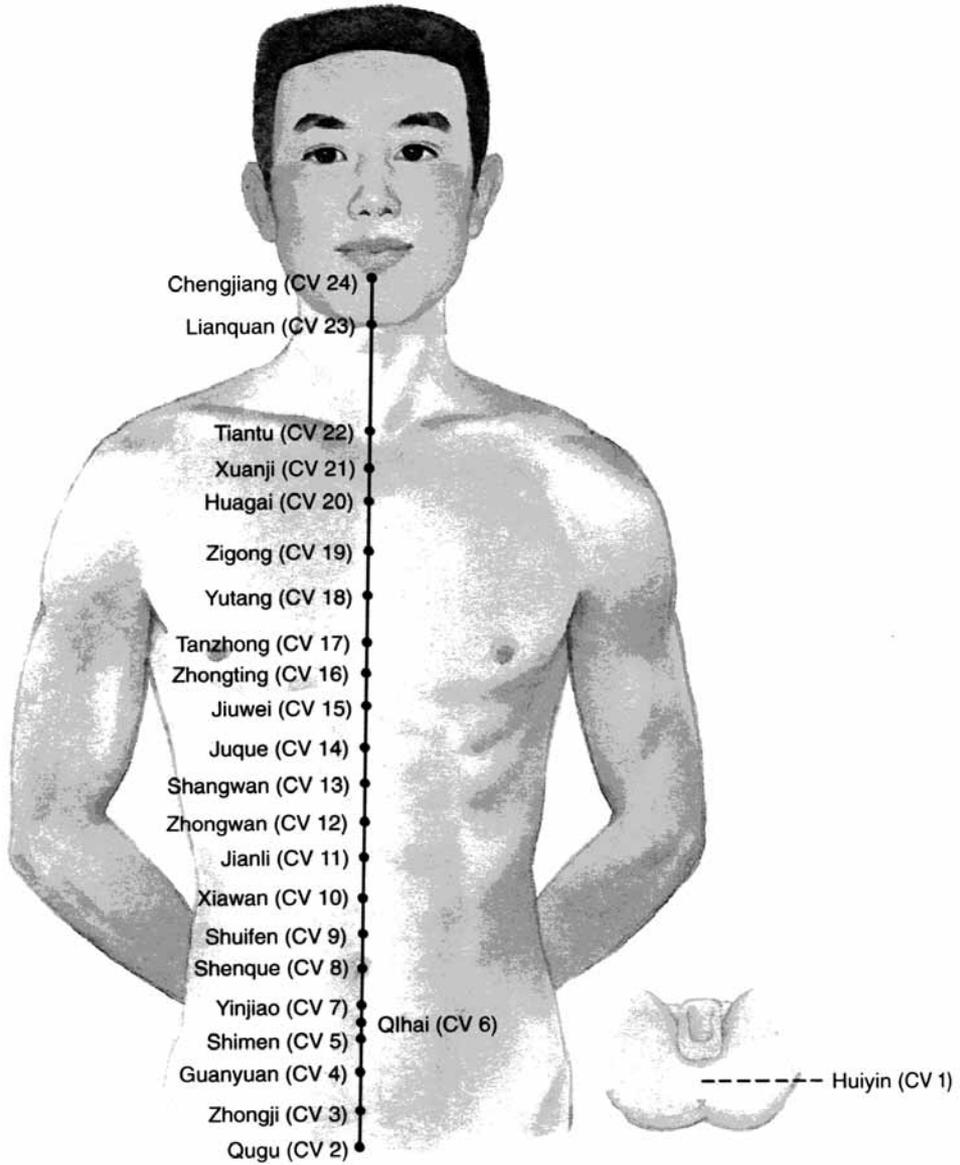


Figure 3.78: The Conception Vessel

Indications: Vaginitis, retention of urine, haemorrhoids, nocturnal emission, enuresis, irregular menstruation, mental disorders.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the perineal artery and vein.

Innervation: The branch of the perineal nerve.

Qugu (CV 2)

Location: On the midpoint of the upper border of the *symphysis pubis* (see Figure 3.78).

Indications: Retention and dribbling of urine, enuresis, nocturnal emission, impotence, morbid leucorrhoea, irregular menstruation, dysmenorrhea, hernia.

Method: Puncture perpendicularly 0.5–1.0 inch. Great care should be taken to puncture the points from Qugu (CV 2) to Shangwan (CV 13) of this meridian in pregnant women. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the inferior epigastric artery and the obturator artery.

Innervation: The branch of the iliohypogastric nerve.

Zhongji (Front-Mu point of the Bladder, CV 3)

Location: On the anterior midline, 4 cun below the *umbilicus* (see Figure 3.76).

Indications: Enuresis, nocturnal emission, impotence, hernia, uterine bleeding, irregular menstruation, dysmenorrhoea, morbid leucorrhoea, frequency of urination, retention of urine, pain in the lower abdomen, prolapse of the uterus, vaginitis.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superficial epigastric artery and vein, and the branches of inferior epigastric artery and vein.

Innervation: The branch of the iliohypogastric nerve.

Shimen (Front-Mu point of Triple Burner, CV 5)

Location: On the anterior midline, 2 cun below the *umbilicus* (see Figure 3.76).

Indications: Abdominal pain, diarrhoea, oedema, hernia, anuria, enuresis, amenorrhoea, morbid leucorrhoea, uterine bleeding, postpartum haemorrhage.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongji (CV 3).

Innervation: The anterior cutaneous branch of the eleventh intercostal nerve.

Yinjiao (CV 7)

Location: On the anterior midline, 1 cun below the *umbilicus* (see Figure 3.78).

Indications: Abdominal distention, oedema, hernia, irregular menstruation, uterine bleeding, morbid leucorrhoea, *pruritus vulvae*, postpartum haemorrhage, abdominal pain around the *umbilicus*.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongji (CV 3).

Innervation: The anterior cutaneous branch of the tenth intercostal nerve.

Shuifen (CV 9)

Location: On the anterior midline, 1 cun above the *umbilicus* (see Figure 3.76).

Indications: Abdominal pain, borborygmus, oedema, retention of urine, diarrhoea.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Shenque (CV 8, p.272).

Innervation: The anterior cutaneous branch of the eighth and ninth intercostal nerves.

Xiawan (CV 10)

Location: On the anterior midline, 2 cun above the *umbilicus* (see Figure 3.76).

Indications: Epigastric pain, abdominal pain, borborygmus, indigestion, vomiting, diarrhoea.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Shenque (CV 8).

Innervation: The anterior cutaneous branch of the eighth intercostal nerve.



Jianli (CV 11)

Location: On the anterior midline, 3 cun above the *umbilicus* (see Figure 3.76).

Indications: Stomachache, vomiting, abdominal distention, borborygmus, oedema, anorexia.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy:

Vasculature: The branches of the superior and inferior epigastric arteries.

Innervation: The anterior cutaneous branch of the eighth intercostal nerve.

Shangwan (CV 13)

Location: On the anterior midline, 5 cun above the *umbilicus* (see Figure 3.76).

Indications: Stomachache, abdominal distention, nausea, vomiting, epilepsy, insomnia.

Method: Puncture perpendicularly 0.5–1.2 inches. Moxibustion is applicable.

Regional anatomy: See Zhongwan (CV 12, p.272).

Juque (Front-Mu point of the Heart, CV 14)

Location: On the anterior midline of the abdomen, 6 cun above the *umbilicus* (see Figure 3.76).

Indications: Pain in the cardiac region and the chest, nausea, acid regurgitation, difficulty in swallowing, vomiting, mental disorders, epilepsy, palpitations.

Method: Puncture perpendicularly 0.3–0.8 inch. Moxibustion is applicable.

Regional anatomy: See Zhongwan (CV 12, p.272).

Jiuwei (Luo-connecting point, CV 15)

Location: On the anterior midline, 1 cun below the xiphisternal synchondrosis. Locate the point in a supine position with the arms uplifted (see Figure 3.76).

Indications: Pain in the cardiac region and the chest, nausea, mental disorders, epilepsy.

Method: Puncture obliquely downward 0.4–0.6 inch. Moxibustion is applicable.

Regional anatomy: See Zhongwan (CV 12, p.272).

Zhongting (CV 16)

Location: On the anterior midline, at the level with the fifth intercostal space, on the xiphisternal synchondrosis (see Figure 3.78).

Indications: Distention and fullness in the chest and intercostal region, hiccups, nausea, anorexia.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: The anterior perforating branches of the internal mammary artery and vein.

Innervation: The medial branch of the anterior cutaneous branch of the sixth intercostal nerve.

Yutang (CV 18)

Location: On the anterior midline, at the level with the third intercostal space (see Figure 3.78).

Indications: Pain in the chest, cough, asthma, vomiting.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongting (CV 16).

Innervation: The anterior cutaneous branch of the third intercostal nerve.

Zigong (CV 19)

Location: On the anterior midline, at the level with the second intercostal space (see Figure 3.78).

Indications: Pain in the chest, asthma, cough.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongting (CV 16).

Innervation: The anterior cutaneous branch of the second intercostal nerve.

Huagai (CV 20)

Location: On the anterior midline, at the midpoint of the sternal angle, at the level with the first intercostal space (see Figure 3.78).

Indications: Pain and fullness in the chest and intercostal region, asthma, cough.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongting (CV 16).

Innervation: The anterior cutaneous branch of the first intercostal nerve.

Xuanji (CV 21)

Location: On the anterior midline, in the centre of the sternal manubrium, 1 cun below Tiantu (CV 22) (see Figure 3.78).

Indications: Pain in the chest, cough, asthma.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Regional anatomy:

Vasculature: See Zhongting (CV 16).

Innervation: The anterior branch of the supraclavicular nerve and the anterior cutaneous branch of the first intercostal nerve.

3. EXTRA POINTS

Extra points refer to the empirical points that do not belong to the fourteen meridians.

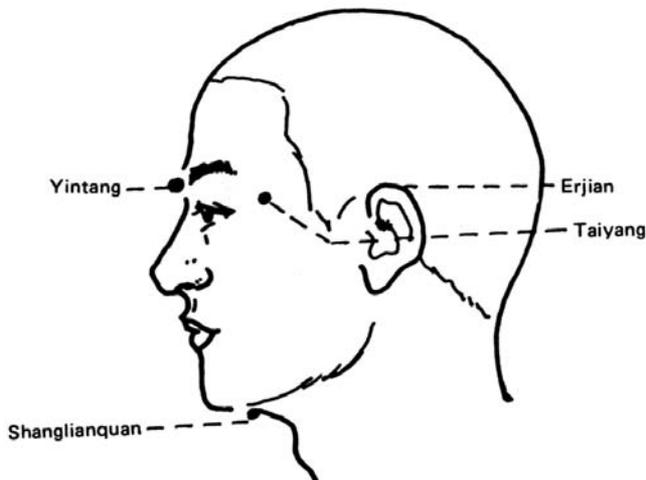


Figure 3.79: Location of Taiyang, Yintang, Shanglianquan and Erjian

Taiyang

Location: In the depression about one finger breadth posterior to the midpoint between the lateral end of the eyebrow and the outer canthus (see Figure 3.79).

Indications: Headache, eye diseases, deviation of the eyes and mouth.

Method: Puncture perpendicularly 0.3–0.5 inch, or prick to cause bleeding.

Yintang

Location: Midway between the medial ends of the two eyebrows (see Figure 3.79).

Indications: Headache, head heaviness, epistaxis, rhinorrhoea, infantile convulsions, frontal headache, insomnia.

Method: Puncture subcutaneously 0.3–0.5 inch. Moxibustion is applicable.

Shanglianquan

Location: 1 cun below the midpoint of the lower jaw, in the depression between the hyoid bone and the lower border of the jaw (see Figure 3.79).

Indications: Alalia, salivation with stiff tongue, sore throat, difficulty in swallowing, loss of voice.

Method: Puncture obliquely 0.8–1.2 inches toward the tongue root.

Erjian

Location: Fold the auricle, the point is at the apex of the auricle (see Figure 3.79).

Indications: Redness, swelling and pain of the eyes, febrile disease, nebula.

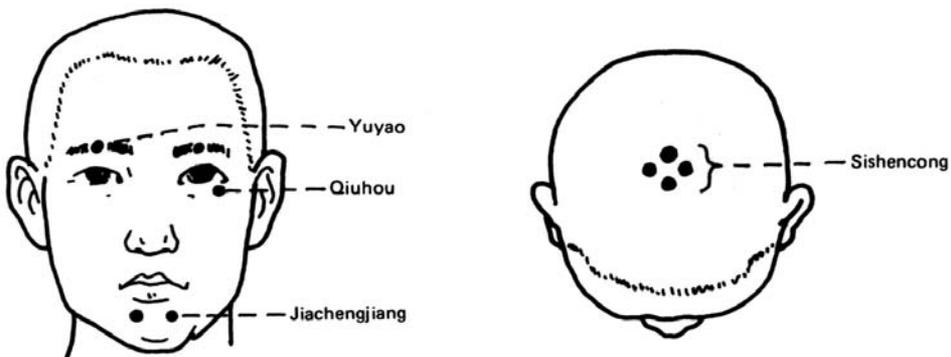


Figure 3.80: Location of Yuyao and Sishencong

Method: Puncture perpendicularly 0.1–0.2 inch or prick to cause bleeding. Moxibustion is applicable.

Yuyao

Location: At the midpoint of the eyebrow, directly above the pupil (see Figure 3.80).

Indications: Pain in the supraorbital region, twitching of the eyelids, ptosis, cloudiness of the cornea, redness, swelling and pain of the eyes.

Method: Puncture subcutaneously 0.3–0.5 inch.

Sishencong

Location: A group of four points, at the vertex, 1 cun respectively posterior, anterior and lateral to Baihui (GV 20) (see Figure 3.80).

Indications: Headache, vertigo, insomnia, poor memory, epilepsy.

Method: Puncture subcutaneously 0.5–1.0 inch. Moxibustion is applicable.

Qihou

Location: At the junction of the lateral $\frac{1}{4}$ and the medial $\frac{3}{4}$ of the infraorbital margin (see Figure 3.80).

Indications: Eye diseases.

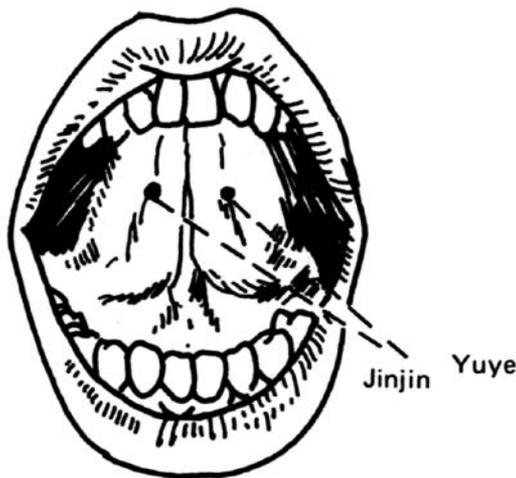


Figure 3.81: Location of Jinjin and Yuye

Method: Push the eyeball upward gently, then puncture perpendicularly 0.5–1.2 inches along the orbital margin slowly without lifting, thrusting, twisting or rotating movements.

Jiachengjiang

Location: 1 cun lateral to Chengjiang (CV 24) (see Figure 3.80).

Indications: Pain in the face, deviation of the eyes and mouth, spasm of facial muscle.

Method: Puncture obliquely 0.5–1.0 inch.

Jinjin, Yuye

Location: On the veins on both sides of the *frenulum* of the tongue, Jinjin is on the left, Yuye, on the right (see Figure 3.81).

Indications: Swelling of the tongue, vomiting, aphasia with stiffness of tongue.

Method: Prick to cause bleeding.

Bitong

Location: At the highest point of the nasolabial groove (see Figure 3.82).

Indications: Rhinitis, nasal obstruction, nasal boils.

Method: Puncture subcutaneously upward 0.3–0.5 inch.

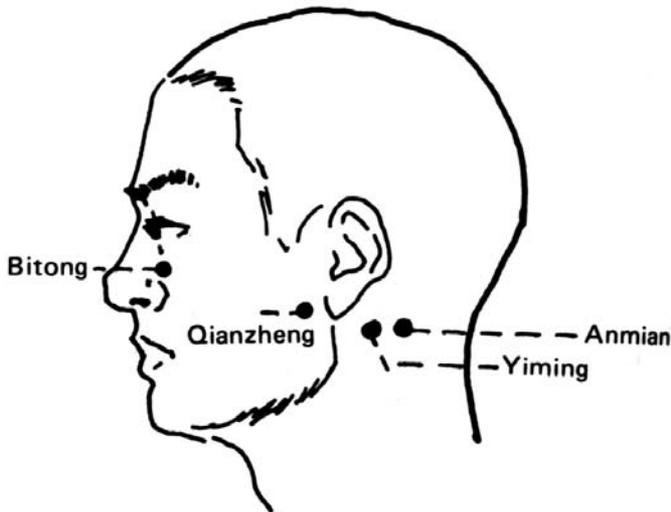


Figure 3.82: Location of Bitong, Qianzheng, Yiming and Anmian

Qianzheng

Location: 0.5–1.0 cun anterior to the auricular lobe (see Figure 3.82).

Indications: Deviation of the eyes and mouth, ulceration on tongue and mouth.

Method: Puncture obliquely 0.5–1.0 inch.

Yiming

Location: 1 cun posterior to Yifeng (TE 17) (see Figure 3.82).

Indications: Eye diseases, tinnitus, insomnia.

Method: Puncture perpendicularly 0.5–0.8 inch.

Anmian

Location: Midpoint between Yifeng (TE 17) and Fengchi (GB 20) (see Figure 3.82).

Indications: Insomnia, vertigo, headache, palpitations, mental disorders.

Method: Puncture perpendicularly 0.5–0.8 inch.

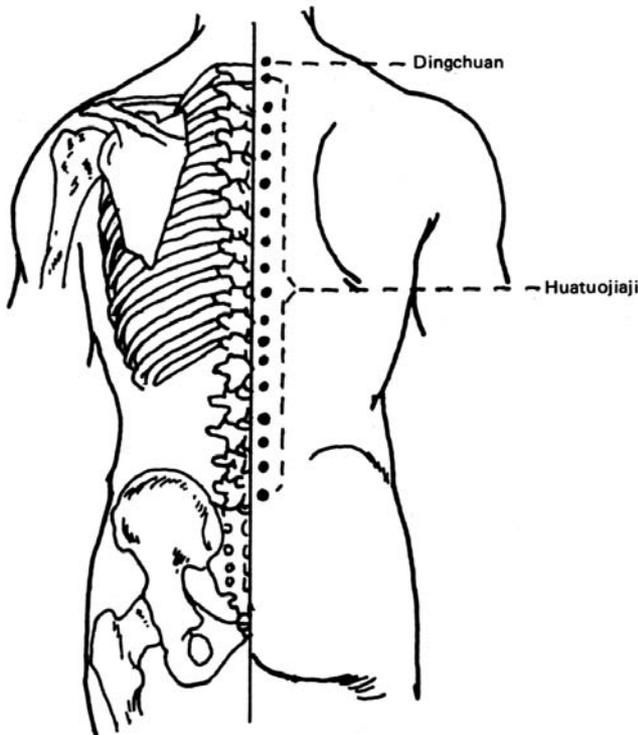


Figure 3.83: Location of Dingchuan and Huatuojiayi

Dingchuan

Location: 0.5 cun lateral to Dazhui (GV 14) (see Figure 3.83).

Indications: Asthma, cough, neck rigidity, pain in the shoulder and back, rubella.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Huatuojiaji

Location: A group of 34 points on both sides of the spinal column, 0.5 cun lateral to the lower border of each spinous process from the first thoracic vertebra to the fifth lumbar vertebra (see Figure 3.83).

Indications: See Table 3.1.

Method: Puncture perpendicularly 0.5–1.0 inch in the cervical and chest region, puncture perpendicularly 1.0–1.5 inches in the lumbar region. Moxibustion is applicable.

Table 3.1: Huatuojiaji points and indications

Huatuojiaji points	Indications
T. 1	Diseases in the upper limbs
2	
3	
4	
5	
6	Diseases in the chest region
7	
8	
9	
10	
11	Diseases in the abdominal region
12	
L. 1	Diseases in the lower limbs
2	
3	
4	
5	

Bailao

Location: 2 cun above Dazhui (GV 14), 1 cun lateral to the midline (see Figure 3.84).

Indications: Scrofula, cough, asthma, whooping cough, neck rigidity.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

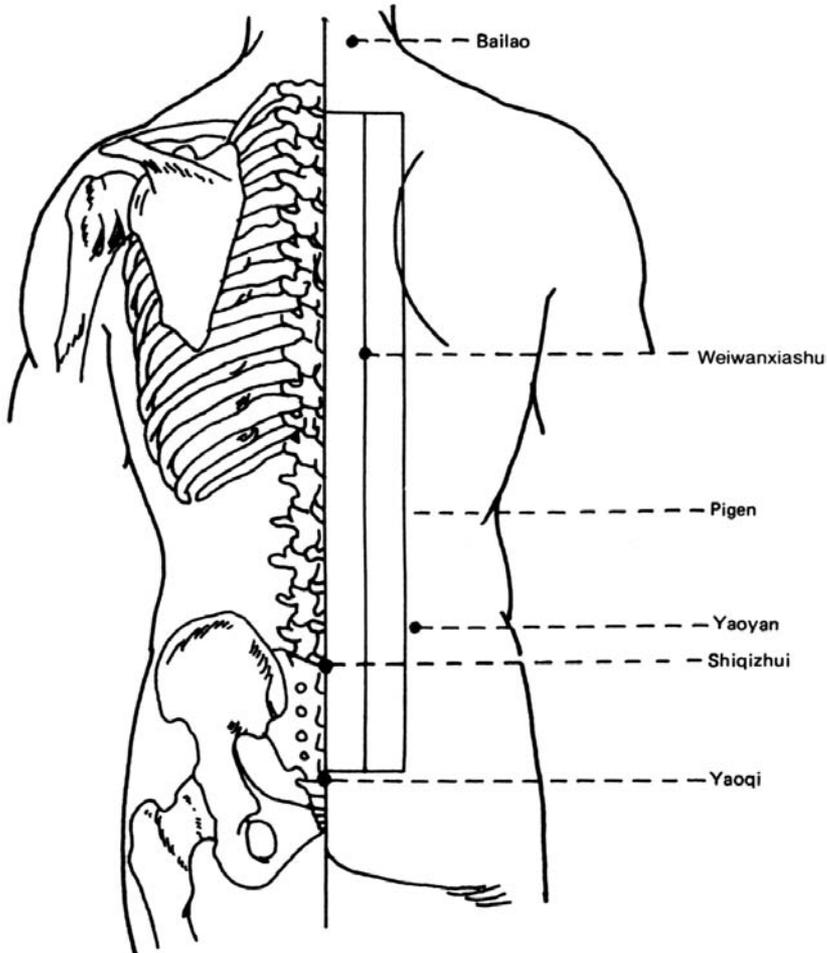


Figure 3.84: Location of Bailao, Weiwanyashu, Shiqizhui, Yaoqi, Pigen and Yaoyan

Weiwanyashu

Location: 1.5 cun lateral to the lower border of the spinous process of the eighth thoracic vertebra (see Figure 3.84).

Indications: Diabetes, vomiting, abdominal pain, pain in the chest and hypochondriac region.

Method: Puncture obliquely 0.5–0.7 inch. Moxibustion is applicable.

Shiqizhui

Location: Below the spinous process of the fifth lumbar vertebra (see Figure 3.84).

Indications: Lumbar pain, thigh pain, paralysis of the lower extremities, irregular menstruation, dysmenorrhea.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Yaoqi

Location: 2 cun directly above the tip of the coccyx (see Figure 3.84).

Indications: Epilepsy, headache, insomnia, constipation.

Method: Puncture subcutaneously upward 1.0–2.0 inches. Moxibustion is applicable.

Pigen

Location: 3.5 cun lateral to the lower border of the spinous process of the first lumbar vertebra (see Figure 3.84).

Indications: Hepatosplenomegaly, lumbar pain.

Method: Puncture perpendicularly 0.5–0.8 inch. Moxibustion is applicable.

Yaoyan

Location: About 3.5–4 cun lateral to the lower border of the spinous process of the fourth lumbar vertebra. The point is in the depression appearing in the prone position (see Figure 3.84).

Indications: Lumbar pain, frequency of urine, irregular menstruation.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Zigongxue

Location: 3 cun lateral to Zhongji (CV 3) (see Figure 3.85).

Indications: Prolapse of the uterus, irregular menstruation.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.



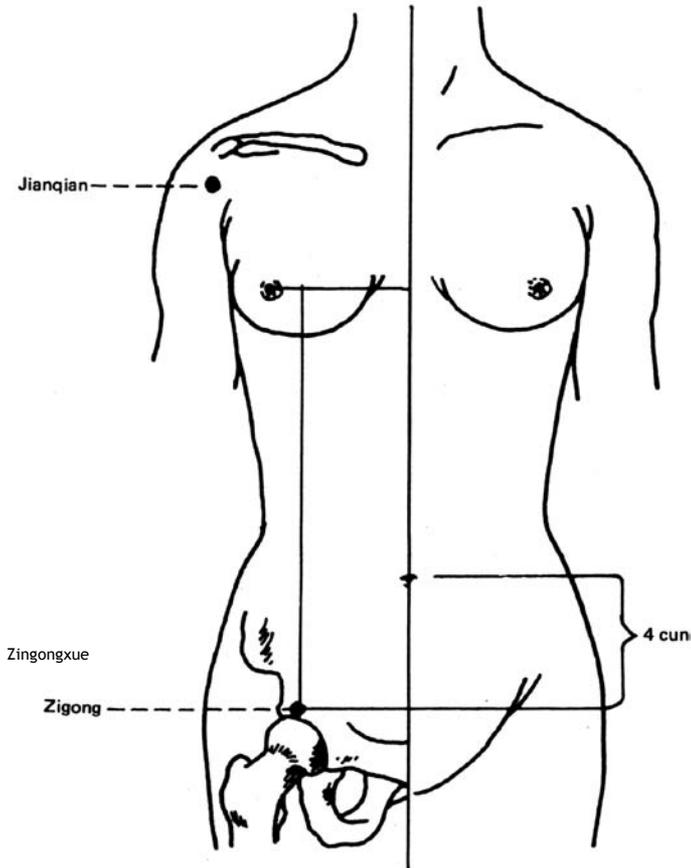


Figure 3.85: Location of Zigongxue and Jianqian

Jianqian (also known as Jianneiling)

Location: Midway between the end of the anterior axillary fold and Jianyu (LI 15) (see Figure 3.85).

Indications: Pain in the shoulder and arm, paralysis of the upper extremities.

Method: Puncture perpendicularly 0.8–1.2 inches. Moxibustion is applicable.

Shixuan

Location: On the tips of the ten fingers, about 0.1 cun distal to the nails (see Figure 3.86).

Indications: Apoplexy, coma, epilepsy, high fever, acute tonsillitis, infantile convulsions, numbness of the finger tips.

Method: Puncture 0.1–0.2 inch superficially, or prick to cause bleeding.

Sifeng

Location: On the palmar surface, in the midpoint of the transverse creases of the proximal interphalangeal joints of the index, middle, ring and little fingers (see Figure 3.86).

Indications: Malnutrition and indigestion syndrome in children, whooping cough.

Method: Prick to cause bleeding, or squeeze out a small amount of yellowish viscous fluid locally.

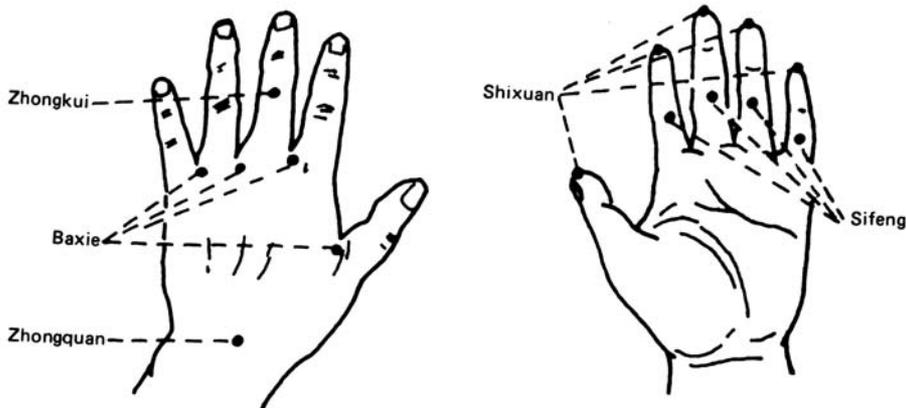


Figure 3.86: Location of Shixuan, Sifeng, Zhongkui, Baxie and Zhongquan

Zhongkui

Location: On the midpoint of the proximal interphalangeal joint of the middle finger at the dorsum aspect (see Figure 3.86).

Indications: Nausea, vomiting, hiccups.

Method: Moxibustion is applied with three moxa cones.

Baxie

Location: On the dorsum of the hand, at the junction of the white and red skin of the hand webs, eight in all, making a loose fist to locate the points (see Figure 3.86).

Indications: Excessive Heat, finger numbness, spasm and contracture of the fingers, redness and swelling of the dorsum of the hand.

Method: Puncture obliquely 0.3–0.5 inch, or prick to cause bleeding. Moxibustion is applicable.

Luozhen

Location: On the dorsum of the hand, between the second and third metacarpal bones, about 0.5 cun posterior to metacarpophalangeal joint (see Figure 3.87).

Indications: Sore neck, pain in the shoulder and arm.

Method: Puncture perpendicularly 0.5–0.8 inch.

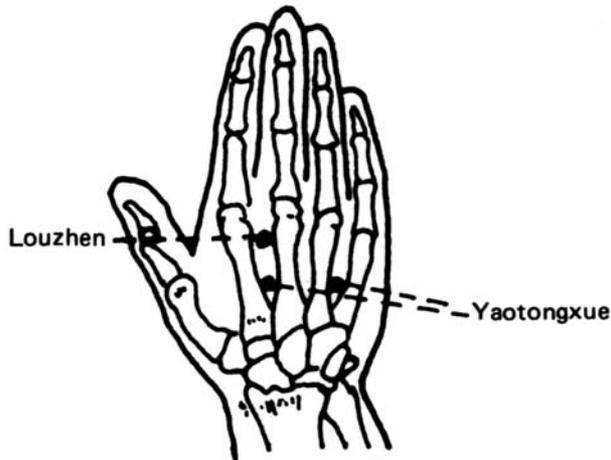


Figure 3.87: Location of Luozhen and Yaotongxue

Yaotongxue

Location: On the dorsum of the hand, midway between the transverse wrist crease and metacarpophalangeal joint, between the second and third metacarpal bones, and between the fourth and fifth metacarpal bones, four points in all on both hands (see Figure 3.87).

Indications: Acute lumbar sprain.

Method: Puncture obliquely 0.5–1.0 inch toward the centre of the metacarpus from both sides.

Zhongquan

Location: On the dorsal crease of the wrist, in the depression on the radial side of the tendon of the common extensor muscle of the fingers between Yangxi (LI 5) and Yangchi (TE 4) (see Figure 3.86).

Indications: Stuffy chest, gastric pain, spitting of Blood.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

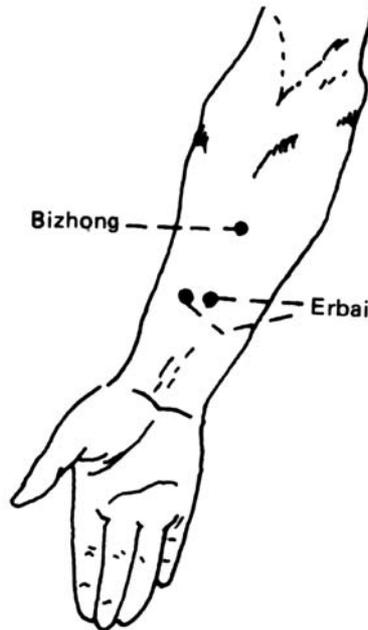


Figure 3.88: Location of Erbai and Bizhong

Erbai

Location: On the metacarpal aspect of the forearm, 4 cun above the transverse wrist crease, on both sides of the tendon of *m. flexor carpi radialis*, two points on one hand (see Figure 3.88).

Indications: Haemorrhoids, prolapse of the rectum.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Bizhong

Location: On the lateral aspect of the forearm, midway between the transverse wrist crease and elbow crease, between the radius and the ulna (see Figure 3.88).

Indications: Paralysis, spasm and contracture of the upper extremities, pain of the forearm.

Method: Puncture perpendicularly 1.0–1.2 inches. Moxibustion is applicable.

Zhoujian

Location: On the tip of the ulnar olecranon when the elbow is flexed (see Figure 3.89).

Indication: Scrofula.

Method: Moxibustion is applied with seven to 14 moxa cones.



Figure 3.89: Location of Zhoujian

Huanzhong

Location: Midway between Huantiao (GB 30) and Yaoshu (GV 2) (see Figure 3.90).

Indications: Lumbar pain, thigh pain.

Method: Puncture perpendicularly 1.5–2.0 inches. Moxibustion is applicable.

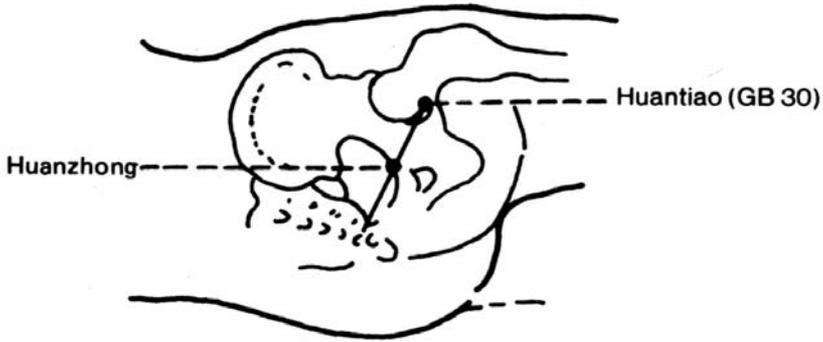


Figure 3.90: Location of Huanzhong

Baichongwo

Location: 1 cun above Xuehai (SP 10) (see Figure 3.91).

Indications: Rubella, eczema, gastrointestinal parasitic diseases.

Method: Puncture perpendicularly 1.0–1.2 inches. Moxibustion is applicable.



Figure 3.91: Location of Baichongwo

Xiyan

Location: A pair of points in the two depressions, medial and lateral to the patellar ligament, locating the point with the knee flexed. These two points are also termed medial and lateral Xiyan respectively. Lateral Xiyan overlaps with Dubi (ST 35) (see Figure 3.92).

Indications: Knee pain, weakness of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Lanweixue

Location: The tender spot about 2 cun below Zusanli (ST 36) (see Figure 3.92).

Indications: Acute and chronic appendicitis, indigestion, paralysis of the lower extremities.

Method: Puncture perpendicularly 1.0–1.2 inches.

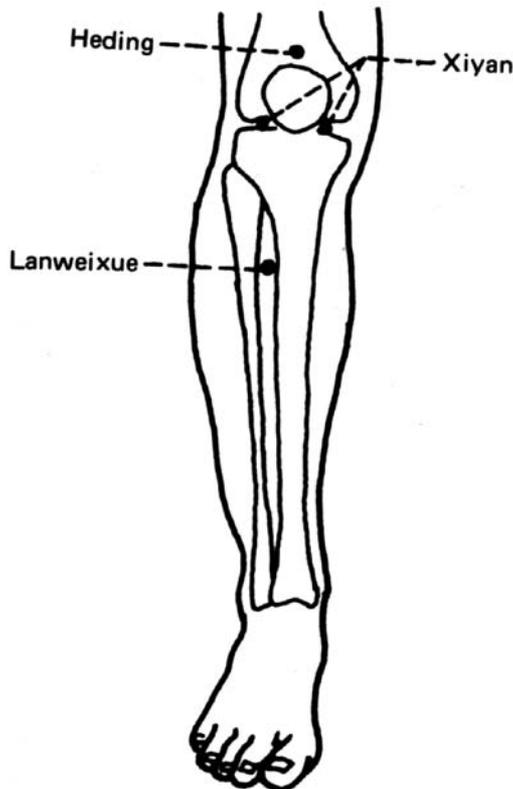


Figure 3.92: Location of Xiyan, Lanweixue and Hedong

Heding

Location: In the depression of the midpoint of the superior patellar border (see Figure 3.92).

Indications: Knee pain, weakness of the foot and leg, paralysis.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Dannangxue

Location: The tender spot 1–2 cun directly below Yanglingquan (GB 34) (see Figure 3.93).

Indications: Acute and chronic cholecystitis, cholelithiasis, biliary ascariasis, muscular atrophy and numbness of the lower extremities.

Method: Puncture perpendicularly 0.8–1.2 inches.

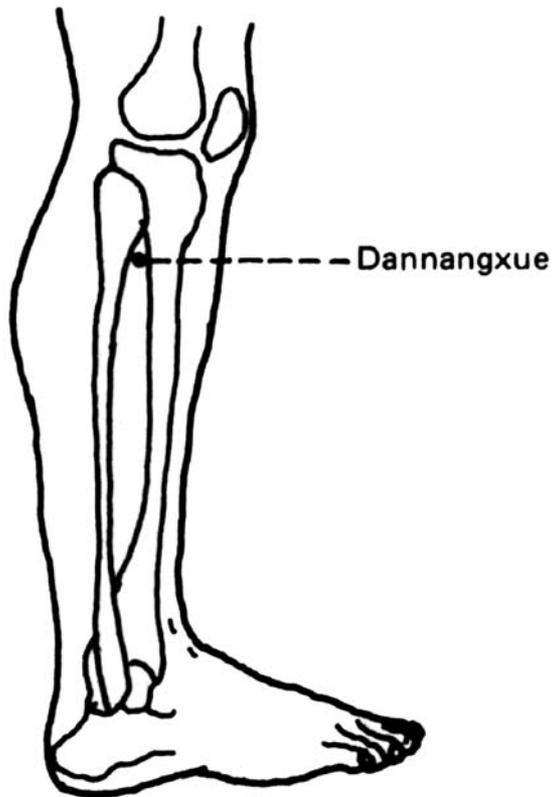


Figure 3.93: Location of Dannangxue

Bafeng

Location: On the dorsum of the foot, in the depressions on the webs between toes, proximal to the margins of the webs, at the junction of the red and white skin, eight points in all (see Figure 3.94).

Indications: Beriberi, toe pain, redness and swelling of the dorsum of the foot.

Method: Puncture obliquely 0.5–0.8 inch. Moxibustion is applicable.

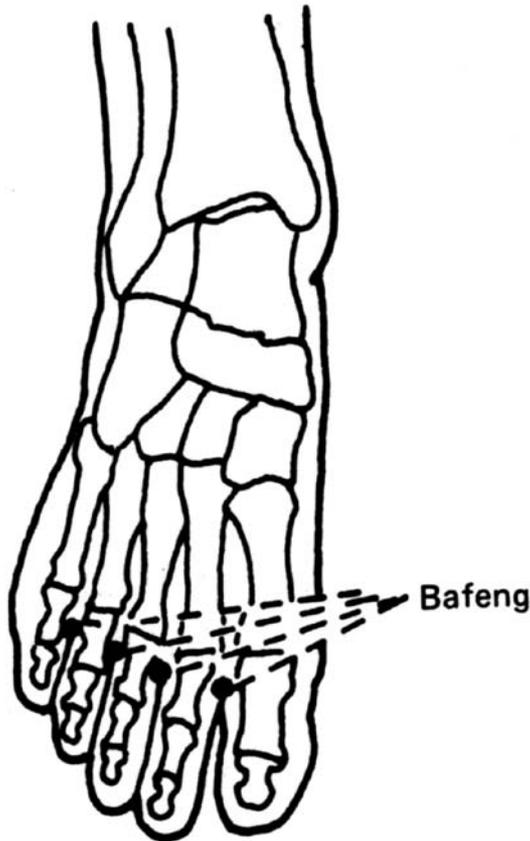


Figure 3.94: Location of Bafeng

CHAPTER

4

ACUPUNCTURE AND MOXIBUSTION TECHNIQUES

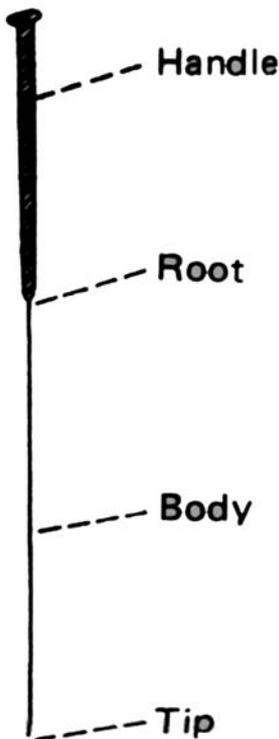


I. INTRODUCTION

Acupuncture is a procedure by which diseases can be prevented and treated through proper insertion of needles into points, accompanied by different manipulations. Today the most commonly used needles are filiform needles, dermal needles, intradermal needles, and three-edged needles, of which the filiform needle is the most widely used. In this chapter the focus will therefore be on the application of filiform needles.

II. FILIFORM NEEDLE THERAPY

1. STRUCTURE, SPECIFICATION AND STORAGE OF FILIFORM NEEDLES



1.1 Structure of filiform needles

Filiform needles are widely used at present in clinical situations. These can be made of gold, silver, alloy, etc., but most of them are made of stainless steel. A filiform needle can be divided into five parts (see Figure 4.1):

1. *Handle*: the part wrapped with filigree, either of copper or stainless steel.
2. *Tail*: the part at the end of the handle.
3. *Tip*: the sharp point of the needle.
4. *Body*: the part between the handle and the tip.
5. *Root*: the demarcation line between the body and the handle.

Figure 4.1: The filiform needle

1.2 Specifications of filiform needles

The length and gauge refer to the dimensions of the needle body. The common filiform needles vary in the length and diameter of the body (see Tables 4.1 and Table 4.2).

Table 4.1: Length of filiform needles

Cun	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0
Length (mm)	15	25	40	50	65	75	90	100	115	125

Table 4.2: Diameter of filiform needles

Gauge	26	28	30	32	34
Diameter (cm)	0.45	0.38	0.32	0.26	0.22

Needles in gauges of 26–32 inches in diameter and 1–3 cun in length are those most frequently used in clinics.

1.3 Storage of filiform needles

In general, the needle tip should be as sharp as a pine needle, and the body should be round, smooth, flexible and resilient. Filiform needles should be well stored in order to avoid damage as damaged needles can cause discomfort to patients or bring about accidents. The needle tip should be preserved with special care by observing the following instructions.

1. It is suggested that unused needles be stored in a box containing layers of gauze or in a tube with dry cotton balls placed at both ends to protect the needle tips.
2. When sterilizing needles in boiling Water they should be firmly bound by gauze in case the needle tip hits the wall of an autoclave.
3. Manipulation and insertion of the needle should be neither too forceful nor too fast so as to prevent them from getting bent.
4. If the needle tip touches a patient's bones, the needle should be withdrawn a little in order to avoid bending it.



2. NEEDLING PRACTICE

As the filiform needle is fine and flexible, it is very difficult to insert it into the skin and conduct manipulations with it without some special strength exerted by the fingers. Appropriate finger force is the guarantee for minimizing the pain and optimizing the therapeutic effects. The training of fingers can start with a short and thick filiform needle, progressing to a finer and longer one before clinical applications. Three steps that provide good needling practice are as follows.

2.1 Practice with sheets of paper

Fold several fine and soft tissues into a small packet about 5×8 cm in size and 1 cm in thickness, and then bind the packet with gauze thread. Hold the paper packet in your left hand and the needle handle with the right hand. Insert the needle into the packet and rotate in and out, clockwise and counter-clockwise. At the beginning, if you feel the needle is stuck or difficult to rotate, take it easy and continue the exercise until you feel it is easy to insert and rotate the needle. As your finger force grows stronger, the thickness of the paper packet can be increased (see Figure 4.2).



Figure 4.2: Needling practice using sheets of paper

2.2 Practice with a cotton cushion

Make a cotton cushion of about 5–6 cm. in diameter and wrapped in gauze. Hold the cushion with the left hand and the needle handle with the right hand. Insert the needle into the cushion and practise a rotating, lifting and thrusting procedure. Bearing in mind the required postures used during acupuncture and the reinforcing and reducing approach (discussed later), now practise the basic manipulation techniques (see Figure 4.3).

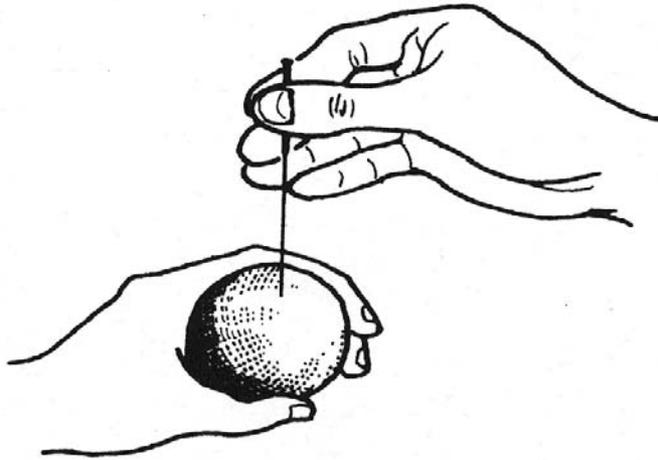


Figure 4.3: Needling practice using a cotton cushion

2.3 Practice on the human body

This procedure usually follows on from trying out the manipulation methods on the paper packet and the cotton cushion, in order to give personal experience of the needling sensation in clinical practice. Only practice on the human body can provide the real training that the practitioner needs.

3. PREPARATIONS PRIOR TO TREATMENT

3.1 Inspection of instruments

The following should be carefully inspected and prepared before operation: needles of various size, trays, forceps, moxa wool (see later for description of this), jars, sterilized cotton balls, 75 per cent alcohol or 1.5 per cent iodine tincture, or 2 per cent gentian violet, etc.

3.2 Sterilization

A. Needle sterilization

Autoclave sterilization: Needles should be sterilized in an autoclave at 1.5 atmospheric pressure and 125°C for 30 minutes.

Boiling sterilization: Needles and other instruments are boiled in Water for 30 minutes. This method is simple and effective.

Medicinal sterilization: Soak the needles in 75 per cent alcohol for 30–60 minutes. Then take them out and wipe off the liquid from the needles with a piece of clean dry cloth. At the same time, the needle tray and forceps that have direct contact with the filiform needles should be sterilized. In addition, needles used to treat infectious diseases should be sterilized and stored in a separate place.

B. Skin disinfection

The selected area for needling must be sterilized. Generally, points on the local area must either be sterilized with 75 per cent alcohol, or first sterilized with 2.5 per cent iodine, which is afterwards removed with a cotton ball soaked in 70 per cent alcohol. If the disinfected area is accidentally polluted, sterilization must be applied once again. As a matter of course the practitioner's fingers should be routinely disinfected.

3.3 Posture of the patient

Selection of a proper posture for the patient is of great importance clinically to guarantee the exact location of points and the effective manipulation and withdrawal of needles, thereby preventing accidents like fainting or bent, stuck or broken needles. Generally speaking, the practitioner must be able to work without hindrance and the patient should be well relaxed and feel comfortable. The commonly used postures adopted in the clinic are as follows:

1. *Sitting in flexion:* Suitable for puncturing points on the head, neck and back (see Figure 4.4).
2. *Sitting erect with elbows resting on a table:* Suitable for puncturing points on the head, arm and shoulder (see Figure 4.5).
3. *Lateral recumbent:* suitable for puncturing points at the lateral side of the body (see Figure 4.6).
4. *Supine posture:* Suitable for puncturing points on the head and face, chest and abdominal region, and areas of the four limbs (see Figure 4.7).
5. *Prone posture:* Suitable for puncturing points on the head, neck, back, lumbar and buttock regions, and the posterior region of the lower limbs (see Figure 4.8).



Figure 4.4: *Sitting in flexion*



Figure 4.5: *Sitting erect with elbows resting on a table*



Figure 4.6: *Lateral recumbent*



Figure 4.7: *Supine*



Figure 4.8: *Prone*

4. ACUPUNCTURE TECHNIQUES

4.1 Insertion

The needle should be inserted by coordinating both hands. It is important that the posture of the hand during insertion is correct so that the manipulation can be smoothly done. Generally speaking, the needle should be held with the right hand, which is known as the 'puncturing hand'. The left hand known as the 'pressing hand', pushes firmly against the area close to the point. In *Miraculous Pivot*, it says, 'Needle must be inserted into the body with the right hand assisted by the left hand.' In the book *Classic on Medical Problems*, it also says that 'An experienced acupuncturist believes in the importance of the left hand, while an inexperienced one believes only in the important function of the right hand.' There is also an instruction in *Lyrics of Standard Profundities* to 'Press hard with the left hand to disperse Qi and insert the needle gently and slowly to avoid pain.'

This explains how important the coordination of the right and left hands are during the insertion of needles. The length of the needle used and the locating of the point should also be in accordance with the following different inserting methods (see Figure 4.9).



Figure 4.9: Holding the needle

A. Nailing insertion of the needle (Inserting the needle aided by the pressure of the finger of the pressing hand)

Press beside the acupuncture point with the nail of the thumb or the index finger of the left hand, hold the needle with the right hand and keep the needle tip closely against the nail, and then insert the needle into the point. This method is suitable for puncturing with short needles, such as when needling Neiguan (PC 6), Zhaohai (KI 6), etc. (see Figure 4.10).

B. Holding insertion of the needle (Inserting the needle with the help of the puncturing and pressing hands)

Hold the needle tip with the thumb and the index finger of the left hand, leaving 0.2–0.3 cm of its tip exposed, and hold the needle handle with the thumb and index finger of the right hand. As the needle tip is directly over the selected point, insert the needle swiftly into the skin with the left hand. Meanwhile the right hand presses the needle downward to the required depth. This method is suitable for puncturing with long needles, such as those used in needling Huantiao (GB 30), Zhibian (BL 54), etc. (see Figure 4.11).



Figure 4.10: Nailing insertion of the needle



Figure 4.11: Holding insertion of the needle

C. Relaxed insertion of the needle (Inserting the needle with the fingers stretching the skin)

Stretch the skin where the point is located with the thumb and index finger of the left hand, hold the needle with the right hand and insert it into the point rapidly to a required depth. This method is suitable for the points on the abdomen where the skin is loose, such as Tianshu (ST 25), Guanyuan (CV 4), etc. (see Figure 4.12).

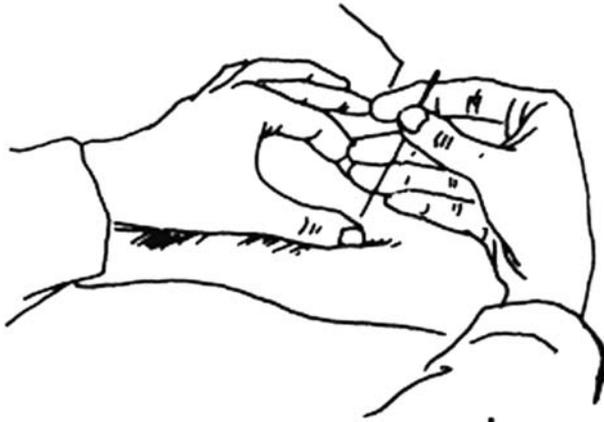


Figure 4.12: Relaxed insertion of the needle



Figure 4.13: Lifting and pinching insertion of the needle

D. Lifting and pinching insertion of the needle (Inserting the needle by pinching the skin)

Pinch the skin up around the point with the thumb and index finger of the left hand, and insert the needle rapidly into the point with the right hand. This method is suitable for puncturing the points on the head and face, where the muscle and skin are thin, such as Zanzhu (BL 2), Dicang (ST 4), Yintang (Extra), etc. (see Figure 4.13).

4.2 Angle and depth of insertion

In the process of insertion of a needle in acupuncture, angle and depth are especially important. Correct angle and depth help to induce the needling sensation, bring about the desired therapeutic results and guarantee safety. Different angles and depth at the same point being punctured could produce a variety of needling sensations and therapeutic effects. Selection of an appropriate angle and depth depends upon the location of the points, the purpose of the treatment, and the patient's constitution and type of figure (such as fat or thin).

A. Angle of the insertion

The angle formed by the needle and the skin surface is usually classified into three kinds: perpendicular, oblique and horizontal.

Perpendicular insertion: The needle is inserted so as to form a 90° angle with the skin surface. Most points on the body can be punctured in this way.

Oblique insertion: This method is used for points close to important viscerae or at places where the muscle is thin. Generally speaking, the needle is inserted obliquely to form an angle of approximately 45° with the skin surface. Points such as Lieque (LU 7) in the upper extremity, Jiuwei (CV 15) in the abdominal region, Qimen (LR 14) on the chest, and the points on the back, are often needled in this way.

Horizontal insertion (also known as transverse insertion): This method is commonly used in the areas where the muscle is thin, such as Baihui (GV 20), Touwei (ST 8) on the head, Zanzhu (BL 2), Yangbai (BL 14) on the face, Tanzhong (CV 17) on the chest, etc. (see Figure 4.14).

B. Depth of needle insertion

Generally speaking, a proper depth of needling induces a better needling sensation without hurting the important viscerae. In the clinic the depth of insertion mostly depends upon the constitution of the patient, and the location of points as well as their pathological condition. For elderly people suffering from deficiency of Qi and



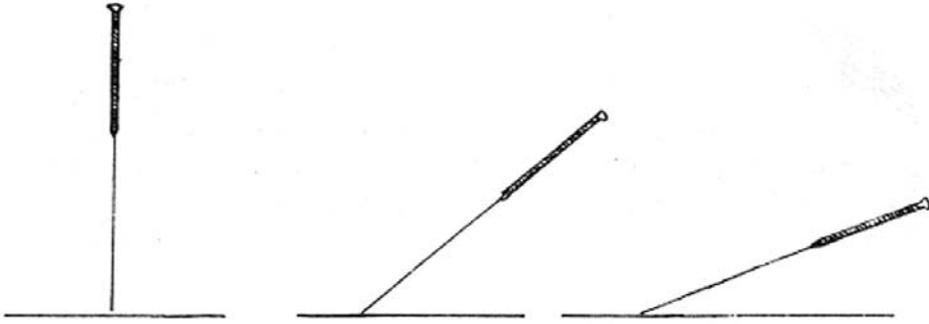


Figure 4.14: Angles of insertion of an acupuncture needle

Blood, for infants with a delicate constitution, and for areas such as the head, face and back region, shallow insertion is advisable. For the young and middle-aged with strong or fat constitutions, or for the points on the four extremities, buttocks and abdominal region, deep insertion is often adopted.

5. MANIPULATIONS AND THE ARRIVAL OF QI (NEEDLING SENSATION)

Manipulations on needles may induce a needling reaction, and there are many options for selection. The arrival of Qi refers to a feeling of soreness, numbness, distention or heaviness around the point after the needle has been inserted to a certain depth. At the same time the operator may feel tenseness around the needle.

5.1 Manipulation techniques

A. Basic manipulation techniques

Lifting and thrusting: After the needle tip penetrates the skin surface, lift and thrust the needle perpendicularly. This technique, known as lifting and thrusting, is applied only when the needle is inserted to a certain depth. But it is not appropriate to lift and thrust too much, otherwise, local pain or the damage of the local tissues may take place.

Twirling or rotating: After the needle reaches the desired depth, twirl and rotate the needle backwards and forwards continuously. Generally speaking, the needle is rotated with an amplitude from 180° to 360°. Rotating only in one direction, for instance clockwise or counter-clockwise, may twine the muscle fibres and induce pain.

B. The supplementary manipulation techniques

If Qi fails to arrive after manipulation of needles, proper measures should be considered, such as temporarily retaining the needle and then rotating again until Qi is obtained. This is called ‘waiting for Qi’. If, after the insertion and manipulation of the needle, the patient does not feel or only has a little needling sensation, a method for promoting Qi should be used. The six supplementary manipulations are listed below.

Pressing: Gently press the skin along the running course of the meridian. This is described in *Compendium of Acupuncture and Moxibustion* as follows: ‘the related meridian is pushed up and down to promote the circulation of Qi and Blood.’ The main purpose of this method is to encourage the movement of Qi through the related meridian and facilitate its sensation at the point. This method is used in patients whose needling sensation has been sluggish.

Scraping: When the needle is in place, support the body of the needle with the thumb and index finger of the left hand, while the thumb of the right hand is placed on the tail end to hold the needle steady. Then scrape the handle with the nail of the index or middle finger of the right hand upwards or downwards. Scraping is used for the purpose of radiating the needling sensation to a wider area.

Plucking: Pluck the handle of the needle gently until the body of the needle starts to tremble so as to strengthen the stimulation to obtain Qi. In *Compendium of Acupuncture and Moxibustion*, it says ‘First, pluck the handle of the needle, after the arrival of Qi, insert the needle a bit deeper. This is called the reinforcing method.’ It is also pointed out in *Questions and Answers on Acupuncture and Moxibustion* that ‘If Qi does not flow smoothly, pluck the needle gently and make Qi travel faster.’ The plucking method used to promote Qi flow is applied on patients with retarded Qi sensation or Qi deficiency.

Shaking: Shaking the needle may strengthen the needling sensation. In the book *Questions and Answers on Acupuncture and Moxibustion*, it is said that ‘shaking is an aid for Qi flow.’ Moreover, shaking the needle may be used as an auxiliary method for reducing (explained below), i.e. before withdrawal of the needle, shake the needle to drive the pathogenic factors out. In *Compendium of Acupuncture and Moxibustion*, it says ‘First, shake the handle of the needle to let the Qi arrives. When Qi arrives, withdraw the needle a little, this is known as the reducing method.’

Flying: In the book *Introduction to Medicine*, it says ‘Twirling the needle quickly for three times is known as ‘flying’.’ Twirl the needle and separate the thumb and index finger from it several times until the needling sensation is strengthened.

Trembling: Hold the needle with the fingers of the right hand and apply a quick lift-thrust movement in small amplitude to cause vibrations. As stated in *Classic of Divine Resonance* 'hold the needle with the thumb and index finger of the right hand, lift and thrust it rapidly and gently in a trembling way to promote Qi.' It is applied to strengthen the needling sensation and activate the flow of Qi and Blood.

5.2 Arrival of Qi

In the process of acupuncture, no matter which manipulation method is selected the arrival of Qi must be achieved. As stated in *Miraculous Pivot*, 'acupuncture therapy does not take effect until the arrival of Qi.' In *Ode of Golden Needle* it says 'Quick arrival of Qi suggests quick and good therapeutic effect; slow arrival of Qi shows retarded effects in treatment.' This indicates that the arrival of Qi has great significance in acupuncture treatment.

A. Signs of the arrival of Qi

When the patient feels soreness, numbness, heaviness and distention around the point, or a sensation transmitted upward or downward along the meridians, it is a sign of the arrival of Qi. Meanwhile, the operator should feel tenseness around the needle. In *Lyrics of Standard Profoundities* it says 'It seems like a fish bites on fishing, pulling the line downward.' This is a vivid description indicating the arrival of Qi.

B. Factors influencing the arrival of Qi

Inaccurate location of the points: It is very important to locate points correctly in acupuncture treatment. In case of inaccurate location, the required needling sensation will be affected.

Improper depth of the needle insertion: A given depth of insertion to each point is required. If insertion is too deep or too shallow this affects the arrival of Qi.

Imperfect manipulation: The manipulation of the needle is essential for the arrival of Qi. The operator must practise this correctly, or the expected effects cannot be achieved.

Weak constitution and dull sensation: In *Miraculous Pivot*, this is described thus: 'An individual with abundant Yang Qi may have a quick needling sensation; a healthy person responds with a normal rate to acupuncture, neither quick nor slow; and a man with excessive Yin and deficient Yang (i.e. a delicate constitution and dull sensations) may have a slow needling sensation.' In severe cases there may appear to be no needling sensation, and therefore the therapeutic results will not be achieved. Acupuncturists in past dynasties paid attention not only to the arrival of Qi, but also to the activity of the 'spirit Qi' in the meridians. In *Compendium of Acupuncture and Moxibustion* it says 'In case of arrival of the spirit Qi, a tense feeling appears

under the needle.’ In the first chapter of *Miraculous Pivot* it says ‘A point is the place where the spirit Qi enters and flows out.’ The function of acupuncture is to regulate the meridian Qi and the arrival of Qi indicates the normal activity of the spirit Qi. Therefore, it is of great importance to observe the therapeutic effects attentively.

6. REINFORCING AND REDUCING METHODS OF ACUPUNCTURE

Reinforcing and reducing are two corresponding methods based on the guidelines set in *Internal Classic*, i.e. reinforcing for the deficiency syndrome and reducing for the excess syndrome. The method that is able to invigorate the body resistance and to strengthen the weakened physiological function is called ‘reinforcing’, while that which is able to eliminate the pathogenic factors and to harmonize the hyperactive physiological functions is known as ‘reducing’. Clinically, the reinforcing or reducing methods are applied in accordance with the conditions of the patients.

Under different pathological conditions acupuncture therapy may induce various regulating functions through proper application of reinforcing and reducing methods. For example, if an individual is subject to a collapsing condition, acupuncture therapy functions to rescue Yang from collapse. When an individual is under a condition of internal pathogenic Heat, acupuncture functions to expel the Heat outwards. Acupuncture can not only relieve the Stomach and intestinal spasms, but also strengthen Stomach and intestinal peristalsis. This biphasic regulation function is closely related to the condition of antipathogenic Qi of the human body. If antipathogenic Qi is vigorous, the meridian Qi can be easily activated and thus the regulating function is good. In contrast, if it remains weak, the meridian Qi is hard to activate and thus the regulating function will be unsatisfied.

Acupuncture is an approach that can promote good conditions in the internal environment inside the human body. It is for this purpose, that certain manipulations have been created. Acupuncturists in the past have developed and summarized plenty of methods for reinforcing and reducing, which are still widely used in clinics nowadays.

6.1 Single methods

A. Basic reinforcing and reducing methods

Twirling and rotating: Reinforcing and reducing are distinguished by the amplitude and speed used for each manipulation. When the needle is inserted to a certain depth, if one rotates the needle gently and slowly with a small amplitude this is called ‘reinforcing’; rotating the needle rapidly with a large amplitude is known as ‘reducing’. In *Miraculous Pivot*, it says ‘Twirling the needle slowly is the reinforcing and twirling the needle rapidly to promote the flow of Qi is the reducing method.’ In addition, the reinforcing and reducing methods are distinguished by clockwise or counterclockwise rotation of the needle. In other words, the right rotation is the reducing method, and the left rotation is the reinforcing method.



In *Guide to Acupuncture*, it describes ‘Rotating the needle forward with the thumb means the reinforcing, rotating the needle backward with the thumb means the reducing.’ There is a difference between the speed of rotation and the force used. For example, forward turning, the needle is rotated forcefully and rapidly by the thumb, however, in back turning, the needle is rotated gently and slowly by the thumb. The right rotation is just in the opposite way.

Lifting and thrusting: In *Classic on Medical Problems*, it states ‘Thrusting the needle forcefully to a deep region is known as reinforcing, while lifting the needle forcefully to the superficial region is known as reducing’, which distinguishes reinforcing from reducing by the force and speed used in manipulation. After the needle is inserted to a given depth and the needling sensation appears, the reinforcing is obtained by lifting the needle gently and slowly, while thrusting the needle heavily and rapidly. The reducing is achieved by lifting the needle forcefully and rapidly while thrusting the needle gently and slowly.

Rapid and slow insertions and withdrawals: Another reinforcing and reducing method can be distinguished by the speed of insertion and withdrawal of the needle. In the first chapter of *Miraculous Pivot*, it says that ‘inserting the needle slowly and withdrawing it rapidly is the reinforcing method, and inserting the needle rapidly and withdrawing it slowly is the reducing method.’ In the third chapter of *Miraculous Pivot* a similar explanation is given. ‘During the manipulations, the reinforcing method is performed by inserting the needle to a given depth slowly, and lifting it rapidly just beneath the skin and a moment later withdrawing it. The reducing method is performed in exactly the opposite procedure.’

Open-close method: In *Plain Questions*, it says ‘excess is due to the invasion of the pathogenic factor into the human body whereas deficiency is due to the exit of the vital Qi.’ On withdrawing of the needle, shake it to enlarge the hole and allow the pathogenic factor to go out – this is called the reducing method. Conversely, pressing the hole quickly to close it and preventing the vital Qi from escaping is called the reinforcing method.

Directing the needle tip: In *Compendium of Acupuncture and Moxibustion*, it says:

The three Yang meridians of the hand run from the hand up to the head. In cases that the needle tip is pointing downwards, i.e. against the meridian course, this is known as the reducing method. Or where the needle tip pointing to, i.e. following the running course of the meridian, this is known as the reinforcing method.

Breathing/respiration: In *Plain Questions*, it states ‘Reinforcing is achieved by inserting the needle when the patient breathes out and withdrawing the needle when the patient breathes in. Reducing is achieved in the opposite way.’

In addition to the above-mentioned methods, even reinforcing and reducing movements are also used in the clinic. This method is suitable for treating inconspicuously deficient or excessive syndromes, or syndromes with both deficiency and excess. Lift, thrust and rotate the needle evenly and gently at moderate speed in order to cause a mild sensation, and withdraw the needle at moderate speed as well.

6.2 Comprehensive reinforcing and reducing methods

A. Setting the mountain on Fire

This method is derived from the reinforcing procedures of slow and rapid insertion, lifting and thrusting and keeping the hole open or closed. When it is applied, the patient feels warmth at the punctured area. This method is often used to treat deficiency and Cold syndrome. During the operation, after the needle is inserted slowly beneath the skin the needle is repeatedly thrust thrice along the superficial, medium and deep layers in turn, then lifted once. At a depth of 0.5 cun and after the arrival of Qi has been achieved, the needle is lifted and thrust nine times. Then the needle is inserted to a depth of 1 cun and lifted and thrust another nine times. After that the needle is inserted to a depth of 1.5 cun, and lifted and thrust another nine times. Repetitions of this operation can be conducted several times until a warm feeling is achieved. Quickly withdraw the needle and close the hole (see Figure 4.15(a)).

B. Penetrating heaven coolness

This method is derived from the reducing procedures of slow and rapid insertion, lifting and thrusting and keeping the hole open or closed. When this method is employed, the patient has a cool sensation at the punctured area. This method is usually applied in an excess syndrome and Heat syndrome. After the needle is inserted quickly to a certain depth, it is repeatedly lifted along the deep, medium and superficial layers in turn, and then thrust once. At a depth of 1.5 cun and after the arrival of Qi has been achieved, the needle is lifted quickly and thrust slowly six times. After that the needle is lifted to a depth of 1 cun and then given the same treatment again. Then the needle is further lifted to a depth of 0.5 cun and the operation is repeated once again. The operation can be repeated several times until a cool feeling is achieved (see Figure 4.15(b)).



Figure 4.15: (a) Setting the mountain on Fire and (b) penetrating heaven coolness

7. RETAINING AND WITHDRAWING NEEDLES

7.1 Retaining

'Retaining' means the needle is held in a place after it has been inserted to a given depth. The particular pathological condition of a patient determines the necessity for needle retaining as well as the amount of time for retaining. In general, the needle is retained for 15 to 20 minutes after the arrival of Qi. However for chronic diseases, and intractable, painful and spastic cases, the time for retaining may be appropriately prolonged. Meanwhile, manipulations may be given at intervals to strengthen the therapeutic effects. For some diseases the duration of treatment may last for several hours. For patients with a dull needling sensation, retaining the needle serves as a method of waiting for Qi.

7.2 Withdrawing

When the needle is supposed to be withdrawn, press the skin around the point with the thumb and index finger of the pressing hand, rotate the needle gently and lift it slowly to the subcutaneous level, then withdraw it quickly and press the punctured point for a while to prevent bleeding.

8. MANAGEMENT AND PREVENTION OF ACCIDENTS

Although acupuncture is a safe process that is free from side-effects, some accidents do still take place due to ignoring of contraindications, improper manipulations, or a lack of anatomical knowledge. If an accident occurs, the practitioner should keep calm. As long as he solves the problem in time, serious consequences can be avoided. The possible accidents that can be seen are as follows.

8.1 Fainting during the acupuncture treatment

Cause

This is often due to nervous tension, a delicate constitution, hunger, fatigue, improper positioning of the patient, or fierce needling manipulation.

Manifestations

During acupuncture treatment, the patient may experience dizziness, vertigo, palpitations, short breath, fidgeting, nausea, pallor, Cold sweating, and a weak pulse. In severe cases, symptoms like Cold extremities, a drop in Blood pressure, and a loss of consciousness can also be seen.



Management

When fainting auras such as dizziness, vertigo, fidgeting and nausea appear, stop needling immediately and withdraw all the needles. Then help the patient to lie down, and offer him or her some warm or sweetened Water. Generally speaking, the symptoms will disappear after a short rest, and the condition of the patient will improve. In severe cases, in addition to the above management, press hard with the fingernail or needle Shuigou (GV 26), Zhongchong (PC 9), Suliao (GV 25), Neiguan (PC 6) and Zusanli (ST 36), or apply moxibustion to Baihui (GV 20), Qihai (CV 6) and Guanyuan (CV 4). Generally speaking, the patient will respond, but if not, other emergency measures should be taken.

Prevention

During their first visit a patient should be given an explanation of the treatment process because there is high risk of fainting with patients who are nervous or weak. A comfortable position should also be selected for the patient, with the prone position preferred. A minimal number of points should be selected for first-time patients and gentle manipulation is advisable. Make sure the patient is not hungry, thirsty or fatigued before treatment. Moreover the patient's facial expressions, body language and verbal feedback should be carefully observed during acupuncture treatment.

8.2 Stuck needle

Cause

This may arise from nervousness, muscular spasm after insertion of needles, or due to twirling the needle with large amplitude or in one direction only causing muscle fibres to bind, or from changing the position of the patient after the insertion of the needles.

Manifestations

After the needle is inserted, it is found that the needle is difficult or impossible to rotate, lift and thrust, which is known as 'stuck needle'.

Management

Ask the patient to relax. If stuck needle is due to excessive rotation in one direction, the condition can be relieved when the needle is twirled in the opposite direction. If the stuck needle is caused by the temporary tension of the muscles, leave the needle in place for a while and afterwards withdraw it by rotating the needle or by massaging the skin near the point, or by inserting another needle nearby to



transfer the patient's attention and to ease the muscle tension. If the stuck needle is caused by the changing of the position of the patient, the original posture should be resumed and the needle then withdrawn.

Prevention

Calm down sensitive patients, avoid puncturing on muscle or tendon. Twirling the needle with too large amplitude or in one direction should in no case be allowed. In the process of manipulation, the posture of the patient should remain unchanged.

8.3 Bent needle

Cause

This may result from unskilful or vigorous manipulation, a needle striking hard tissue, a sudden change in the patient's posture, or improper management of the stuck needle.

Manifestations

It is difficult to lift, thrust, rotate and withdraw the needle. At the same time, the patient feels pain.

Management

If the needle is bent, lifting, thrusting and rotating should never be applied. The needle should be removed carefully following the bending angle. Where the bent needle is caused by posture change then ask the patient to move back to their former position. Do not take out the needle until muscle tension is relaxed. Never try to withdraw the needle with force.

Prevention

Insertion of the needle and manipulation should be carried out skillfully and dexterously. The patient should have a proper and comfortable position, and should not be allowed to change position when the needles are still in place. The needling area should in no case be impacted on or pressed by an external force.

8.4 Broken needle

Cause

This may arise from the poor quality of the needle or an eroded base of the needle, from vigorous manipulation of the needle, from muscular spasm, or a sudden



movement of the patient when the needle is in place, or from withdrawing a stuck needle.

Manifestations

The needle body is broken and part of the needle remains stuck inside the body.

Management

When this happens, the patient should be asked to keep calm and stay still so as to prevent the broken needle from going deeper into the body. If the broken part protrudes from the skin, press the tissue around the site until the broken end is exposed, then remove it with forceps. If it is completely under the skin, surgery may be necessary to remove it.

Prevention

To prevent accidents, careful inspection of the quality of the needle should be made prior to the treatment in order to reject any needles that are not in conformity with specified requirements. The needle body should not be inserted into the body completely, and a little part should be exposed outside the skin. If the needle is bent during treatment it must be withdrawn immediately. Never try to insert the needle with too much force.

8.5 Haematoma

Cause

This may result from injury of the blood vessels during insertion, or from pressing of the point after withdrawing the needle.

Manifestations

Local swelling, distention and pain after withdrawal of the needle.

Management

Generally speaking, a mild haematoma will disappear by itself. If the local swelling and pain are serious, apply massage or warming moxibustion to disperse the haematoma.

Prevention

Avoid injuring the blood vessels.



8.6 After-effects

Cause

This is mostly due to unskilled manipulation and over-forceful stimulation.

Manifestations

After withdrawal of the needle, there may remain an uncomfortable feeling of soreness and pain, which may persist for a long period.

Management

In mild cases, press the local area, and in severe cases, in addition to pressing, apply moxibustion to the local area.

Prevention

Too forceful manipulation should never be used.

9. ACUPUNCTURE TREATMENT PRECAUTIONS AND CONTRA INDICATIONS

1. It is advisable to apply only a few needles, or to delay giving acupuncture treatment, to patients who are either very hungry or who have overeaten, are intoxicated, over-fatigued or very weak.
2. It is contraindicated to puncture points on the lower abdomen and lumbosacral region of women who are under three months pregnant. After three months' pregnancy it is contraindicated to needle the points on the upper abdomen and lumbosacral region, and those points causing strong sensation such as Hegu (LI 4), Sanyinjiao (SP 6), Kunlun (BL 60) and Zhiyin (BL 67).
3. Points on the vertex of infants should not be needled when the fontanelle is not yet closed. In addition, needles should not be retained in infants who are unable to cooperate with the practitioner.
4. Care should be taken when needling to avoid the blood vessels in order to prevent bleeding. Points of the chest and back should be carefully needled in order to avoid injury of the vital organs. In *Plain Questions*, it says 'If you puncture the points at the chest and abdominal region, you should avoid hurting the five Zang organs.'



5. Historic medical literature of the past contraindicates certain points on the human body for puncture or deep puncture. Most of these points are located close to the vital organs or large blood vessels, such as Chengqi (ST 1) located below the eyeball, Jiuwei (CV 15) near the important viscera, and Jimen (SP 11) near the femoral artery. These points should, generally speaking, be punctured obliquely or horizontally in order to avoid accidents.

III. MOXIBUSTION

Moxibustion treats and prevents diseases by applying Heat to points or certain locations of the human body. The material used is mainly ‘moxa-wool’ in the form of a cone or stick. For centuries, moxibustion and acupuncture have been combined in clinical practice, and therefore they are usually grouped together in Chinese medicine. *Miraculous Pivot* states ‘A disease that may not be treated by acupuncture may be treated by moxibustion.’ In *Introduction to Medicine* it says ‘When a disease fails to respond to medication and acupuncture, moxibustion is suggested.’

1. FUNCTIONS OF MOXIBUSTION

1.1 To warm the meridians and expel Cold

Cold and Heat may influence the free flow of Qi and Blood. Cold slows down the flow of Qi or even leads to stagnation of Qi, and Heat results in a vigorous flow of Qi. ‘Heat activates Blood circulation and Cold impedes its smooth flow.’ Since stagnation of Qi and Blood is often relieved by warming up the Qi, moxibustion is the right way to generate the smooth flow of Qi with the help of ignited moxa wool. In Chapter 75 of *Miraculous Pivot* it says: ‘If stagnation of Blood in the vessels cannot be treated by warming-up with moxibustion, it cannot be treated by acupuncture.’ In Chapter 48 of *Miraculous Pivot* it states: ‘Depressed symptoms should be treated with moxibustion, because depression is due to Blood stagnation induced by Cold, which should be dispersed by moxibustion.’ It is clear that moxibustion functions to warm up the meridians and promote Blood circulation and it is, therefore, mostly used in clinics to treat pain and prolonged illness caused by invasion of Cold.

1.2 To induce the smooth flow of Qi and Blood

Another function of moxibustion is to induce the flow of Qi and Blood. For example, moxibustion is given on Yongquan (KI 1) to treat disorders caused by excess in the upper part and deficiency in the lower part of the body, and the syndrome of Liver

Yang that lead Qi and Blood to go downwards. In *Miraculous Pivot*, it is pointed out that 'When there is an excess of Qi in the upper portion, the Qi should be brought downward by needling the points in the lower portion.' When a disorder is due to deficiency in the upper portion and excess in the lower portion of the body, or sinking of Qi due to deficiency (such as prolapse of the anus, prolapse of the uterus, prolonged diarrhoea, etc.) applying moxibustion to Baihui (GV 20) may lead Yang Qi to flow upward.

1.3 To strengthen Yang from collapse

Yang Qi is the foundation of the human body. If Yang Qi is sufficient, a man lives a long life; if it is deficient, one may die. Disorder of Yang due to excessive Yin may lead to Cold and collapse. Thus in cases where there is a deficiency of primary Qi that is characterized by a fatal pulse, the application of moxibustion can reinforce Yang Qi and prevent collapse. In *Miraculous Pivot* it says 'Deficiency of both Yin and Yang should be treated by moxibustion.'

1.4 To prevent disease and keep healthy

In *Precious Prescriptions* there appears the following description: 'Anyone who travels in southwest China, such as Yunnan and Sichuan provinces, should have moxibustion at two or three points to prevent sores or boils and to avoid pernicious malaria, epidemic diseases and pestilence.' It is often said 'If one wants to be healthy, you should often have moxibustion over the point Zusanli (ST 36).' In *Notes on Bian Que's Moxibustion*, it says 'If a healthy man often apply moxibustion at points like Guanyuan (CV 4), Qihai (CV 6) Mingmen (GV 4) and Zhongwan (CV 12), he may enjoy longevity if not become eternal.' Clinical practice has proved that moxibustion is very helpful in preventing disease and keeping one healthy.

2. MATERIALS OF MOXIBUSTION

2.1 The property of *Artemisia Vulgaris* moxa

Artemisia Vulgaris is a species of chrysanthemum, and the one produced in Qizhou is known as the best kind for moxa as the climate and soil is good for its growth. The leaves of the Qizhou *Artemisia* are thick, with much more wool on them. Moxa cones and sticks made of this kind of *Artemisia* are considered to be of top quality. In *A New Edition of Materia Medica* appears the following description:

The moxa leaf is bitter and acrid, producing warmth when used in small amounts and strong Heat when used in large amounts. It is of a pure Yang nature having the

ability to restore the primary Yang from collapse. It can open the twelve regular meridians, travelling through the three Yin meridians to regulate Qi and Blood, expel Cold and Dampness, warm the uterus, stop bleeding, warm the Spleen and Stomach to remove stagnation, regulate menstruation and ease the foetus... When burned, it penetrates all the meridians, eliminating hundreds of diseases.

Yang Qi can be activated by the Artemisia leaf due to its warm nature. The acrid odour of the leaf can travel through the meridians, regulate Qi and Blood, and expel Cold from the meridians, and its bitter nature resolves Dampness. As a result it is selected as an essential material in moxibustion treatment. In addition, the moxa wool can produce mild Heat, which is able to penetrate deeply into the muscles. If it is replaced by other materials, an intolerable burning pain will result, and the effect is found to be poorer than that of moxa wool.

2.2 Materials for moxibustion

Moxa wool, moxa cones, moxa sticks, matches and a tray should all be made ready beforehand.

A. Making of moxa cones

Place a small amount of moxa wool on a board, knead and shape it into a cone with the thumb, index and middle fingers in three sizes – the smallest as big as a grain of wheat, the medium-sized one about the size of half a date stone, and the largest is the size of the upper part of the thumb. The two smaller cones are suitable for direct moxibustion, while the largest for indirect moxibustion (see Figure 4.16).

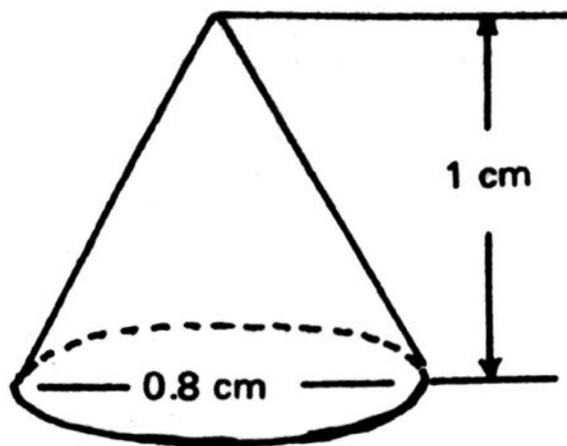


Figure 4.16: Largest cone size for moxa

B. Making a moxa stick

It is much more convenient to use moxa sticks than moxa cones. Simply roll moxa wool (other herbal medicine may be mixed in) into the shape of a cigar, using paper made of mulberry bark (see Figure 4.17).

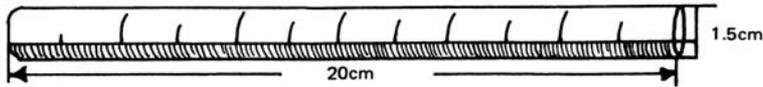


Figure 4.17: Dimensions of a moxa stick

3. CLASSIFICATION OF MOXIBUSTION

From ancient times until the present day rich clinical experience has been gained in moxibustion therapy. At first only moxa cones were used. But now various approaches have been developed and are used in clinics, i.e. moxibustion with moxa cones, moxa sticks, and warming needles (see Figure 4.18).

3.1 Moxibustion with moxa cones

There are direct and indirect ways of carrying out moxibustion. Direct moxibustion involves placing a moxa cone directly on the skin and igniting it, while indirect moxibustion involves placing a moxa cone on skin which has been insulated with various medical substances – which each give the process a particular name: for example, ginger used as the insulator is called ‘moxibustion with ginger’; salt used for insulation is called ‘moxibustion with salt’. One moxa cone used at one point is known as ‘one unit’ of treatment.

A. Direct moxibustion

A moxa cone placed directly on the point and ignited is called ‘direct moxibustion’, also known as ‘open moxibustion’. This used to be widely used in ancient times. This type of moxibustion is subdivided into ‘scarring moxibustion’ and ‘non-scarring moxibustion’ (see Figure 4.19).

Scarring moxibustion (also known as ‘festering moxibustion’): Prior to moxibustion, onion or garlic juice is applied to the site in order to stick the moxa cone onto the skin. The moxa cone is then put on the point and ignited until it is completely burned out. This procedure is repeated for five to ten units. This method may lead to a local burn, blister, festering and a scar after healing. Conditions for which this method is used include chronic diseases such as asthma.

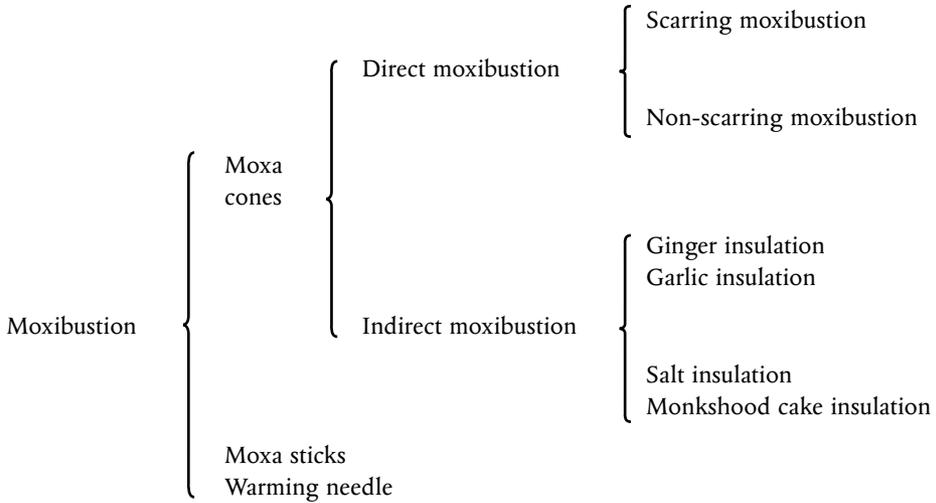


Figure 4.18: Classification of Moxibustion

Non-scarring moxibustion: A moxa cone is placed on a point and ignited. When half or two-thirds of it is burnt or the patient feels a burning discomfort, the cone is removed and another one placed on the same point. No blister should be formed and there should be no festering and scarring. This method is used to treat chronic diseases that are deficient and Cold natured such as asthma, chronic diarrhoea, indigestion, etc.

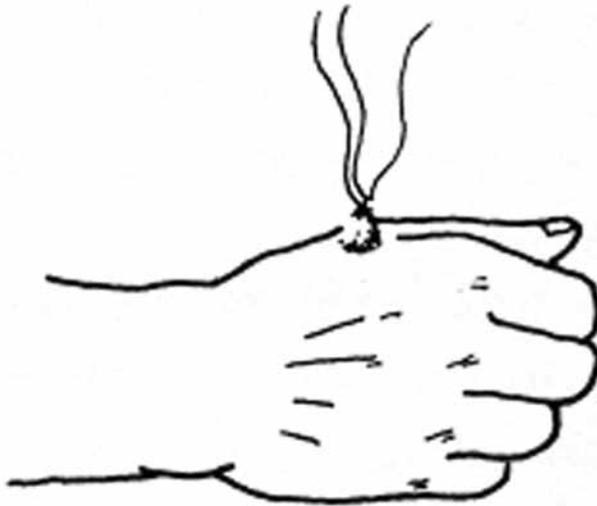


Figure 4.19: Direct moxibustion

B. Indirect moxibustion

Here the ignited moxa cone does not rest on the skin directly but is insulated from the skin by one of four types of materials.

Ginger moxibustion: Cut a slice of ginger about 0.5 cm thick, punch numerous holes in it and place it on the point selected. On top of the ginger, a large moxa cone should then be placed and ignited. When the patient feels scorching, remove it and light another one. This method is indicated in diseases caused by weakness of the Stomach and Spleen such as diarrhoea, abdominal pain, painful joints and syndromes due to Yang deficiency.

Garlic moxibustion: Cut a slice of garlic about 0.5 cm thick (a large single clove of garlic is desirable), punch holes in it and put it on the point with the ignited moxa cone. Renew the cone when the patient feels scorching. This method is indicated for scrofula, tuberculosis, in the early stage of skin ulceration with boils, poisonous insect bites, etc.

Salt moxibustion: This is usually applied at the *umbilicus*, so it is also called 'moxibustion at Shenque (CV 8) point'. Fill the *umbilicus* with salt until it reaches the level of the skin, place a large moxa cone on the top of the salt and then ignite it. (If the patient's *umbilicus* is not concave in shape, a wet noodle can be put around the *umbilicus* and then filled with salt. The moxa cone can be placed and ignited on the top of it.) This method is effective in cases of abdominal pain, vomiting and diarrhoea, pain around the *umbilicus*, pain caused by hernia, prolonged dysentery, etc. In addition, moxibustion with salt has the function of restoring Yang from collapse, for example symptoms of excessive sweating, cold limbs and undetectable pulse. Large moxa cones may be used successively until sweating stops, the pulse is restored, and the four extremities become warm (see Figure 4.20).

Monkshood cake moxibustion: The coin-sized monkshood cake, made from monkshood powder with alcohol, is punched with numerous holes, and placed on the site for moxibustion. Since it is hot in nature, the monkshood may warm Yang and expel Cold. This method is only suitable for treating deficient and persistent Yin and Cold syndromes, such as impotence and ejaculation precox caused by a decline in the Mingmen (vital gate) Fire.

3.2 Moxibustion with moxa sticks

This involves applying a lighted moxa stick over the selected point. Since it is easy to control the warmth given and time in treatment, and also because of its satisfactory therapeutic effect, the moxa stick has become most commonly used in the practice of moxibustion. This method includes 'mild-warm moxibustion' and 'sparrow-pecking moxibustion'.

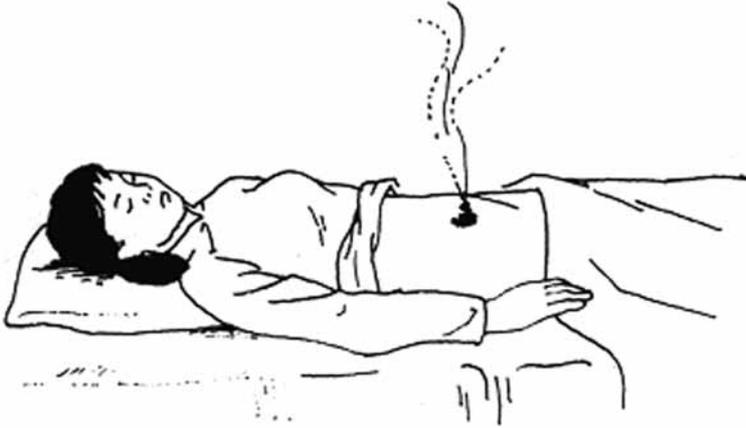


Figure 4.20: Salt moxibustion

Mild-warm moxibustion: An ignited moxa stick is applied over the point to bring a mild warmth to the local area for five to ten minutes until local congestion is found (see Figure 4.21).

Sparrow-pecking moxibustion: When this method is applied, the ignited moxa stick is rapidly pecked over the point, but one should pay attention not to burn the skin. In addition, the ignited moxa stick may be evenly moved from left to right or in a circular movement (see Figure 4.22).

Moxibustion with warming needle: Moxibustion with warming needle is a method that combines acupuncture with moxibustion, and is used in conditions which require both needle-retention and moxibustion. The manipulation is as follows.



Figure 4.21: Mild-warm moxibustion



Figure 4.22: Sparrow-pecking moxibustion

After the arrival of Qi and with the needle retained in the point, wrap the needle handle with a unit of moxa wool and ignite it to cause a mild Heat sensation around the point. This method functions to warm the meridians and promote the free flow of Qi and Blood, which is used to treat painful joints caused by Cold Damp, numbness with a Cold sensation, and paralysis (see Figure 4.23).

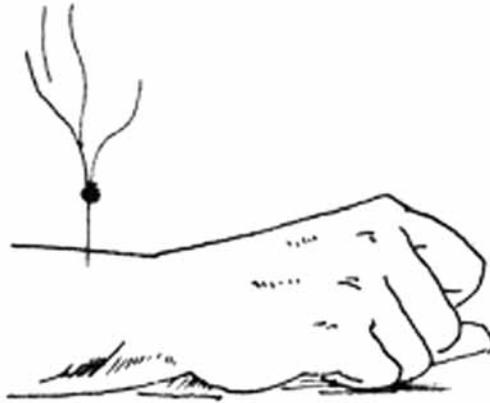


Figure 4.23: Moxibustion with warming needle

4. APPLICATION OF MOXIBUSTION

4.1 The process and volume for moxibustion

Precious Prescriptions points out that: 'Moxibustion is generally speaking applied to the Yang portion first, then the Yin portion; clinically it is applied to the upper part first and then the lower part'. Treat the back first, the abdominal region second; the head and body first, and the four extremities later. But the sequence should be given as required by the particular pathological conditions.

The volume for moxibustion, including the size of moxa cone or duration of treatment with a moxa stick, should be in line with the patient's pathological conditions, general constitution, age and the site where moxibustion is to be applied. Generally speaking, three to seven moxa cones are used for each point, and 10 to 15 minutes for the application of a moxa stick.

4.2 Contraindications

1. Excess syndrome and Heat syndrome (including a high fever caused by common cold or Heat due to Yin deficiency) should not be treated with moxibustion. It is stated in the *Treatise on Febrile Diseases* that: 'a patient with

a feeble and rapid pulse should not be treated by moxibustion. Although the Heat of moxibustion is weak, a strong internal impact may be produced', indicating that improper moxibustion may bring unsatisfactory results.

2. Scarring moxibustion should not be applied to the face and head, and the area in the vicinity of the large blood vessels. According to ancient literature there are points that are advisable to be punctured with needles but not suitable for moxibustion, because most of them are close to the vital organs or arteries. Examples are Jingming (BL 1), as this is close to the eyeball, and Renying (ST 9), which is above a major artery.
3. The abdominal region and lumbosacral region of the pregnant woman are not suitable for moxibustion.

4.3 Moxibustion disposal

After moxibustion some localized burns may remain but the red signs of burning will disappear very soon. Sometimes, a few blisters may emerge on the skin surface. Do not break the blisters as they can heal by themselves. Large blisters should be punctured and drained. If pus is formed, the blister should be dressed to prevent further infection.

IV. CUPPING THERAPY

The aim of cupping is to cause local congestion through the negative pressure created by a jar through introducing Heat in the form of an ignited material. In Ancient China, the cupping method was called the 'horn method'.

An animal horn was used to dispel pus. As time has gone on the materials for making jars and the method of cupping have developed and the indications expanded. Since this method is simple and the therapeutic effect is good, it has attracted much attention, is widely used and has been selected as an auxiliary method in the treatment of acupuncture and moxibustion.

1. TYPES OF JARS

There are a great variety of jars, and the commonly used ones are as follows.



1.1 Bamboo jar

Cut down a section of bamboo 3–7 cm in diameter and 8–10 cm in length, forming a cylinder shaped as a drum. One end is used as the bottom, and the other as the opening. The rim of the jar should be made smoothly. The bamboo jar is light, economical, easy to make and available in many places.

1.2 Glass cup

Since the glass cup is transparent, local congestion at the site for moxibustion can be seen, so it is ideal for taking close control over the treatment.

2. INDICATIONS

The cupping method has the function of warming and promoting the free flow of Qi and Blood in the meridians, dispelling Cold Dampness, and diminishing swellings and pain. In clinics, the cupping method is mainly used to treat Bi syndromes caused by Wind Dampness, such as pain in the low back, shoulders, and leg, gastrointestinal disorders such as stomachache, vomiting, and diarrhoea, and Lung diseases such as cough and asthma.

Cupping combined with bloodletting is suitable for treating acute sprains accompanied by Blood stasis.

3. MANIPULATIONS

3.1 The Fire-twinkling method

Clamp a cotton ball soaked with 95 per cent alcohol using forceps or nippers, ignite it and put it into the cup, and immediately take it out and place the cup on the selected position. Generally speaking, the cup is sucked in place for ten minutes until the skin becomes congested. When withdrawing the cup, hold the cup with the right hand, and press the skin around the rim of the cup with the left hand to let air in. In addition, cupping may be combined with the bloodletting technique. First sterilize the area for cupping and prick a small vein with a triangular needle or intradermal needle, and cupping follows.



3.2 The Fire-throwing method

Throw a piece of ignited paper or an alcohol cotton ball into the cup, then rapidly place the mouth of the cup firmly against the skin on the desired location. This method is applied to the lateral side of the body, otherwise the burning paper or cotton ball may fall and hurt the skin.

4. PRECAUTIONS

1. The patient should select a comfortable position. Cups in different sizes are selected according to the cupping location. Generally speaking, the areas where the muscle is abundant and elastic, or places free from hairs and bone ridges are ideal for treatment.
2. The burning flame should be big enough to create a vacuum. Hold the cup with the rim close to the local area and cup it to the skin rapidly and deftly, otherwise, there will be no therapeutic effects.
3. It is not advisable to apply cupping to patients with skin ulcers, oedema, or on an area overlying large blood vessels or to patients with high fever and convulsions; also avoid applying cupping at the abdominal and sacral regions of pregnant women.
4. It is not suitable to apply cupping to patients susceptible to spontaneous bleeding.
5. Sometimes Blood stasis or bruising may present after cupping. Generally speaking, this will disappear several days later. Small blisters occurring on the skin will be absorbed naturally. If the blisters are severe, draw out the liquid with a sterile syringe, apply gentian violet and cover them with gauze to prevent infection.

In cases where the cupping is combined with the bloodletting method, just remove the Blood with a dry cotton ball.



V. THERAPIES FOR THREE-EDGED, DERMAL AND INTRADERMAL NEEDLES

1. THREE-EDGED NEEDLING THERAPY

1.1 Needle

The three-edged needle has developed from the lance needle, which is one of the nine needles invented in ancient China. The needle is shaped with a round handle, and has a triangular head and a sharp tip (see Figure 4.24).



Figure 4.24: The three-edged needle

1.2 Manipulations

There are three kinds of manipulations.

A. Spot pricking

This is a method known as ‘collateral pricking’ in ancient times, and is used to treat disease by pricking small vessels with a three-edged needle to obtain a little bloodletting. During the operation the handle of the three-edged needle is held with the right hand and the area for bloodletting is picked swiftly about 0.05–0.1 cun deep with the needle being withdrawn immediately. After pricking, press the point with a dry cotton ball until the bleeding stops. This is the most widely used method in clinics, for example, pricking Weizhong (BL 40) to treat lumbago due to stagnation of Blood, pricking Shaoshang (LU 11) to treat sore throat, pricking Quze (PC 3) and Weizhong (BL 40) to treat acute vomiting, and pricking Taiyang (Extra) or the apex of the ear to treat acute conjunctivitis.

B. Clumpy pricking

This involves pricking around the swelling area, then squeezing the skin to drain out decayed Blood. This method is mostly used to treat carbuncles, erysipelas, etc.

C. Pricking

During the operation, the skin is pinched up with the left hand and the skin is then pricked 0.5 cun deep with a three-edged needle to cause bleeding. If there is no Blood, the punctured part is pressed until bleeding occurs. This method is mostly used to treat multiple folliculitis. For multiple carbuncles of the neck, one would try to find the red spots at both sides of the vertebra, and then prick them with a three-edged needle in order to induce bleeding.

1.3 Indications

The three-edged needle functions to promote the smooth flow of Qi and Blood in meridians, dispel Blood stasis and eliminate Heat. It is recommended to treat blockage of the meridians, Blood stasis, excess syndrome and Heat syndrome, such as high fever, loss of consciousness, sore throat, local congestion or swelling.

1.4 Precautions

1. Antiseptic should be used in order to prevent infection.
2. For spot pricking, the operation should be gentle, superficial, and rapid. Avoid injuring large arteries or causing excessive bleeding.
3. Pricking should in no circumstances be applied to those with weak constitution, pregnant women or those susceptible to bleeding.

2. DERMAL NEEDLING THERAPY

2.1 Needle

The dermal needle is also known as the 'plum-blossom needle' or 'the seven-star needle', which is made of five to seven stainless steel needles inlaid onto the end of a handle. The dermal needle is used to prick the skin superficially by tapping in order to promote the smooth flow of Qi in the meridians and regulate the functions of the Zang Fu organs (see Figure 4.25).

A. The seven-star needle

This is composed of seven short stainless steel needles attached vertically to a handle that is 5–6 inches long.



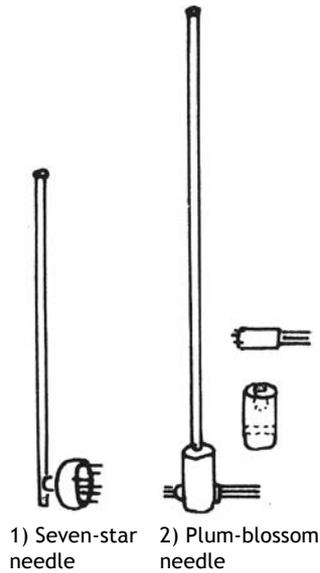


Figure 4.25: The dermal needle

B. The plum-blossom needle

This is composed of five stainless steel needles in a bundle and attached to a handle perpendicularly one foot long. The tip of the needles should not be too sharp, but on the same level with equal space between them, otherwise, pain or bleeding may happen during tapping.

2.2 Manipulation

After routine and local sterilization, hold the handle of the needle and tap vertically on the skin surface with a flexible movement of the wrist. Tapping can be gentle or forceful. Tap slightly until the skin becomes congested, or tap heavily until slight bleeding appears. The selected area for tapped may be either along the course of the meridians, or on the points selected and on the affected area, or along both sides of the spinal column (see Figure 4.26).

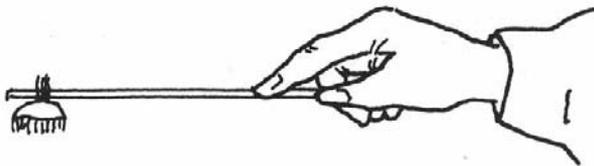


Figure 4.26: Tapping the needle

2.3 Indications

This superficial tapping is particularly suitable for treating disorders of the nervous system and skin disease. It is used to treat diseases like headache, dizziness and vertigo, insomnia, gastrointestinal disease, gynecological disease, skin disease, painful joints and paralysis.

2.4 Precautions

1. The tips of the needles should be even and free from any hooks. On tapping, the tips of the needles should strike the skin at a right angle to reduce pain.
2. Sterilize the needles and the local area. After heavy tapping, the skin surface should be cleaned and sterilized to prevent infection.
3. Tapping is not allowed in the case of trauma and ulcers.

3. INTRADERMAL NEEDLING THERAPY

3.1 The intradermal needle

The Intradermal needle is a kind of short needle made of stainless steel wire, often used for embedding in the skin. There are two types of intradermal needle: the thumbtack type and grain-like type. The intradermal needle is also known as the 'embedding needle', which has developed from the ancient method of needle retaining. It can exert the continuous stimulation produced by an implanted needle.

The thumbtack-type needle, which is about 0.3 cm long, has a head like a thumbtack; and the grain-like needle, about 1 cm long, has a head like a grain of wheat (see Figure 4.27).

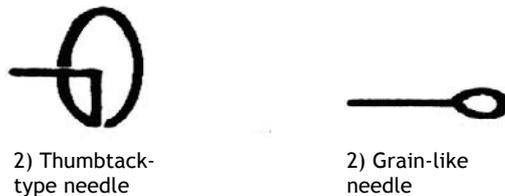


Figure 4.27: The intradermal needle

3.2 Manipulation

The grain-like needle is applied to points or tender spots on various parts of the body, while the thumbtack-type needle is applied to the ear. Embed the sterilized needle into the point, leaving its handle lying flat on the skin surface, and fixing it with a piece of adhesive tape.

3.3 Indications

This is mostly used in clinics to treat chronic or painful diseases that need a long time of retaining the needle, such as headache, stomachache, asthma, insomnia, enuresis, abnormal menstruation, and dysmenorrhea.

3.4 Precautions

1. The duration of implantation depends on the pathological conditions and is also related with seasons. In summer, the needles are, generally speaking, retained for one to two days as excessive sweating is likely to cause infection. In autumn or winter, the retaining duration may be longer according to the needs of a specific case.
2. Try to avoid embedding the intradermal needle in the joints.
3. Do not embed a needle on a purulent infected area or on skin ulcers.
4. Keep the area close to the intradermal needle clean during the embedding time.



GLOSSARY

Accessory nerve The eleventh cranial nerve. It controls muscles in the neck.

Acromium A process on the shoulder blade.

Ala nasi Either of the two rounded sections on the outside of the nose.

Alalia Speech delay.

Amenorrhoea The absence of menstruation in a woman of reproductive age.

Anastomosis A communication between two blood vessels without intermediary capillaries.

Anhidrosis The absence of perspiration where it should have been triggered.

Ansa hypoglossi A loop of nerves that form part of the cervical plexus (see below).

Anterior femoral cutaneous nerve A branch of the femoral nerve in the thigh.

Antipyretic A drug that reduces fever.

Auricle A small pouch found in the walls of both atria of the heart.

Auriculotemporal nerve A nerve in the head that serves the temple.

Axilla The armpit.

Basilic vein A large vein in the arm that drains parts of the hand and forearm.

Biliary Pertaining to the bile duct.

Biliary ascariasis The infestation of biliary channels by an ascaris lumbricoides worm.

Biphasic regulation The treatment of two symptoms by a single method.

Brachial plexus A network of nerves at the base of the neck from which nerves supplying the arms, hands and parts of the shoulders emerge.

Bradycardia An abnormally low heart rate.

Buccal nerve A nerve in the face that transmits information from skin.

Calcaneum The heel bone.

- Canthus** Corner of the eye.
- Cephalic vein** A superficial vein found in the upper limb.
- Cervical plexus** The first four cervical spinal nerves, located in the neck.
- Cholecystitis** The inflammation of the gall bladder.
- Cholelithiasis** Gallstones.
- Circumflex scapular artery** An artery supplying the region surrounding the shoulder blade.
- Cluneal nerve** Any one of several nerves that innervate parts of the buttocks.
- Columnella** The foremost part of the nasal septum, or any other body part resembling a small column.
- Common carotid artery** An artery that supplies blood to the head and neck.
- Costal** Relating to the ribs.
- Cubital fossa** The depression at the front of the elbow.
- Cun** A Chinese unit of length. Traditionally equal to the width of a person's thumb at the knuckle, it has now been standardized to 3.33 cm.
- Deep peroneal nerve** A long nerve found deep in the middle of the lower leg.
- Diplacusis** An inner ear defect causing a person to perceive the same tone as having a different pitch in each ear when presented alternately to the two ears.
- Distal palmar crease** A crease in the skin of the palm.
- Dorsal digital nerves** Nerves found on the upper surface of the hand.
- Dorsal scapular nerve** A nerve that serves three muscles in the neck and upper back.
- Dorsum** The back. Also pertains to the upper or posterior surface of a part of the body.
- Dysuria** Difficult or painful urination.
- Epistaxis** Bleeding from the nose.
- Erysipelas** A bacterial infection of the skin that results in inflammation.
- Femoral artery** A large artery in the muscles of the thigh.
- Fibula** The long, thin outer bone found in the lower leg.
- Foramen** An opening or hole in the body, often in a bone.
- Genicular arteries** Arteries that supply blood to the knee.
- Genitofemoral nerve** A nerve that innervates the cremaster muscle in the genitals.
- Genu suprema artery** An artery in the thigh that arises from the femoral artery.
- Glabella** The space between the eyebrows above the nose.
- Glossoplegia** Tongue paralysis.
- Gluteal** Pertaining to the muscles of the buttocks.

- Great auricular nerve** A nerve that innervates the skin of the ear and the region immediately below it.
- Hamate bone** One of the carpal bones of the hand.
- Haemoptysis** The coughing up of blood from the trachea, larynx, bronchi or lungs.
- Hepatosplenomegaly** The simultaneous enlargement of the liver and the spleen.
- Hidrosis** Sweating.
- Humerus** The bone of the upper arm.
- Hyoid bone** A horse-shoe shaped bone in the neck.
- Hypochondrium** The upper lateral part of the abdomen, just beneath the lower ribs.
- Hypoglossal nerve** The twelfth cranial nerve. It serves the tongue.
- Hyposmia** A reduced ability to detect odours, often caused by allergies or viral infection.
- Iliohypogastric nerve** A nerve that serves the skin across the lateral gluteal region and above the pubis.
- Ilioinguinal nerve** A nerve that serves the skin at the root of the penis and the upper part of the scrotum in men, and the skin covering the pubic area and the labia majora in women.
- Inferior epigastric artery** An artery that serves the lower abdomen and groin regions.
- Inferior ulnar collateral artery** A small artery in the elbow.
- Infraorbital foramen** A hole in the bone below each eye cavity through which the infraorbital vein, artery and nerve pass.
- Inguinal region** The region of the groin.
- Innominate vein** Either of two large veins immediately above the heart.
- Intertragic notch** The space between the tragus and the antitragus of the middle ear.
- Jugular veins** Veins that carry blood back to the heart from the head.
- Laryngeal protuberance** The lump formed by the angle of the thyroid cartilage around the larynx. Commonly known as the Adam's Apple.
- Lateral circumflex femoral artery** A small artery in the upper thigh.
- Lochia** A post-partum vaginal discharge that contains mucus, blood and placental tissue.
- M. adductor longus** A muscle in the thigh, which is involved in flexion at the hip to rotate the thigh.
- M. biceps brachii** The muscle of the upper arm, often known simply as biceps, used to rotate the forearm and flex the elbow.
- M. biceps femoris** A muscle at the rear of the thigh forming part of the hamstrings muscle group.



- M. extensor digitorum longus** A muscle located on the upside of the ankle which extends the toes and ankle.
- M. extensor hallucis longus** A thin muscle on the upside of the ankle which extends the big toe and moves the foot upwards at the ankle joint.
- M. extensor pollicis longus and brevis** Muscles that help to extend the wrist and the end of the thumb.
- M. flexor carpi radialis** The muscle of the forearm that flexes and abducts the hand.
- M. flexor carpi ulnaris** A muscle in the forearm that flexes the wrist.
- M. gastrocnemius** A muscle at the rear of the calf that flexes the foot and the knee.
- M. iliocostalis** A long vertical muscle in the back that helps to flex the head and neck and extend the spine.
- M. latissimus dorsi** The large muscle of the lower back that extends and rotates the arm.
- M. longissimus** A long vertical muscle in the back that helps to flex the head and neck and extend the spine.
- M. masseter** A thick muscle on the side of the face used for chewing.
- M. palmaris longus** A small muscle in the forearm. Some humans do not have one.
- M. pectoralis major** A thick, fan-shaped muscle in the chest.
- M. peroneus brevis** A short muscle in the heel of the foot.
- M. quadriceps femoris** A large group of muscles on the front of the thigh. Used to extend the knee and flex the hip.
- M. rectus abdominis** A pair of muscles that lie vertically on each side of the abdomen.
- M. sartorius** A long thin muscle that covers the length of the thigh. It is the longest muscle in the human body.
- M. semimembranosus** A muscle at the rear of the thigh forming part of the hamstrings muscle group.
- M. semitendinosus** A muscle at the rear of the thigh forming part of the hamstrings muscle group.
- M. trapezius** The large superficial muscle that reaches down the neck, across to the shoulder blade, and part way down the spine. It controls movement of the scapula.
- M. vastus medialis** A quadriceps muscle that helps to extend the leg.
- Malleolus** Either of the two protuberant bones found on both sides of the ankle.
- Mandible** The lower jawbone.
- Massteric artery and nerve** The blood vessels serving the masseter muscle, which is used for chewing.
- Mastitis** The inflammation of breast tissue.

- Mastoid process** The conical protuberance on the temporal bone, found behind the bottom of both ears.
- Medial antebrachial cutaneous nerve** A nerve that serves parts of the forearm.
- Medial brachial cutaneous nerve** A branch of the brachial plexus that serves parts of the arm.
- Medial condyle** A rounded protuberance found at the end of some bones (e.g. femur, humerus, tibia) that articulates with another bone.
- Medial crural cutaneous nerve** A branch of the saphenous nerve that provides innervation to the skin of parts of the leg.
- Medial epicondyle** A rounded, articular protuberance found on the femur or humerus.
- Menorrhagia** A condition in which menstruation is abnormally heavy and prolonged but still occurs at normal intervals.
- Mentolabial groove** The groove on the chin below the lower lip.
- Metacarpals bones** Bones of the hand.
- Metatarsodigital joint** A joint in the toe.
- Micturation** The process of discharging urine through the urethra. Also known as urination.
- Nasopharynx** The part of the pharynx that connects to the nasal cavity.
- Navicular bone** A bone of the ankle.
- Nebula** A minor opacity of the cornea after an ulcer has healed.
- Obturator nerve** A nerve located in the thigh.
- Olecranon** The top part of the ulna, projects behind the elbow joint.
- Ophthalmalgia** Pain in or immediately around the eye.
- Otorrhoea** A discharge from the ear, usually caused by a middle ear infection.
- Palmar digital proprial arteries** Arteries that travel along the side of the fingers, each lying just below its corresponding palmar digital nerve (see below).
- Palmar digital proprial nerve** Nerves that supply the thumb and fingers.
- Parotitis** Inflammation of the salivary glands.
- Patellar ligament** A strong, flat ligament in the knee joint.
- Perineum** Area of skin and muscle between the anus and the genitalia.
- Peroneal artery** A large artery that runs down the rear of the calf.
- Philtrum** The vertical groove in the upper lip.
- Phrenic nerve** The nerve that serves the diaphragm, carrying messages from the brain to make it contract for breathing.
- Pinna** The external part of the ear, formed of skin and cartilage.



- Pisiform bone** The smallest bone of the wrist.
- Plantar digital proprial nerve** Nerves that supply the foot.
- Popliteal artery** An artery that supplies blood to the knee joint and muscles in the thigh and calf.
- Popliteal fossa** The depression at the back of the knee.
- Posterior circumflex humeral artery and vein** An artery arising from the axillary artery at the bottom of the subscapularis muscle and its corresponding vein.
- Posterior interosseous artery** An artery supplying muscles in the forearm.
- Posterior tibial artery** An artery that carries blood to parts of the lower leg and the sole of the foot.
- Ptosis** The drooping of a body part.
- Pubic tubercle** A small, round projection on the pelvis that attaches to the inguinal ligament.
- Ramus** A portion of a nerve or bone.
- Rhinorrhoea** A runny nose, a symptom of the common cold and of allergies.
- Rubella** A viral infection causing a pink rash across large areas of the body and swollen lymph nodes. Also known as German measles.
- Sacral foramen** Any one of several holes in the sacrum through which the sacral nerves and arteries pass.
- Saphenous nerve** A large branch of the femoral nerve that supplies the skin between the knee and ankle.
- Saphenous vein** A vein in the leg that drains blood from the foot.
- Scrofula** A condition in which abscesses are formed by tuberculosis of the lymph nodes, often those of the neck.
- Sternal manubrium** The upper section of the sternum that joins with the clavicles and costal cartilage.
- Sternocleidomastoid muscle** A long muscle found in the neck. It is used to rotate the neck and flex the head.
- Styloid process** A spiny projection, e.g. at the lower end of the ulna.
- Submandibular region** The area below the floor of the mouth.
- Superficial peroneal nerve** A long nerve found near the surface of the lower leg.
- Superior thyroid artery** An artery supplying blood to the thyroid gland and surrounding muscles.
- Supraclavicular fossa** Indentation immediately above the collar bone.
- Suprascapular artery** A nerve that serves two of the muscles on the shoulder blade.
- Sural cutaneous nerve** A nerve that serves the skin on the surface of the leg.

Sural nerve A nerve that serves the rear of the calf.

Symphysis pubis The cartilaginous joint between the pubic bones.

Tachycardia An abnormally high heart rate.

Thenar eminence Group of muscles at the base of the thumb.

Thoracic nerves The spinal nerves that emerge from the thoracic vertebrae.

Thoracoacromial artery and vein A trunk of the axillary artery, branching mainly onto the pectoral muscle and the clavicle, and its corresponding vein.

Thorasodorsal artery An artery that serves the latissimus dorsi muscle of the upper back.

Tibia The inner and larger bone of the shin in the lower leg.

Transverse cervical artery An artery in the neck.

Triquetral bone One of the carpal bones of the hand.

Trismus A spasm in the jaw muscles preventing the mouth from opening.

Trochanter A protuberance found below the head of the femur.

Tuberosity Large, rounded protuberance on a bone.

Ulnar Pertaining to the ulna, one of the bones of the forearm.

Ulnar recurrent arteries Small arteries in the forearm.

Urticaria An itchy rash with dark red raised bumps of which the cause may be allergic or non-allergic. Also known as hives.

Vagus nerve The tenth cranial nerve. It communicates sensory information about the body's organs to the central nervous system.

Vertex Centre of the top of the head.

Xiphisternal synchondrosis A joint at the bottom of the sternum where the xiphoid process and the body of the sternum meet.

Zygoma Either of the cheekbones (zygomatic bones).

Zygomatic Pertaining to the cheekbones.



A BRIEF CHRONOLOGY OF THE CHINESE DYNASTIES

Dynasty		Time period
Xia		About 2100–1600 BCE
Shang		About 1600–1066 BCE
Zhou	Western Zhou	About 1066–771 BCE
	Eastern Zhou	About 770–256 BCE
	Spring and Autumn Period	About 770–476 BCE
	Warring States	About 475–221 BCE
Qin		About 221–206 BCE
Han	Western Han	About 206 BCE–23 CE
	Eastern Han	25–220 CE
Three Kingdoms	Wei	220–265 CE
	Shu	221–263 CE
	Wu	222–280 CE
Western Jin		265–316 CE
Eastern Jin	Eastern Jin	317–420 CE
Sixteen Kingdoms	Sixteen Kingdoms	304–439 CE

Northern and Southern	Southern	Song	420–479 CE
		Qi	479–502 CE
		Liang	502–557 CE
		Chen	557–589 CE
	Northern	Northern Wei	386–534 CE
		Eastern Wei	534–550 CE
		Northern Qi	550–577 CE
		Western Wei Northern Zhou	535–557 CE 557–581 CE
Sui		581–618 CE	
Tang		618–907 CE	
Five Dynasties and Ten Kingdoms	Later Liang	907–923 CE	
	Later Tang	923–936 CE	
	Later Jin	936–946 CE	
	Later Han	947–950 CE	
	Later Zhou	951–960 CE	
	Ten Kingdoms	902–979 CE	
Song	Northern Song	960–1127 CE	
	Southern Song	1127–1279 CE	
Liao		907–1125 CE	
Western Xia		1038–1227 CE	
Jin		1115–1234 CE	
Yuan		1279–1368 CE	
Ming		1368–1644 CE	
Qing		1644–1911 CE	
Republic of China		1912–1949 CE 1949–CE	
People's Republic of China		1949 CE – present day	

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An in-depth understanding of the meridians and acupoints lies at the heart of effective practice in Traditional Chinese Medicine. This book covers everything that practitioners and students need to know.

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Zhu Bing and **Wang Hongcai** teach at the China Beijing International Acupuncture Training Center (CBIATC), which was founded in 1975 at the request of the World Health Organization. CBIATC has a prestigious reputation as one of the world's leading training organizations in Traditional Chinese Medicine.



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