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| Meridians and Acupoints |
| 《经络腧穴学》讲稿 |
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天津中医药大学

**Tianjin University of TCM**

2013-11-18

# Introduction

***Purpose and Requirement:***

1, Master the conception of acupuncture and moxibustion, the characteristic of acupuncture and moxibustion therapy in order to clearly understand the significance of this course and definitely know that acupuncture and moxibustion is the vital aspect of TCM.

2, Acquaint the brief history and the overview of exchange about acupuncture and moxibustion

3, Comprehend the main content, purpose and learning method of this course.

***Content of Courses:***

1, The definition of acupuncture and moxibustion: Acupuncture and Moxibustion, guided by the theory of TCM, is the subject involving meridian and collaterals, acupoints and the technique of needling and moxibustion as well as the law of prevention by acupuncture and moxibustion.

2, The characteristic of acupuncture and moxibustion therapy have the advantage of wide-ranging indication, significant effect, ease of application, economy and safety.

3, The brief history and the overview of exchange about acupuncture and moxibustion: the history of development of acupuncture and moxibustion can be divided into 5 stages. Acupuncture and moxibustion experienced foreign exchange from ancient time until present.

4, The main content, purpose and study methods: The main contents include meridians and collaterals, acupoints, needling and moxibustion technique and treatment. This course is aimed to let students to use the theory of acupuncture and moxibustion to guide them for selecting clinical treatment in order to reach the aim of preventing diseases. Students are required to memorize those fundamental knowledge, persist to practice techniques and focus on the integration of theory and practice.

***Class Hour:***

4-hour

***Teaching Methods:***

Lectures with Powerpoint, film, video, et al..

Teaching methods need to improve the students’ understanding of acupuncture and moxibustion so as to evoke the interest for learning.

Acupuncture and moxibustion are guided by the basic theories of Traditional Chinese Medicine (TCM), they investigate the meridians, collaterals, acupoints and the various methods employed by these modalities as well as discusses how they are used to prevent and treat disease. Due to their extensive range of indications and effectiveness using simple, safe, cost-effective practical applications, the science of TCM has not only received acceptance not only in the general population but it has become one of the therapeutic methods of medical treatment embraced by many countries around the world.

There are several historical stages associated with the formation, development, and the perfection of the science of acupuncture and moxibustion:

**The Embryonic Stage:** The therapeutic methods of acupuncture can be traced back to remote antiquity in China. Bian shi (the stone needle) was the embryonic form or predecessor of the needle instrument now produced as the result of the collective experiences in everyday life and the labor of ancient people. At that time, Bian shi was accidentally discovered to be a to be capable of treating some diseases by pressing stones or piercing certain parts of the body with stones; it was later developed into a therapeutic method. A high quality, wrought stone needle was used after the Neolithic time, and according to the Yi Fa Fang Yi Lun, one of the chapters in the Su Wen (The Plain Questions), using Bian shi was suitable for diseases with boils and carbuncles. With the development of civilization, needles made of other materials appeared, which included those made of bone, earthenware and bamboo. Following the introduction of metallurgy, bronze, iron, gold and sliver needles were widely used.

Therapeutic methods using moxibustion can be traced back to remote times when people learned to use and control fire. Primitive peoples discovered that warming themselves with fire relieved some diseases on certain parts of the body, which lead to their knowledge of the functions of warming methods. Moxibustion methods were formulated from empirical knowledge obtained, by warming various branches in the moxa wards during the period of the Warring States.

Cupping methods also originated from primitive societies. Initially, people would treat some diseases by using a hollow horn that was stuck to the surface of the skin after consuming the air inside of it with fire,which created a vacuum ; that is why the cupping method was also called the “horn method” in ancient times.

**The Initial Stage:** This stage was prior to the formation of The Huang Di Nei Jing. Guidelines associated with acupuncture therapy were discovered and research was done over a period of time resulting in the formulation of rational knowledge concerning the concepts of the meridians and collaterals. The silk scrolls recorded two kinds of ancient meridians and collaterals. In 1973, The Zu Bi Shi Yi Mai Jiu Jing (The Moxibustion Classic with Eleven Foot-Hand Meridians) and The Yin Yang Shi Yi Mai Jiu Jing (The Moxibustion Classic with Eleven Yin-Yang Meridians) was discovered during the excavation of the No.3 Han Tomb at Mawangdui, Changsha City, Hunan provience. The ancient scrolls discussed the pathways and their distribution, manifestations of diseases and the therapeutic methods of moxibustion. This discovery represents the earliest known literature on acupuncture and moxibustion and showed the earliest general knowledge of the meridian and collateral system.

**The Establishment Stage:** This stage span from the Warring States period to the Qin and Han dynasties. The creation of The Huang Di Nei Jing was the benchmark for this stage; this book expounded on the meridian pathways, indications, acupoints and techniques of acupuncture and moxibustion, as well as contraindications, especially The Ling Shu (Spiritual Pivot). One part of the book devoted many chapters to the theories of acupuncture and moxibustion and their clinical applications; so another name for The Ling Shu is Zhen Jing (The Canon of Acupuncture), which was a marker the basic foundation of the system of acupuncture and moxibustion theory. Another book known as The Nan Jing (The Classic of Medical Problems), created during the Han Dynasty, was written to clarify The Huang Di Nei Jing. It discussed the eight extra meridians and primary Qi, to compensate for the imperfections of The Huang Di Nei Jing, and at the same time it expounded on the eight influential points, the applications of the five transport points according to the Wuxing theory and the coordination of both hands during the course of manipulations.

**The Development Stage:** Huang Pumi, a famous acupuncturist in the Jin Dynasty, wrote a book called The Zhen Jiu Jia Yi Jing (The A-B Classic of Acupuncture and Moxibustion) by compiling the materials related to acupuncture and moxibustion from several ancient medical books; The Su Wen, Ling Shu and Ming Tang Kong Xue Zhen Jiu Zhi Yao (Ming-tang Points and Essentials of Acupuncture and Moxibustion Treatment). This is the earliest book exclusively devoted to acupuncture and moxibustion that related the names, locations of the acupoints, acupuncture manipulations and moxibustion in detail, and included therapeutic methods using acupuncture for different diseases. It also made summations of this science after The Huang Di Nei Jing, and served as a link between its past and future development.

Great progress was made during the Sui and Tang Dynasty; The Huang Di Nei Jing Tai Su written by Yang Shangshan further elucidated on the theories of acupuncture and moxibustion. The Bei Ji Qian Jin Yao Fang (The Invaluable Prescriptions for Emergencies) was compiled by Sun Simiao, providing an extensive collection of the experiences of the acupuncturists before him, as well as his own. He designed and created the three earliest multi-colored, hanging charts, the Ming Tang San Ren Tu (Ming Tang three People Picture) which marked the twelve meridians in five colors and the eight extra meridians in green; unfortunately, these charts have since been lost. He also introduced finger-length measurements and the location and application of Ashi points for the first time. At that time, moxibustion techniques were also popular; Wai Tai Mi Yao (The Medical Secrets of an Official), compiled by Wang Tao and The Gu Zheng Bing Jiu Fang (The Diseases of Bone Steaming Moxibustion Prescriptions), by Cui Zhiti, recorded numerous of experiences with moxibustion. Moreover, the Tang Dynasty initiated the establishment of The National Acupuncture and Moxibustion Educational System. The Imperial Medical Bureau of the Tang Dynasty was in charge of medical education, which also included the Acupuncture Department where one professor, an assistant professor, ten instructors, twenty acupuncturists, and twenty students worked; they laid the foundation for the standard education of acupuncture and moxibustion.

In the Song Dynasty, a better acupuncture and moxibustion institution and education system was established in succession. A of Acupuncture and a department of Moxibustion were set up independently, and the writing of Su Wen, Ling Shu, Nan Jing, and Zhen Jiu Jia Yi Jing were confirmed as required courses. Wang Weiyi, an acupuncturist from the Northern Song Dynasty, performed pioneering work to examine and, if necessary, correct acupoints as well improve the current teaching methods. In 1026, he wrote the book, Tong Ren Shu Xue Zhen Jiu Tu Jing (The Illustrated Manual of Acupoints on a Bronze Figure) and engraved it on a stone tablet to make it easy for others to copy. Two bronze human figures were designed by WangWeiyi in the following year. One figure illustreated the meridians and the acupoints on the exterior surface, where as the other figure illustreated the Zang-Fu organs internally. These figures were used for teaching acupuncture as well as for acupuncture examinations, which played a significant role in the standardization of these disciplines. Simultaneously, the extensive utilization of the type-cast printing technique rapidly accelerated the accumulation and dissemination of materials related to acupuncture and moxibustion.

During the Jin and Yuan Dynasties, the theory of the meridians and collaterals, and the methods associated with the application of acupoints and acupuncture techniques were refined and developed further. In the Jin Dynasty, He Rouyu established The Ebb-Flow acupuncture method; he suggested selecting points related to time, which influenced the doctors that followed him. Ma Danyang excelled at Tian Xing Shi Er Xue( The Twelve Points of Tian Xing ); Dou Hanqing mentioned the eight confluent points and Hua Boren revised the meridian pathways and their related acupoints in his book ,Shi Si Jing Fa Hui (The Elaboration of the Fourteen Meridians), he combined Ren and Governor vessel with the twelve regular meridians and called them the “fourteen meridians”. This milestone marked a major advancement in the science of acupuncture and moxbustion.

The Ming Dynasty was a more active period in the history of the development of acupuncture and moxibustion, with more famous doctors and more monographs; specifically, sorting through and researching literature available prior to the Ming Dynasty. During this time, the numerous acupuncture manipulations and extra points from various academic institutions were summarized from the points not on the meridians. The Zhen Jiu Da Cheng (The Great Compendium of Acupuncture and Moxibustion), written by Yang Jizhou, was the third summation for the science of acupuncture and moxibustion after The Zhen Jiu Jia Yi Jing. In 1601, Yang Jizhou wrote The Zhen Jiu Da Cheng based on a secret book, The Zhen Jiu Xuan Ji Mi Yao, (Secret and Soul of Sanitation of Acupuncture and Moxibustion in clinic), handed down in his family. This secret book expounded on the academic viewpoints and clinical experiences of the doctors from past dynasties. Moreover, The Zhen Jiu Wen Dui (The Catechism of Acupuncture and Moxibustion), by Wang Ji; The Zhen Fang Liu Ji (The Six Collections of Acupuncture Prescriptions),by Wu Kun and The Shen Ying Jing, by Chen Hui, promoted the development of the science of acupuncture and moxibustion and were important reference books. The Zhen Jiu Ju Ying (A Collection of Gems in Acupuncture and Moxibustion), was written by Gao Wu, who collected various theories and experiences and added some of his own understandings. The Zhen Jiu Da Quan (A Complete Work of Acupuncture and Moxibustion) by Xu Feng, was a compilation and review of needling manipulations; The Qi Jing Ba Mai Kao (A Study on the Eight Extra Meridians) did special research on the extra meridians that enriched the understanding of the meridians and collaterals.

The Degeneration Stage: In the middle and later periods of the Qing Dynasty the science of acupuncture and moxibustion began to degenerate, even the ruler of the Qing Dynasty went so far as to abolish the Acupuncture and Moxibustion Department from the Imperial Medical College, with the absurd excuse that, “acupuncture and moxibustion were unsuitable for the emperor”. But Li Xuechuan, a famous acupuncturist at that time, who put emphasis on point selection by differentiation, used needles and Chinese medicinal substances together in his book, The Zhen Jiu Feng Yuan (Tracing the Source of Acupuncture and Moxibustion); he also listed 361 acupoints which are still used in teaching materials today.

After the Opium War, the imperialist that invaded China established church hospitals and western medical colleges,but they excluded and discriminated against TCM. In Guo Min Dang's time, the idea of abolishing TCM was even proposed, however, since it was cheaper, more convenient and effective, acupuncture and moxibustion were accepted widely to the general population. A number of insightful individuals, such as Cheng Danan, a representative figure who founded schools and institutions of acupuncture and moxibustion for cultured, qualified personnel, also contributed to its protection and development.

The New Life Stage: After the founding of the People’s Republic of China, the government enacted policies to develop TCM, after which time it flourished like never before. Numerous Universities and colleges of TCM, TCM hospitals and research institutions were established during this period throughout China, which formed complete systems of education, research and medical treatments. In the early 1950’s, the main work was to sort through acupuncture and moxibustion documents and observe the indications of acupuncture and moxibustion.

From the late 1950’s to 1960’s, researchers of ancient acupuncture and moxibustion literature summarized the wide-ranging clinical effects and conducted experiments to reveal their basic functions by observing their influences on the organs of different systems; they also developed acupuncture anesthesia.

Since the 1970’s, modern science, technology and experimental methods have been applied to conduct more extensive research on the issues related to acupuncture and moxibustion, especially those associated with treatment mechanisms and the principles of acupuncture analgesia. The number of diseases being treated by acupuncture and moxibustion are continually expanding. Clinical practice has demonstrated that acupuncture and moxibustion have certain effects on more than 300 diseases form various subspecialties which include: internal medicine, surgery, gynecology, pediatrics, ENT and orthopedics, just to name a few. From more than 300 diseases being treated clinically, research has shown exceptional results in approximately 100 diseases.

For thousands of years, acupuncture and moxibustion not only satisfied the healthcare needs of Chinese people, but it also contribute to the healthcare of people all over the world. At about 600A.D., The Zhen Jiu Jia Yi Jing was bequeathed to Korea and Japan. In 562 AD, China sent The Zhen Jing to Qingming Mikado as gift; in that same year, Zhi Cong, from the state of Wu, brought The Ming Tang Tu and The Zhen Jiu Jia Yi Jing to Japan. The Japanese modeled the medical education system of the Tang Dynasty and began to establish Acupuncture and Moxibustion as a major course of study. In 600 A.D., acupuncture and moxibustion also spread to Southeast Asia and India; in [1400] A.D., the acupuncturist, Zou Geng, went to Vietnam to treat diseases there; in [1600] A.D., acupuncture and moxibustion spread to Europe where France was the main country involved in disseminating the knowledge and practice of TCM to other European countries at that time.

In recent years, there has been a great resurgance in the study of acupuncture and moxibustion in Germany, America and England. In December of 1979, the W.H.O. recommended 43 diseases that could be treated with acupuncture and moxibustion. In order to conform to the request for internationalization, dozens of international training centers were set up to cultivate acupuncturists from other counties. To date, according to a rough estimate, acupuncture and moxibustion has been used as a method for treating disease in more than 120 countries. In November of 1997, an evidentiary hearing associated with acupuncture and moxibustion, held in the American National Health Center, clearly acknowledged that acupuncture therapy that originated in China has demonstrated obvious curative functions with less side effects, therefore it can be used extensively. This acknowledgement is of great significance in regards to the as popularizing and acceptance of this knowledge globally.

The science of acupuncture and moxibustion is very practical, so when studying it one should not only memorize the basic theories by heart, but accumulate extensive clinical experience, which is necessary to grasp the skills and technique; it is only then that we can establish a good foundation for the clinical practice. Moreover, in the spirit and tradition of acupuncture and moxibustion, we should continue to conduct research associated with developing the treatment principles by using modern techniques and methods in an effort to perfect this science and better serve the people of the world.

# Part one Meridians and Acupoints

# Chapter 1 Meridians and Collaterals

***Purpose and Requirement:***

1, Master the conception of meridian and collaterals, the system of meridian and collaterals and the theory of meridian and collaterals

2, Master the conception of meridian-qi

3, Master the composition of the system of the meridian and collaterals

4, Master the name, the law of the body surface distribution, the interior-exterior and connecting-pertaining relationship, circulation direction and linking law, the cyclical flow of qi and blood of twelve main meridians

5, Acquaint the name, characteristic of distribution and function of the eight extra meridian

6, Understand the conception and function of fifteen main collaterals and twelve divergent meridian

7, Understand the conception of muscles along twelve meridians and the twelve cutaneous regions.

***Content of Courses:***

1, The conception of meridians and collaterals, the system of meridians and collaterals: The meridians are the pathways through which qi and blood circulate in the human body, which includes the meridians and collaterals. Meridians, means pathways. They are the main trunks, while the collaterals, networks, are their minor branches. The meridians run lengthwise within the interior of the body and they are the major parts of the system. The collaterals branch out crosswise from the meridians and they are the minor branches of the meridians.

2, System of meridians and collaterals is an organic whole that meridians and collaterals form a network connecting all parts of the body, including the viscera, five sensory organs, nine orifices, four limbs and skeleton. The theory of the meridians and collaterals elaborates the circulation and distribution of the body, physiological functions and pathological changes of the meridian.

3, Qi circulates in the meridians day and night without ending. All parts of the body with the help of qi circulation exert their functions and activities to keep the body in harmony and in a relative state of balance.

4, This system includer the twelve meridians, the eight extra meridians, the fifteen collaterals, the twelve divergent meridians, the twelve muscle regions, the twelve cutaneous regions.

4.1 The complete name of the twelve main meridians is composed of three parts: Zang or Fu organ, hand or foot, yin or yang. Names of the twelve meridians include lung meridian of hand taiyin, pericardium meridian of hand jueyin, heart meridian of hand shaoyin, large intestine meridian of hand yangming, triple energizer meridian of hand shaoyang, small intestine meridian of hand taiyang, spleen meridian of foot taiyin, liver meridian of foot jueyin, kidney meridian of foot shaoyin, stomach meridian of foot yangming, gallbladder meridian of foot shaoyang, bladder meridian of foot taiyang.

The law of the body surface distribution of the twelve meridian: If a person stands normally with both arms naturally resting at their sides and the thumbs facing forwards, the three yin meridians of the hand and foot would be arranged in the following sequence: the taiyin meridians would be the anterior ones, the jueyin meridians would be in the middle, and the shaoyin meridians would be the posterior ones. The order of the yang meridians would be yangming in the anterior, shaoyang in the middle and taiyang in the posterior. However, 8 cun above the medial malleolus, the jueyin meridians are the anterior ones, with taiyin in the middle.

The Interior-Exterior and Connecting-Pertaining relationship of the twelve main meridian: The lung meridian of hand taiyin has an interior-exterior relationship with the large intestine meridian of hand yangming. The stomach meridian of foot yangming has an interior-exterior relationship with the spleen meridian of foot taiyin. The heart meridian of hand shaoyin has interior-exterior relationship with the small intestin meridian of hand taiyang, as bladder meridian of foot taiyang with the kidney meridian of foot shaoyin. The pericardium meridian of hand jueyin with the triple meridian of hand shaoyang, The gallbladder meridian of foot shaoyang with the liver meridian of foot jueyin.

Circulation Direction: The three yin meridians of the hand travel from the chest to the hand, the three yang meridians of the hand travel 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 travel from the foot to the abhomen and chest. The linking law of the twelve main meridians: The interior-exterior yin meridians link 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.

The cyclical flow of qi and blood in the twelve main meridian: Lung meridian---large intestine meridian---stomach meridian---spleen meridian---heart meridian---small intestine meridian---bladder meridian---kidney meridian---pericardium meridian---triple energizer meridian---gallbladder meridian---liver meridian---lung meridian

4.2 The eight extra meridians include conception vessel, governor vessel, thoroughfare vessel, belt vessel, yin heel vessel, yang heel vessel, yin link vessel and yang link vessel. Governor vessel, conception vessel and thoroughfare vessel all originate in the uterus and emerge from the perineum and are therefore called “three meridians sharing the same origin”.

Conception vessel goes along the anterior midline to the throat. Governor Vessel runs posteriorly along the interior of the spinal column and enters the brain. The thoroughfare Vessel coincides with the kidney meridian of foot shaoyin, running along both sides of the abdomen, throat, curving around the lips. The Belt Vessel originates below the hypochondriac region and runs transversely around the waist like a belt. The Yin Link Vessel starts at the medial aspect of the leg, ascends along the medial aspect of the thigh to the abdomen and runs along the chest and communicates with the CV at the neck.The Yang Link Vessel originates from the lateral side of the heel and until the back of the neck to communicate with the GV.The Yin Heel Vessel starts at the posterior aspect of the navicular bone and runs until if reaches the inner canthus and communicates with the yang heel vessel. The Yang Heel Vessel starts at the lateral side of the heel, then rens further upward along the bladder meridian of foot taiyang to the forehead, meets the gallbladder meridian of foot shaoyang.

The eight extra meridians can strengthen the relationship among the twelve main meridians and regulate the qi and blood of the twelve main meridians.

4.3 Fifteen main collaterals: Collateral from the twelve main meridians and one each from conception and governor vessels and the major collateral of the spleen comprise the fifteen main collaterals.

Fifteen main collaterals can strengthen the interior-exterior relationships of the twelve main meridians on the superficial parts of the body and supplement the inadequate circulation of the twelve main meridians and connect the qi of the abdomen and back with that of the whole body.

4.4 The twelve divergent meridians branch out from the twelve main meridians. Their circulation has the characteristics of deriving from, entering in, emerging from and confluencing with.

The twelve divergent meridians can not only strengthen the interior-exterior relations of the twelve main meridians, but also strengthen the relationship of the zang and fu in the deep parts of the body, supplement the inadequate circulation of the twelve main meridians in the superficial and internal parts of the body.

4.5 Muscles along twelve meridians are the conduits which gather, meet, spread and join the qi of the twelve main meridians to the muscles, tendons and joints, and are the subordinate regions of the twelve main meridians.

4.6 The twelve cutaneous regions refer to the body superficies (superficial surfaces) on which the functions of the twelve main meridians are reflected; they are also the sites where the qi of the collaterals spread.

***Class Hour:***

8-hour

The meridians are the pathways through which qi and blood circulate in the human body. They connect with the Zang and Fu organs interiorly and link the exterior with the interior portions of the body. Meridians, mean pathways, they are the main trunks, while the collaterals, and networks are their minor branches. The meridians run lengthwise within the interior of the body and are the major parts of the system. The collaterals branch out crosswise from the meridians and are the minor branches of the meridians. It is written in the book entitled Mai Du, a chapter of Ling Shu (Spiritual Pivot): “Those running within the interior of the body are meridians while those traveling crosswise from the meridians, are collaterals; the smallest branches of the collaterals are called minute collaterals.”

Qi circulates in the meridians day and night without ending. All parts of the body with the help of Qi circulation exert their functions and activities to keep the body in harmony and in a relative state of balance.

The theory of the meridians and collaterals elaborates on the body-surface distribution, physiological functions and pathological changes of the meridian and collateral system and significantly guides the clinical practice of acupuncture.

## 1.1 The Composition of the System of the Meridians and Collaterals

This system includes the twelve 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, and the system of the collaterals, which includes the fifteen collaterals, the superficial collaterals and minute collaterals. The composition of the system of the meridians and collaterals are listed in Table 1-1.

Table: 1-1

  Lung meridian of hand taiyin

Pericardium meridian of hand jueyin

Heart meridian of hand shaoyin

Large intestine meridian of hand yangming

Triple meridian of hand shaoyao

Twelve main Meridians Samll intestine meridian of hand taiyang

Spleen meridian of foot taiyin

Liver meridian of foot jueyin

Kindney meridian of foot shaoyin

Stomach meridian of foot yangming

Gallbladder meridian of foot shaoyao

Bladder meridian of foot taiyang

Conception vessel

Main Governor vessel

Meridians Thoroughfare vessel

Eight Extra Meridians Belt vessel

Meridian Yin link vessel

System Yang link vessel

Yin heel vessel

Yang heel vessel

Twelve divergent meridians

Muscle along twelve meridians

Twelve cutaneous regions

Fifteen main collaterals

Collateral Tertiary collateral

Superficial collateral

### 1.1.1 The Twelve Main Meridians

The twelve main meridians are associated with the zang-fu organs, which includes the three yin meridians of the hand (the lung, pericardium and heart), the three yang meridians of the hand (the large intestine, triple and small intestine), the three yang meridians of the foot (the stomach, gallbladder and bladder) and the three yin meridians of the foot (the liver, spleen and kidney). They are the main trunks of the system of the meridians and collaterals.

#### 1.1.1.1 Naming of the Twelve Main Meridians

The complete name of each of the twelve main meridians is composed of three parts:

A.  A Zang or a Fu Organ

The twelve main meridians belong to their own organs respectively and they are named after the organs they pertain to.

B.  Hand or Foot

Through which the meridians travel.

C.  Yin or Yang

The medial sides of the four extremities belong to yin, while the lateral sides of the four extremities belong to yang. According to the preponderance of yin and yang, yin can be divided into taiyin, shaoyin and jueyin, while yang includes taiyang, yangming and shaoyao. The meridian associated with the lung, traveling in the medial and anterior side of the upper extremities, is called The Lung Meridian of HandTaiyin. The meridian traveling on the medial and posterior sides of the lower extremities is named The Gallbladder Meridian of Foot Shaoyao. The naming of the twelve meridians is shown in Table 1-1.

#### 1.1.1.2 Law of Body Surface Distribution of the Twelve Meridians

The twelve meridians are distributed bilaterally and symmetrically on the head, face, trunk and the four extremities of the body. The six yin meridians, travel along the inner aspects of the four extremities, and on the chest and abdomen. The six yang meridians and their respective six fu organs, travel laterally on the four extremities, head, face and trunk. If a person stands normally with both arms naturally resting at their sides and the thumbs facing forward, the three yin meridians of the hand and foot would be arranged in the following sequence: the Taiyin meridians would be the anterior ones, the Jueyin meridians would be in the middle, and the Shaoyin meridians would be the posterior ones. The order of the yang meridians would be Yangming in the anterior, Shaoyao in the middle and Taiyang in the posterior. However, 8 cun above the medial malleolus, the Jueyin meridians are the anterior ones, with Taiyin in the middle. On the trunk, the three yang meridians of the hand travel along the scapula; the three yin meridians of hand emerge from the axilla and the three yin meridians of the foot travel along the lateral sides the abdomen. Of the three yang meridians, the Taiyang meridians travel on the back of the trunk, Shaoyao on the lateral side of the trunk, and Yangming meridians travel at the level of the abdomen. On the hands and face, the Taiyang meridians of hand and foot travel bilaterally on the head; Taiyang meridians of hand and foot travel along the cheek, the neck and back of the head, and Yangming meridians of the hand and foot travel along the face and the forehead.

#### 1.1.1.3 The Interior-Exterior and Connecting-Pertaining Relationship of the Twelve Main Meridians

The twelve main meridians have a relationship with the zang-fu organs inside the body. The yin meridians belong to the zang organs, while the yang meridians belong to the fu organs. One yin meridian is paired with one yang meridian and one zang organ is paired with one fu organ, which forms the interior-exterior and connecting-pertaining relationship of the zang-fu organs and yin and yang. The Lung Meridian of Hand-Taiyin has an interior-exterior relationship with the Large Intestine Meridian of Hand-Yangming. The Stomach Meridian of Foot-Yangming has interior-exterior relationship with the Spleen Meridian of Foot-Taiyin. The Heart Meridian of Hand-Shaoyin has interior-exterior relationship with the Small Intestine Meridian of Hand-Taiyang. The Bladder Meridian of Foot-Taiyang with the Kidney Meridian of Foot-Shaoyin. The Pericardium Meridian of Hand-Jueyin with the Triple Meridian of Hand-Shaoyao. The Gallbladder Meridian of Foot-Shaoyao with the Liver Meridian of Foot- Jueyin. The interior-exterior yin meridians have connecting-pertaining relationships with the yang meridians, e.g. yin meridians are associated with the zang organs and connect with the fu organs, while yang meridians pertain to fu organs and connect with the zang organs. The Liver Meridian of Foot-Jueyin connects with the Gallbladder; the Small Intestine Meridian of Hand-Taiyang pertains to the Small Intestine and connects with the Heart, etc. In the four extremities, the twelve main meridians strengthen the interior-exterior relationship through the collaterals. In this way the six interior-exterior and connecting-pertaining relationship is formed with the zang-fu and yin-yang meridians. The interior-exterior meridians have a physiological relationship, and they influence each other during the course of a disease and interact with each other during treatments.

#### 1.1.1.4 Circulation Direction and Linking Law of the Twelve Main Meridians

The three yin meridians of the hand travel from the chest to the hand, the three yang meridians of hand travel 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 travel from the foot to the abdomen and chest. The linking law of the twelve main meridians: The interior-exterior yin meridians link 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. See Table 1-2.

#### 1.1.1.5  The Cyclical Flow of Qi and Blood in the Twelve Main Meridians

The cyclical flow of qi and blood in the twelve primary meridians: They originate from the Lung meridian and terminate at the Liver meridian, and then again flow from the Liver meridian to the Lung meridian. They transport qi and blood to the entire body so organs and tissues exert their functions. The cyclical order of the twelve meridians is shown in Table 1-2.

Table 1-2 The Cyclical Direction and Linking Law of the Twelve Meridians

Tip of the

index finger

Beside the nose

Tip of the great toe

Lung Large Intestine Stomach Spleen

In the heart

In the lung

Liver Heart

Tip of the small finger

Tip of the great toe

Gallbladder Small Intestine

Iner canthus

External canthus

Triple Pericardium Kidney Bladder

Tip of the small toe

In the chest

Tip of the ring finger

### 1.1.2. The Eight Extraordinary Meridians

The eight extraordinary meridians are distributed among the twelve regular meridians, and they are Conception Vessel(Conception vessel), Governing Vessel(Governor vessel), the Thoroughfare/Penetrating Vessel(Thoroughfare vessel), the Belt Vessel( Dai Mai), Yin Heel Vessel (yin heel vessel), Yang Heel Vessel(yang heel vessel), Yin Link Vessel (yin link vessel) and Yang Link Vessel (yang link vessel); these eight meridians are different from the twelve main meridians. They neither belong to the zang-fu organs nor do they have a yin-yang or interior-exterior relationship. Of the eight, the Governing Vessel, Conception Vessel and the Thoroughfare/Penetrating Vessel all originate in the uterus and emerge from the perineum and are therefore called “three meridians sharing the same origin”.

The Governing Vessel has a close relationship with the six yang meridians. It regulates the yang of the entire body, and is called the Sea of Yang meridians. Conception Vessel has a close relationship with the six yin meridians. It regulates the yin of the whole body, therefore it is called the Sea of Yin meridians; the Thoroughfare vessel regulates and restores the qi and blood in the twelve regular meridians, so it is called the Sea of the Twelve Main Meridians or the Sea of Blood.

    The eight extraordinary meridians run lengthwise and crosswise between the twelve main meridians. Their functions are listed below:

1.1.2.1 Strengthen the relationship between the twelve main meridians and connect the meridians that are close to each other with similar functions, so as to govern the qi and blood of related meridians and regulate yin and yang.

1.1.2.2 Regulate the qi and blood of the twelve main meridians. When the qi and blood is sufficient in the twelve meridians, the eight extra meridians will store qi and blood, otherwise they will supplement qi and blood when the qi and blood in the twelve main meridians is in poor supply.

Conception Vessel and Governing Vessel have their own points and are grouped with the twelve main meridians as the fourteen main meridians. The fourteen main meridians are the main part of the meridian system since they have their own points, circulation direction and disease syndromes.

### 1.1. 3. The Twelve Divergent Meridians

The twelve divergent meridians branch out from the twelve main meridians. Their circulation has the characteristics of deriving from, entering in, emerging from and confluencing with the twelve main meridians. They are derived from the main meridians at the joints of the elbows and knees, they enter the thoracic and abdominal cavities where they connect with their associated zang or fu organs; then they emerge from the body superficies (superficial surfaces) at the head and neck. The yang divergent meridians confluence with the main meridians, and the yin divergent meridians confluence with the internally-externally related yang divergent meridians. There are six groups of the twelve divergent meridians according to their yin-yang and interior-exterior relationship, therefore they are also called The Six Confluences or Liu He.

The divergent meridians of foot-Shaoyao and foot-Jueyin are derived from the lower extremities, they ascend to the region of the pubic symphysis, enter into the liver and gallbladder, emerge from the eyes and confluence with the gallbladder meridian of foot-Shaoyao. The divergent meridians of foot-Taiyang and foot-Shaoyin are derived from the popliteal fossa, enter into the kidney and bladder, emerge from the neck and confluence with the bladder meridian of foot-Taiyang. The divergent meridians of foot-Yangming and foot-Taiyin derive from the thigh, entering into the spleen and stomach, emerge from the nose and link with the stomach meridian of foot-Yangming. The divergent meridians of hand-Shaoyao and hand-Jueyin are derived from their corresponding main meridians, enter into the chest and triple, emerge from the retroauricular region and confluence with the triple meridian of hand-Shaoyao. The divergent meridians of hand-Taiyang and hand-Shaoyin are derive from the axilla, enter the heart and small intestine, emerge from the inner canthus and confluence with the small intestine of hand-Taiyang. The divergent meridians of hand-Yangming and hand-Taiyin are derived from their corresponding main meridians, enter into the lung and large intestine, emerge from the supraclavicular fossa and confluence with the large intestine meridian of hand-Yangming.

Through the circulation distribution or deriving from, entering, emerging from and converging with, the twelve divergent meridians can not only strengthen the interior-exterior relations of the twelve main meridians, but also strengthen the relationship of the zang and fu in the deep parts of the body, supplement the inadequate circulation of the twelve main meridians in the superficial parts of the body and enlarge the scope of indications of the acupoints. The divergent meridians of the three yin meridians of the hand travel to the head, therefore their acupoints can treat diseases of the face and head.

### 1.1.4. Fifteen Main Collaterals

Collateral from the twelve main meridians and one each from conception and governor vesses and the major collateral of the spleen comprise the fifteen main collaterals. They are named respectively after the names of the points from where they start.

The twelve collaterals branch out from the connecting points at knees and elbows of the four extremities, where they travel to and link up with their interior-exterior meridians. The collateral from the conception spreads out over the abdomen after branching out from Jiuwei (the connecting point(CV15)). The collateral from the governor vessel spreads out over the head after branching out from Changqiang(GV1) and linking up with the Taiyang meridians of the foot on the right and left sides. The major collateral of the spleen branches out from Dabao(SP21) and spreads out over the chest and hypochondriac area. In addition, the superficial and minute collaterals, which branch out from the collaterals and circulate on the superior of the body, spread throughout the whole body and are countless.

The collaterals branching out from the twelve main meridians in the four extremities strengthen the interior-exterior relation of the twelve main meridians on the superficial parts of the body and supplement the inadequate circulation of the twelve main meridians. The collaterals from the conception and governor vessel of the trunk and the great collateral of the Spleen connect the qi of the abdomen and back with that of the whole body. In addition, the superficial and minute collaterals can also distribute the qi and blood to nourish the tissues of the whole body.

### 1.1.5. Muscles Along Twelve Meridians

The muscles along twelve meridians are the conduits, which gather, meet, spread and join the qi of the twelve main meridians to the muscles, tendons and joints, and are the subordinate regions of the twelve main meridians. All muscles along twelve meridians originate from the extremities of the extremities, connect with joints and bones and ascend to the head and trunk, but travel along the body surface and do not enter into the zang and fu organs. The three yang muscle regions of the hand originate in the fingers, travel along the lateral side of the arm and ascend to the head. The three yin muscle regions of the hand originate in the fingers, travel along the medial side of the arm and ascend to the chest. The three yang muscle regions of foot originate in the toes, travel along the lateral side of the leg and terminate at the face. The three yin muscle regions of foot originate in the toes, travel along the medial side of the leg and terminate at the abdomen.

The main functions of the muscle regions are to control the bones, facilitate flexion and extension of the joints and to maintain the normal locomotive functions of the body.

### 1.1.6. The Twelve Cutaneous Regions

The twelve cutaneous regions refer to the body superficies (superficial surfaces) on which the functions of the twelve main meridians are reflected; they are also the sites where the qi of the collaterals spread. According to the course of the twelve meridians and collaterals on the superficial parts of the body, the skin of the whole body is divided into the twelve parts; therefore it is called the twelve cutaneous regions. It was stated in the book entitled the Pi Bu Lun a chapter of Su Wen: The cutaneous regions are the part of system of meridians and collaterals located in the superficial layers of the body, the cutaneous regions are marked by the main meridians .

Since the cutaneous regions are the most superficial part of the body tissues, which are also connected with the meridians and collaterals and qi and blood, they bear the protective function of the organs and reflect syndromes of diseases.

## 1.2 Biao Ben, Gen Jie, Qi Jie(The Qi Passageways) and Si Hai (the Four Seas)of Meridians and Collaterals

***Purpose and Requirement:***

1, Acquaint the conception and distribution of *Biao Ben* and *Gen Jie*

2,Know the significance of *Biao Ben* and *Gen Jie*

3,Acquaint the conception and signigicance of *Qi Jie* and *Si Hai*

***Content of Courses:***

1, The definition of *Biao Ben* and *Gen Jie*: *Biao Ben* refers to the corresponding relation between the upper with the lower distribution of the meridians and collaterals and acupoints. *Biao* means the branch of a tree, referring to the upper part of the body, which corresponds to the head, face, chest and back. *Ben* means the root of a tree, referring to the lower part of the body, and corresponds to the lower extremities. *Gen Jie* means the place in which the qi originates and terminates, reflecting the upper and lower relation of the qi. *Gen* means the root or beginning, e.g. the well points at the extremities of the four extremities. *Jie* means gathering or meeting, e.g. the head, chest and abdomen. The scope of *Biao Ben* is broader than Gen Jie.

2, The significance of the theories of *Biao Ben* and *Gen Jie*: *Biao Ben* theoretically emphasizes the corresponding relation of upper and lower, e.g. the *qi* of the twelve main meridians gathers and disperses while *Gen Jie* theoretically emphasizes the relation of qi between the two poles. The theories of *Biao Ben* and *Gen Jie* additionally explain the condition of qi circulation, e.g. the circulation of qi is multiple and dispersing and emphasizes the close relation between the four extremities with the head and body.

3, The definition of *Qi Jie* and *Si Hai:* *Qi Jie* is the pathway in which the qi of twelve main meridians gathers and circulates. The locations of *Qi Jie* are at the chest, abdomen, head and the part of tibia. The theory of *Qi Jie* give an explanation of qi circulation from a new point of view. *Si Hai* refers to the sea of marrow, the sea of blood, the sea of qi and the sea of water and grain. The sea of marrow is located in the brain, the sea of qi located in the chest, the sea of water and grain in the upper abdomen and the sea of blood in the lower abdomen. The theory of *Si Hai* further explains the composition and source of the meridian qi, which plays an important role in guiding the clinical practice.

***Class Hour:***

1-hour

The relation between the meridians and collaterals with the different parts of the body is complicated. Besides the contents introduced above, the meridians and collaterals also have the theories of Biao Ben , Gen Jie, Qi Jie and Si Hai. On the basis of analyzing the distribution of the meridians and collaterals, as well as the circulation of qi and blood, these theories further explain the corresponding relation between the upper and the lower and the interior with the exterior of the meridians, collaterals and acupoints. They also stress the specific relationship between the four extremities of the body and the head, as well as the internal organs and the superficial parts of the body. They explain the corresponding relationship between the specific points of the lower extremities and the points on the head, chest, abdomen and back. If these theories are understood, the specific rules of the course of the meridians and collateral and the specific condition of the circulation of qi and blood will be thoughly understood, which will be crucial to effective clinical practice.

### 1.2.1Biao Ben and Gen Jie

Biao Ben refers to the corresponding relation between the upper and the lower distribution of the meridians and collaterals and acupoints. Biao means the branch of a tree, referring to the upper part of the body, which corresponds to the head, face, chest and back. Ben means the root of a tree, referring to the lower part of the body, and corresponds to the lower extremities.

There are Biao and Ben in the twelve meridians. According to the location of Biao Ben in the twelve main meridians, which was stated in the book entitled the Wei Qi Chapter of Ling Shu and combining their corresponding points, the Biao Ben of the twelve main meridians is listed in Table 1-4.

 Table1-4: The Biao Ben of the Twelve Main Meridians

Gen Jie means the place in which the qi originates and terminates, reflecting the upper and lower relation of the qi. Gen means the root or beginning, e.g. the Well points at the extremities of the four extremities. Jie means gathering or meeting, e.g. the head, chest and abdomen. Dou Hanqing, of the Yuan Dynasty, stated in his book, Biao You Fu:“In the twelve main meridians the four extremities are considered as Gen, the three parts of the head, chest and abdomen are considered as Jie”. The Gen and Jie of the three yin and three yang of the foot were stated in the book entitled the Gen Jie Chapter of Ling Shu. See Table 1-5.

 Table 1-5: The Gen and Jie of the Three Yin and Three Yang of the Foot

The location of Gen and Ben and Jie and Biao in the twelve main meridians are very close or the same, as well as their meanings. Gen has a similar meaning as Ben, while Jie has a similar meaning as Biao. Gen and Ben are located at the lower part of the body where the qi originates, while Jie and Biao are located at the upper part of the body where the qi gathers and terminates. Yet these pathways are also different in specific content. There is Ben above Gen and there is Biao beyond Jie. This means the scope of Biao Ben is broader than Gen Jie. Biao Ben theoretically emphasizes the corresponding relation of upper and lower, e.g. the qi of the twelve main meridians gathers and disperses while Gen Jie theoretically emphasizes the relation of qi between the two poles. It indicates that the qi cycling between Gen and Jie is more concentrated.

The theories of Biao Ben and Gen Jie additionally explain the condition of qi circulation, e.g. the circulation of qi is multiple and dispersing , and emphasizes the close relation between the four extremities with the head and body. The theories supply the theoretical basis of clinical practice in that the specific points below the elbow and knee of the four extremities can treat diseases of the zang-fu organs and the face and head, which are distal to the chosen points, and the points at the head and body can be used to treat illness in the four extremities. In clinical practice it is known that “Points located on the lower part of the body are chosen to treat diseases on the upper part of the body, while the points located on the upper part of the body are selected to treat illness located on the lower part of the body”.

### 1.2.2. Qi Jie

Qi Jie is the pathway in which the twelve main meridians qi gathers and circulates. It is written in the Wei Qi chapter of Ling Shu: “ When we mention Qi Jie, it means that the chest qi has a pathway, the abdominal qi has a pathway, the head qi has a pathway and the qi of the lower part of the abdomen has a pathway.” It was also written in the book called the Dong Shu Chapter of Ling Shu: “The four Jie are the pathways in which qi circulates”. It means that there is qi of the twelve main meridians gathered at the head, chest, abdomen and the lower abdomen and the pathway in which qi circulates.

Qi Jie is recorded in more detail in the Wei Qi Chapter of Ling Shu.

The location of Qi Jie at the chest, abdomen, head and the lower abdomen is listed below.

Table1-6: Si Hai and Qi Jie

It can be seen from the chart (1-5), that one of the primary characteristics of Qi Jie is to connect the zang-fu organs transversely, the upper with the lower, link the zang-fu organs closer and connect the front with the back. The main purpose of Qi Jie is to link the zang-fu organs and meridians and collaterals horizontally and divide the head, chest, abdomen and lower abdomen vertically. The combination of the Back-Shu with the alarm points, points at the front with points at the back, as well as, paired needling which is commonly used in the clinic, are all based on this theory of Qi Jie.

### 1.2.3. Si Hai

Si Hai refers to the sea of marrow, the sea of blood, the sea of qi and the sea of water and grain, in which the qi, blood, essence and marrow of the body meet. Sea is the place where the water from rivers gathers. It is thought, in the theory of the meridians and collaterals, that the qi and blood circulate inside the meridians like the water flowing on earth or all rivers flowing to the sea. It is indicated in the Hai Lun chapter of Ling Shu: “There is a sea of marrow, a sea of blood, a sea of qi and a sea of water and grain in the human body. So these body seas are referred to as the four seas .”

The location of four seas is similar with that of qi pathways. The sea of marrow is located in the brain, the sea of qi located in the chest, the sea of water and grain in the upper abdomen and the sea of blood in the lower abdomen. The four seas control the qi and blood and body fluids of the whole body. Of them the sea of marrow, located in the head is the house of mental activity, the origin of the mind and the dominator of the activities of the zang-fu organs, meridians and collaterals. The sea of qi, located in the chest, is the place where the pectoral qi gathers. The sea of Qi controls the heart vessels and respiration. The stomach is the sea of water and grain, it is the origin of constructive and defensive qi, the place from which qi and blood are produced. The Thoroughfare vessel is the sea of the twelve main meridians, originating in the uterus, ascending with the Foot-Shaoyin; it is the origin of the twelve main meridians, from which the qi of Triple originates, it is also the origin of the vital activity of the human body, so it is also referred to as the sea of blood.

## 1.3 The Physiological Functions and Pathological Changes of the Meridians and Collaterals

***Purpose and Requirement:***

Acquaint the physiological function of meridians and collaterals and the clinical application of the theory of meridians and collaterals

***Content of Courses:***

1, The physiological function of the meridians and collaterals: a)Circulating qi and blood and nourishing the whole body; b) Connecting the different organs, linking the interior with the exterior portions; c) Defending the body against pathogenic factors.

2, The clinical application of the theory of the meridians and collaterals: a)showing the pathological changes; b) guiding the diagnosis and meridian topography ; c) guiding the treatment of acupuncture and moxibustion.

***Class Hour:***

1-hour

### 1.3.1  The Physiological Functions of the Meridians and Collaterals

#### 1.3.1.1  Circulating Qi and Blood and Nourishing the Whole Body

It is stated in the Ben Cang Chapter of Ling Shu:“The meridians and collaterals circulate qi and blood so as to regulate yin and yang, nourish the tendons and bones and improve joint function”. Qi and blood are the basic materials for the life activities of the human body. It is only when the organs and tissues of the whole body get nourished by qi and blood that they can perform their functions normally. The meridians and collaterals are the pathways in which the qi and blood of the human body circulate. They transport qi and blood to different tissues and organs of the whole body so as to nourish the zang-fu organs, prevent the superficial portions of the body from being attacked by pathogenic factors, strengthen the tendons and bones and improve joint function.

#### 1.3.1.2 Connecting the Upper with Lower Parts, Linking the Interior with the Exterior Portions

It is said in the Hai Lun Chapter of Ling Shu:“The twelve main meridians and collaterals internally belong to the zang-fu organs and externally connect with the superior.” Due to the connection and coordination of the system of meridians and collaterals the five zang organs and six fu organs, four extremities, five sense organs, nine orifices, skin, muscles, tendons and bones the human body is able to maintain a relative degree of coordination and unification to perform normal physiological functions. The divergent meridians and muscle regions of the meridians and collaterals, the eight extraordinary meridians and the fifteen collaterals transversely and longitudinally cross with each other interiorly and exteriorly, the upper and lower portions of the body and the left and right sides of the body to connect the zang fu organs and tissues. The muscles and cutaneous regions link with the tendons, muscles and skin of the body. The superficial and minute collaterals link with the finer parts of the body; in this way the meridians and collaterals make the body a unified and organic whole.

Besides, the meridians and collaterals have the function of transportation. On one hand, the superficial pathogenic factors and different stimuli from the exterior will be transmitted via the zang-fu organs through the meridians and collaterals; on the other hand, the physiological functions and pathological changes of the zang-fu organs are also transported to the superficial portions of the body through the meridians and collaterals.

#### 1.3.1.3 Defending the Body Against Pathogenic Factors

Nutrient qi flows inside the meridians and defensive qi runs outside. The meridians and collaterals, whose function is circulating qi and blood, can spread nutrient qi to the whole body. Internally they coordinate the zang-fu organs, where as externally they defend the body against pathogenic factors. Pathogenic factors invade the body from the exterior to the interior, starting at the skin and pores. The collaterals circulate throughout the entire body, and spread out over the skin area. When pathogenic factors invade the body, the defensive qi acts as a screen to defend the body against them. It is stated in the Miu Ci Lun Chapter of Su Wen：“When pathogenic factors invade the body, they enter via the surface of the skin first and stay in the skin. If they don’t leave the skin they will enter into the minute collaterals. If they don’t leave the minute collaterals they will enter into the collaterals. If they don’t leave the collaterals they will enter into the meridians and then enter into the zang-fu organs through the meridians, since meridians have a very close relationship with the five organs, stomach and intestines.”

### 1.3.2 The Pathological Changes in the Meridians and Collaterals

Some pathological changes occur on relevant routes of the meridians and collaterals during the course of an illness. In the case of skin disease, a belt-shaped skin disorder may occur on the relevant meridians. Sensory disturbances may also occur on the corresponding meridians such as spasms, burning, dull pain or tenderness, as well as the feeling of numbness, soreness, distention, heat, cold, sensations of water flowing or ants crawling, sensitivity or dull sensations. Reactive changes such as tenderness, tubercles and cord-like manifestations are reflected on the pathways of the corresponding meridians and collaterals. More detailed descriptions of the syndromes in the twelve meridians (the diseases occurring on the twelve main meridians and the diseases on finer meridians and collaterals) are recorded in the Jing Mai Chapter of Ling Shu.

## 1.4 The Clinical Applications of the Theory of the Meridians and Collaterals

### 1.4.1 Diagnosis

#### 1.4.1.1 Diagnosis According to the Course of the Meridians and Collaterals

Determining the affected meridians according to syndrome differentiation, based on the location of the disease, involves locating the affected meridians according to the patient's symptoms, physical signs and pathological changes.

Diagnosing according to the course of the meridians and collaterals is based on the theory of meridians and collaterals. In the case of a headache, for example, if pain is located in the forehead, it is an indication that the headache has a close relation to the Yangming meridians. If the pain is located on both sides of the head, it has a close relation with Shaoyang meridians. Pain located at the back of the head has a close relation to Taiyang meridians; whereas pain located at the top of the head (vertex), indicates a close relation with governor vessel and the Foot-Jueyin meridians. In clinic, we can also determine the affected meridians according to the syndrome and the zang-fu organs with which they link. A more detailed description of the main syndrome and physical signs when the meridians are affected is recorded in the Jing Mai Chapter of Ling Shu.

#### 1.4.1.2 Inspections According to the Course of the Meridians and Collaterals

Abnormal changes in the shape and color of relevant meridians can be used as a diagnostic indicator or reference during the course of diseases. Skin diseases on relevant meridians has some relationship with their corresponding zang-fu organs. Also, inspecting the color of the collaterals on the radial aspect of a child’s index finger, along with the superficial or deep vein can be primary indicators for diagnosing children's diseases. The manifestation of protruding, hollow, soft or hard acupoints are all reactions to disease.

#### 1.4.1.3 Palpations According to the Course of the Meridians and Collaterals

In Traditional Chinese Medicine, pulse palpation is of great importance for diagnosing diseasea because the pulse has a very close relationship with the meridians and collaterals. In clinic, doctors often diagnose diseases by pressing and feeling abnormalities on the points of relevant meridians such as tenderness, cord-like lesions and tubercles. Disease diagnoses made by point palpation on the meridians has become a supplementary procedure. The Guan Neng Chapter of Ling Shu states: “Observe the pain, right or left, upper and lower, so as to figure out which type it belongs to, cold or warm, and to which meridian it belongs”. The Ci Jie Zhen Xie Chapter of Ling Shu also states that：“An acupuncturist should first observe the deficiency or excessive condition of the meridians and collaterals, feeling and pressing along the meridians and then locate the points according to the response under the fingers, and at last giving treatment.”

#### 1.4.1.4 Measurements of the Bio-Physical Features of the Meridians and Collaterals

The meridians and collaterals have bio-physical features such as lowered resistance, high luminosity and sound transportation. When ill, the above features will change or a lack of symmetry in opposing sides will occur. Testing the above criteria can be used for diagnosing disease, for example, temperature changes and electrical-resistance imbalances on the points bilaterally.

### 1.4.2 Treatment

#### 1.4.2.1 Guiding Treatments for Acupuncture and Moxibustion

Acupuncture treatments are said to dredge the meridian qi and adjust the functions of the zang-fu organs of the body by stimulating the acupoints of the meridians on the superficial part of the body with needling and moxa. Acupoint selection and needling techniques are the primary procedures used in acupuncture treatments. They are selected according to the theory of the meridians and collaterals. Point selection is usually based on the course of the corresponding meridians and indications. It's stated in the Si Zong Xue Ge: Zusanli(ST36) is often chosen for treating abdominal disorders; Weizhon(BL40) is for the upper and lower back; Lieque(LU7) for the head and neck and Hegu(LI 4) is for the face and mouth.” These are examples of selecting acupoints according to their corresponding meridians. Since the meridians and collaterals have a close relationship to the skin, disorders in the meridians, collaterals and zang-fu organs can be treated by tapping the skin with cutaneous needles or embedding intradermal needles. For example, patients with gastritis can be treated by tapping cutaneous needles or embedding intradermal needles on the Zhongwan(CV12) and Weizhong(BL40). Tapping and bleeding the corresponding collaterals are used to treat qi and blood stagnation or obstructions in the meridians and collaterals. Tapping and bleeding Taiyang(Ex-HN 5) is useful for treating pain and swelling in the eyes. Bleeding and cupping the local collaterals are effective for soft tissue injuries. Disorders in the divergent meridians that manifested as spasms, stiffness and hypertonicity indicate that the illness is in the tendons and muscles. Painful points are also selected for treatment with acupuncture.

#### 1.4.2.2 Guiding Meridian Topography

Herbs are categorized according to the meridians they enter, whether it is one meridian or sexeral meridians, and prescriptions are based on the indications of the diagnosed disease. Guiding meridian topography was developed on the basis of diagnosis according to the meridians and collaterals. Since syndromes can be differentiated by the meridians, herbs which are effective for certain diseases, also have corresponding meridians. Xu Lingtai, of the Qing Dynasty, stated in his book entitled, Yi Xue Yuan Liu Lun：“Chai Hu(Radix Buplenuri) is effective for alternating cold and heat and can treat diseases of the Shaoyang meridians; Gui Zhi (Ramulus Cinnamomi)is good for fever with aversion to cold and can treat disease of the Taiyang Meridians; Ge Gen(Radis Puerariae) is good for severe heat in the body and can treat illnesses of the YangMing Meridians.” In addition, eye diseases can be treated by tonifying the Liver instead of treating the eyes since the Liver meridian ascends to the eye. Oral ulcerations can be treated by cooling the Small Intestine since the Heart has an internal-external relationship with the Small Intestine. The flaring up of Heart-fire can be treated by extinguishing fire.

# Chapter 2 GENERAL INTRODUCTION TO ACUPOINTS

***Purpose and Requirement:***

1, Master the definition of acupoints.

2, Know the brief history of acupoints.

3, Master the classification of acupoints.

***Content of Courses:***

1, The definition of acupoints: Acupoins refer to not only the specific sites where qi and blood of the zang-fu organs and meridians flow to the surface of the body, but also the responsive spots to diseases and the stimulation spots for acupuncture treatments.

2, The development of acupoints: It experienced the different periods as follows: recognizing stage, stage of location and nomenclature, stage of location, nomenclation and meridian tropism.

3, Brief introduction about the increasing amount of acupoints found by doctors from different generations. All acupoints have their own specific names with profound meanings. Doctors from different generations named those acupoints associated with astronomy and geography, natural phenomena,form and function.

4, The classification of acupoints: Acupoints can be classified into 3 categories: Meridian acupoints, extraordinary acupoints and Ashi Point.

4.1 Meridian acupoints, also known as acupoints of the fourteen meridians, refer to the acupoints located on the twelve meridians as well as the governor and conception vessels. Meridian acupoints are the main part in acupoints and are the acupoints frquently used. Meridian acupoints are marked by pertaining to definite merdians, fixed names and location.

4.2 Extraordinary acupoints refer to the acupoints not included in the acupoints of the fourteen meridians. These acupoints have definite location and names and are effective in treating certain diseases.

4.3 Ashi points actually refer to tenderness spots. Such points are marked by no fixed location, no pertaining meridians and no names.

***Class Hour:***

1-hour

Acupoints, known in Chinese as shu xue, refers to the specific sites where qi and blood of the zang-fu organs and meridians flow to the surface of the body. The first word shu, means to flow or transport; while the second word xue, originally meant “caves” and was later extended to mean “interspaces”, “opening” or “dents”. In the ancient medical text, Huang Di Nei Jing (Huangdi’s Canon of Medicine), shu xue was known by names such as jie(knotting), hui(convergence/meeting), qi xue(qi points), qi fu(qi house )and gu kong(joint cavities). Zhen Jiu Jia Yi Jing (The A-B Classic of Acupuncture and Moxibustion), “called them kong xue(dent points). Tai Ping Sheng Hui Fang (Prescriptions of Tai-ping Bureau for Benevolence in Song Dynasty), referred to them as xue dao(point passages). In Tong Ren Shu Xue Zhen Jiu Tu Jing (Illustrated Manual of Acupoints on the Bronze Figure) they were called shu xue(transportation points) and in the book Shen Jiu Jing Lun (The Principles of Divine Moxibustion) they were referred to as xue wei—acupoints.

The acupoints are the responsive spots to disease, as well as the stimulation spots for acupuncture treatments. Actually, the acupoints are considered to be closely associated with the zang-fu organs and meridians. Su Wen Qi Fu Lun (Plain Questions on Qi House) explains the meaning of acupoints as “the place where meridian qi originates”; Ling Shu Jiu Zhen Shi Er Yuan (The Miraculous Pivot on Nine Needles and Twelve Yuan-Source Points) states that, “there are 365 convergences among the junctions of knotting...”, the ‘knotting’ here does not mean the skin, muscles, tendons or bones, but the running pathways of qi; Ling Shu Xiao Zhen Jie (The Miraculous Pivot on Small Needles) explains, “the 365 convergences at the junctions of ‘knotting’ refers to the place where the collaterals of the meridians flow”. The acupoints are associated with the meridians, and the meridians to the zang-fu organs, therefore the acupoints connect with the qi of the zang-fu organs. Su Wen Tiao Jing Lun (Plain Questions on Regulating Meridians) states that, “The qi and blood of the five zang organs flow along the running course of the meridians”; The Ling Shu Hai Lun (The Miraculous Pivot on Seas in the Human Body) states that, “the twelve main meridians pertain to the zang-fu organs internally and connect with the body's extremities externally”, which clarifies the zang-fu organs—meridians—acupoints relationship. What’s more, the Qian Jin Yi Fang (Supplement to The Invaluable Prescriptions) further points out that, “the acupoints are the places where meridians travel and also the places to induce qi to treat pathological changes”, which indicates that needling or doing moxibustion on the points of the body's surface could “induce qi” to treat disease; and the pathological changes of the zang-fu organs can manifest on the corresponding acupoints through the meridians.

## 2.1 The Classification and Nomenclature of the Acupoints

### 2.1.1. Classification of the Acupoints

The acupoints are generally classified into three types: main meridian points, extra points and Ashi points.

#### 2.1.1.1 Main Meridian Points

The main meridian points refer to the points of the fourteen main meridians, which include the twelve main meridians, plus Ren and Governor vessel. The points all have specific names and fixed positions along the course of the 14 meridian pathways, with clear locations and acupuncture indications. Meridian theory developed gradually by summarizing the indication laws and disease syndromes of these points, which arranged the scattered points into systematic order; first the basic points and later on all the points were summarized. Ling Shu Ben Shu (The Miraculous Pivot on Points in the Ben-Origin Areas) listed and discussed the five transport points of each meridian; The Su Wen Qi Fu Fun (Plain Questions on Qi House) listed and discussed the points on each meridian at “the place where meridian qi originates”; Ling Shu Jing Mai (The Miraculous Pivot on Meridians) listed and discussed all the Lou-Connecting points. The above mentioned points are the basic points on the four extremities, which indicate that actually Nei Jing (Canon of Medicine) established the foundation for meridian distribution of the acupoints. The number of “365 points” was mentioned many times in Nei Jing, however only about 160 acupoints with specific names were recorded . 349 points were recorded in Qian Jin Yi Fang, Zhen Jiu Jia Yi Jing and the ancient Ming Tang Kong Xue Zhen Jiu Zhi Yao (The Acupuncture & Moxibustion Treatment with the Ming-Tang Chart of Meridians and Acupoints); 354 acupoints were recorded in Tong Ren Shu Xue Zhen Jiu Tu Jing in the Song Dynasty and Shi Si Jing Fa Hui (Elaboration of the Fourteen Meridians); 359 points were recorded in Zhen Jiu Da Cheng (Great Compendium of Acupuncture and Moxibustion) in the Ming Dynasty; altogether 361 points were recorded in Zhen Jiu Feng Yuan (Tracing the Source of Acupuncture and Moxibustion). Today acupuncturist are still using the same number of points, 361.

#### 2.1.1.2 Extra Points

The extra points refer to empirical points with specific names and definite locations that are not included in the fourteen main meridians. Based on “Ashi points”, the extra points usually have specific therapeutic effects on certain problems, for example, Ding Chuan (EX-B1)is effective for asthma and Sifeng(EX-UE10) is effective for infantile malnutrition. Actually there are many recordings about the extra points in the ancient literature of different generations. For instance, 187 extra points are recorded in the chapter of treatment on different problems from Bei Ji Qian Jin Yao Fang (Invaluable Prescriptions for Emergencies). However, there was no terminology for “extra points” at that time, the physicians of later generations regarded them as extra points because of their different location method from the main meridian points. Until the Ming Dynasty, 26 extra points were recorded in Qi Xiao Liang Fang (The Magic Effect with Extra Points); 35 extra points were recorded in Zhen Jiu Da Cheng; 84 extra points were recorded in a chapter of Qi Shu Lei Ju ( The Collection of Extra Points) and 144 extra points were recorded in Lei Jing Tu Yi (The Illustrated and Classified Internal Classic of the Yellow Emperor) and Zhen Jiu Ji Chen (The Collections of Acupuncture and Moxibustion). It’s evident that the physicians of different generations paid much attention to the extra points. As far as their distribution is concerned, some extra points are on the pathways of the 14 meridians, and some are not, yet still closely relate to the meridian system. Sometimes one extra point is not necessarily one single point but a combination of several points, such as Shixuan (EX-UE11)(10 points), Baxie(EX-UE9) (8 points), Bafeng (EX-LE10)(8 points) and Hua-Tuo Jia-Ji (EX-B2)( 34 points). Some extra points are exactly the main meridian points, for example, BaoMen or ZiHu refer to Shuidao(ST28); the extra point SiHua (meaning four flowers) refers to the bilateral Danshu(BL19) and Geshu (BL17); and the extra point JiuLao refers to the bilateral Xinshu(BL15) (from the descriptions of Zhen Jiu Ju Ying— The Gatherings from Outstanding Acupuncturists).

#### 2.1.1.3 Ashi Points

The Ashi points, also called Tian Ying(responding to heaven) points or Bu Ding (unfixed) points, refer to spots that are tender when palpated. They are neither main meridian nor extra points, because they don’t have specific names or fixed locations, instead they are just tender or reactive spots for acupuncture treatment. They can be either local or distal to the area of the pathological changes. The term Ashi was initially recorded in Bei Ji Qian Jin Yao Fang in the Tang Dynasty, “the method of Ashi came from this way: when one complains of pain, the physician can pinch the local area and ask, is this exactly where the tender spot is”, if yes, one may reply “Ashi” (meaning yes), and afterwards the physician may treat the tender spots with needles or moxibustion and get good effects.” Because of their unfixed locations, Ashi points are known as Bu Ding (unfixed) points in Bian Que Shen Ying Zhen Jiu Yu Long Jing (The Magic Acupuncture & Moxibustion Experience of Bian Que), and as Tian-Ying points” in Yi Xue Gang Mu (An Outline of Medicine). Despite the different names, they mean the same thing. Actually the point location method originated from the description in Nei Jing “the tender spots can be selected as the acupoints”; Su Wen Miu Ci Lun (The Plain Questions on Minor Contra-lateral Puncturing ) also stated that “if one feels pain in certain area with the physician’s fast palpation, that area can be punctured”. Su Wen Gu Kong Lun (The Plain Questions on Acupoints) further stated that “if the physician feels tendon-like hardness during palpation and the patients feel obvious tenderness, then moxibustion can be used on that area.” Consequently Ashi can mean painful or fast, responsive areas.

### 2.1.2 The Nomenclature of the Acupoints

The acupoints have definite locations and specific names. Su Wen Yin-Yang Ying Xiang Da Lun (The Plain Questions on the Yin-Yang Classification of Natural Phenomenon) states that “each point has its own specific name”. The names of acupoints also have certain meanings, as stated by Sun Si-Miao in his Qian Jin Yi Fang (A Supplement to Essentially Treasured Prescriptions for Emergencies): “all acupoints have their own specific names with profound meanings”. The meanings and explanations of the acupoints had been recorded in the early medical literature.

When selecting the names for acupoints, the ancient people referred to such aspects as astronomy (heaven) and geography (earth), nature, the acupoints’ distribution, and their actions and indications. Cheng Zhi (Fu-Sheng), in the Qing Dynasty, summarized the terminological meanings of acupoints in his “Yi Jing Li Jie” (Understanding of Medical Classics); “according to the medical classics, the large convergences of muscles are known as “Gu” (valleys) and the small ones as “Xi” (streams). The meridian qi flowing to the points is quite similar to the water flowing to streams and valleys; “Hai” (sea) is the destination; “Yuan” (deep water) and “Quan” (spring) means depth. “Gou” is (drain) and “Du” (ditch) means narrow. “Chi” (pool) and “Zhu” (islet) mean shallow. “Shi” is (market) and “Fu” (mansions) mean gathering. “Dao” (passages) and “Li” (interior) mean the pathways; “Shi” (rooms) and “She” (houses) mean the residence. Men” (gate) and “Hu” (door) mean the openings. “Que” (imperial palace) and “Tang” (hall) mean respect. “Guan” (pass) means the important convergence. “Qiu” and “Ling” (hills) mean the bulging of bones and muscles. “Liao” (seam) means the joints between bones. “Shu” (transportation) means traveling qi; “Tian” (heaven) means upward position and the “Di” (earth) means the downward position……”. Now, the meanings of the acupoints are summarized in the following section.

#### 2.1.2.1Names Associated with Astronomy and Geography

A. Points Named After the Sun, Moon and Stars: Riyue(GB24), means Sun and Moon; Shangxing(GV23), means Upper-Star; Xuanji(CV21), means 2nd and 3rd Stars of the Big Dipper; HuaGai(CV20),means Canopy; TaiYi(ST23), means Polaris, Taibai(SP3), means Grand White, Venus and Tianshu(ST25), means Upper Pivot.

B. Points Named After Mountains, Valleys and Hills: Chengshan(BL57), means Supporting Mountain; Hegu(LI 4), means Connected Valley; Daling(PC7), means Great Hills; Liangqiu(ST34), means Beams of Hills and Qiuxu(GB40), means Large Mound

C. Points Named After Flowing Water: Houxi(SI 3), means Back Stream; Zhigou(TE 6), means Branch Drains; Sidu(TE 9), means Four Ditches; Shaohai(HT3), means Young Sea; Chize(LU 5), means Elbow Marsh; Quchi(LI 11), means Curved Pond; Ququan(LR 8), means Curved Spring; Jingqu(LU8), means Channel Ditch and Taiyuan(LU9), means Large, Deep Pool.

D. Points Named After Major Transportation Routes: Qichong(ST30), means the Qi Rushing; Shuidao(ST28), means Water Passage; Guanchong(TE1), means Pass Rushing; Neiguan(PC6), means Interior Pass and Fengshi(GB31), means Windy Market or Windy Fair.

#### 2.1.2.2 Names Associated with Natural Phenomena

A. Points Named After Plants and Animals: Yuji(LU10), means Fish Border, (the thenar eminence); Jiuwei (CV15), means Dove Tail; Futu (ST32), means Prostrate Rabbit; Dubi(ST35), means Calf Nose; Cuanzhu aka Zanzhu(BL2), means Gathering Bamboo (the eyebrows); and KouHeLiao(LI 19), means crop seams of the mouth.

B. Points Named After Architectural Structures: Tianjing(TE10), means Open Well, (referring to the open space in a courtyard without roof), Yutang(CV18), means Jade Hall; Juque (CV14), means Great Palace; QuYuan(SI 13), means Curved Wall; Kufang(ST14), means Warehouse; FuShe(SP13), means Converging House; Tianchuang(SI 16), means Dormer Window; Dicang(ST4), means Earth Granary; Liangmen(ST21), means Beam Gate; Zigong (CV19), means Purple Palace; Neiting(ST44), means Internal Court; and Qihu(ST13), means Gate of Qi.

C. Points Named After Everyday Utensils/Tools: Dazhu(BL11), means Great Axle; Diji(SP 8), “Di” means Earth/Spleen, and “Ji” means Spindle; Jiache(ST6), “Jia” means Cheeks, “Che” means Wheels; Yangfu(GB38), “Yang” means the Anterior Aspect of the Fibula, “fu” means to Support the Vehicle---(here referring to the fibula, i.e., to support the lower extremity); Quepen (ST12), means Incomplete Basin (the supraclavicular fossa); Tianding(LI 17), “Tian” means Head Area, “Ding” means Vessel and Xuanzhong(GB39), means Suspended Bell.

D. Points Named After Human Activities: Renying(ST9), means Man's Welcome; Baihui(GV20), means Hundreds of Meetings; Guilai(ST29), means Return; and Zusanli(ST36), means three foot/leg miles or Shousanli(LI 10), three hand/arm miles.

#### 2.1.2.3 Names Associated with Form and Function

A. Points Named After Anatomical Landmarks: Wangu(SI 4), means Wrist Bone; Wangu(GB12), means whole bone (mastoid process); Dazhui(GV14), means Big Vertebra; Qugu(CV2), means Crooked Bone, (the anterior pubic symphysis); Jinggu(BL64), means Fifth Metatarsal Bone (on the lateral aspect of the foot); and Jugu(LI 16), means Huge Bone.

B. Points Named After Zang-Fu Organ Functions: The Back transport points of the zang-fu organs; Shentang(BL44), means Spiritual House; Pohu(BL42), means Soul Shelter; Hunmen(BL47), Gate of the Soul; Yishe(BL49), means House of Thought and Zhishi(BL52), means Room of Will.

C. Points Named After the Meridians, Yin and Yang: Sanyinjiao(SP6), means the crossing of Three Yin Meridians; Sanyangluo(TE8), means the crossing of Three Yang Meridians; Yinlingquan(SP9), means Yin Mound Spring and Yanglingquan(GB34), means Yang Mound Spring.

D. Points Named After Acupoints Functions: Chengjiang(CV24), means Container of Fluids; Chengqi(ST1), means Container of Tears; Tinggong(SI 19), means the Palace of Hearing; Yingxiang(LI 20), means Welcome Fragrance; Liangquan(CV23), means Spring of the Tongue; Laogong(PC8), means Palace of Labor; Qihai(CV6), means the Sea of Qi; Guangming(GB37), means Bright Light (brighten the eyes) and Shuifen(CV9), means Water Distribution.

## 2.2 Function and Indication Laws of the Acupoints

***Purpose and Requirement:***

1, Master the features of acupoints indication.

2, Acquaint the indication laws of acupoints.

***Content of Courses:***

1, Features of indication of acupoints:

Local Functions: The local function is the common indication characteristic of main meridian points, extraordinary points and Ashi points, i.e., all acupoints can be selected for the problems associated with the area they are located on or adjacent to.

Distal Functions: The acupoints of fourteen meridians can not only be used for local problems, but also for distal problems along the course of the meridian.

Special Functions: acupoints have the function of dual and holistic regulation and special therapeutic functions.

2, The law of indications of acupoints: The law of indications is generally outlined from meridian and location distribution.

2.1 The law of indications of meridian distribution is that acupoints of each meridian can treat the diseases occuring on the area of the pathway of each meridian and in the viscera related with certain meridian.

Indications of the three hand yin meridians: The hand taiyin meridian can treat lung and throat diseases; The hand jueyin meridian can treat heart, stomach and mental problems; The hand shaoyin meridian can treat heart and mental problems; the common indications of three meridians are chest problems.

Indications of the three hand yang meridians: The hand yangming meridian can treat forehead, nose mouth and teeth problems; The hand shaoyang meridian can treat temporal and hypochondriac, eye and ear problems; The hand taiyang meridian can treat occipital, scapular, mental, eye and ear problems; The common indication of three meridians are throat problems and febrile disease.

Indications of the three foot yang meridians: The foot yangming meridian can treat face, mouth, teeth, throat and gastrointestinal problems; The foot shaoyang meridian can treat temporal, ear, nape, hypochondriac and gallbladder problems; The foot taiyang meridian can treat occipital, nape, back and anal-rectum problems; The common indications of three meridians are eye, mental problems and febrile diseases.

Indications of the three foot yin meridians: The foot taiyin meridian can be used for spleen and stomach problem; The foot jueyin meridian can be used for liver problems; The foot shaoyin meridian can be used for kidney, lung and throat problems; The common indications of three meridians are anterior genitalia and abdominal problems.

Indications of the Governor Vessel and Conception Vessel Meridians: Conception vessel can be used for collapse, deficiency cold and lower energizer problems; Governor vessel can be used for stroke-related coma, febrile disease and head/face problems; The common indications of two meridians are mental problems and zangfu organ problems as well as gynecopathy.

2.2 The law of indications of Location-distribution:The acupoints on each region of the body can be used for its local problems and the relevant diseases. That is to say, indications of location-distribution have a close relation with the features of the location of each acupoints.

Indications of points on the Head, Face and Neck: The points on forehead and temporal region can be used for problems of the eyes and nose; The points on occipital area can be used for problems of the mind and head; The points on nape area can be used for problems of the mind, throat, eyes, head and nape; The points on eye area can be used for eye problem; nose area can be used for nose problem; The points on neck area can be used for problems of the tongue, throat, trachea and neck.

Indications of points on the chest and abdomen: The points on chest area can be used for problems of the heart and lungs; the points in the hypochondriac areas can be used for problems of the liver and gallbladder; the bilateral abdominal points can be used for problems of the spleen and stomach, and middle energizer; the bilateral lower abdomen points can be used for problems of the eternal gentalia, kidney, intestines and bladder.

Indications of points on the back: The points on the upper back area can be used for problems of the heart and lungs; the points on the lower back area can be used for problems of the liver, gallbladder, spleen and stomach; the points on lumbo-sacrum area can be used for problems of the external genialis, kidney, intestines and bladder; and the points on the lumbar and hip area can be used for problems of the lower energizer, zang-fu organs and lower extermities.

***Class Hour:***

1-hour

### 2.2.1. The Functions of Acupoints

As the special sites that the qi and blood of the zang-fu organs and meridians flow to on the body's surface, the actions of acupoints are closely related to the zang-fu organs and meridians, and manifests as follows:

#### 2.2.1.1 Infusion of Qi and Blood

Since the acupoints pertain to the meridians and connect with the zang-fu organ internally through the meridians, they are the sites where qi and blood infuse, enter and exit.. The word acupoint contains two Chinese words: “shu” and “xue”, the former word means transport/convey infuse, like the flow of water; the latter means interspace/hole/dent. “Ling Shu Jiu Zhen Shi Er Yuan” (The Miraculous Pivot on Nine Needles and Twelve Yuan-Source Points) states that acupoints are the places “where the meridian qi originates” and “where the meridian qi travels”, which indicates that they are the places where meridian qi and blood gathers and infuses, therefore their basic function is to infuse qi and blood.

#### 2.2.1.2 Reflection of Pathological Changes

Acupoints can reflect pathological changes and help to make diagnoses. “Ling Shu Xie Ke” (The Miraculous Pivot on Invasions of Pathogens) states that “if pathogenic factors attack the heart and lung, they will remain in the elbows; if pathogenic factors attack the liver, they will remain in the axillae; if pathogenic factors attack the spleen, they will remain in the hips; and if pathogenic factors attack the kidney, they will remain in the popliteal fossae”. Zhang Jie-Bing explained in his “Lei Jing” (Annotated and Classified Internal Classic of the Yellow Emperor) that “in the case of persistent, lingering pathogenic factors, it’s necessary to find the gathering place of the pathogenic qi in the four extremities and eight joints (elbows, wrists, knees and ankles) and puncture them with needles”. So, the acupoints reflect pathological changes; those suffering from gastrointestinal problems often feel tenderness or sensitivity at Zusanli(ST36) and Diji(SP8), sometimes along with palpable, abnormally soft nodules from T5 to T8; and those suffering with lung problems often feel tenderness or sensitivity at Feishu(BL13 )and Zhongfu(LU1) with subcutaneous nodules. Therefore by finger-pressing the Back transport point, alarm point, cleft Cleft and Source point , practitioners can make better diagnoses by incorporating the following: palpation for tenderness, sensitivity or swelling; to feel hard nodes, cold and heat at the points and the degree of hardness or softness in the surrounding muscles; examination of the skin color for stasis spots, papules, peeled, dry or flaky skin, and muscular bulges or depressions.

In the recent years, new advances have been made to diagnose acupoints with probes and other physical methods including sound, light, electricity, magnetism and heat, such as the Meridian-Point Probe and Life Information Diagnostic Apparatus. Instruments with acupoint probes facilitate the diagnostic process by detecting pathological changes in the meridians, zang-fu organs and tissues to some degree.

#### 2.2.1.3 Prevention and Treatment of Diseases

Acupoints can be used to prevent and treat diseases. Puncturing points with needles or doing moxibustion can strengthen the body's resistance and eliminate pathogenic factors by regulating the qi and blood in the meridians, balancing yin and yang and harmonizing the zang-fu organs. The preventive and therapeutic functions of the acupoints have the following three characteristics:

A. Local Functions

The local function is the common indication characteristic of main meridian points, extra points and Ashi points, i.e., all acupoints can be selected for the problems associated with the area they are located on or adjacent to. There is a saying, “where there is a point, there is a local indication”, for example, the points around the eyes, Jingming(BL1), Chengqi(ST1), Sibai(ST2) and Qiuhou(EX-HN7), can all be used for eye problems; the points around the ears, Tinggong(SI 19) Tinghui(GB 2), Yifeng(TE17) and Ermen(TE21), can all be used for the ear problems; the points in the gastric area, Zhongwan(CV12, Jianli(CV11) and Liangmen(ST 21), can all be used for the gastric problems.

B. Distal Functions

The distal function is the indication characteristic of points, especially for the twelve main meridians located below the elbow and knee joints. These points can not only be used for local problems, but also for distal problems along the course of the meridian. As a result, we have a saying, “the points can be used for any problem along the running course of the meridians”. Hegu(LI 4) can be used for problems of the upper extremities, and also for neck, head and face problems; Zusanli(ST36) can be used for problems of the lower extremities, and also for gastrointestinal problems or problems in the epigastric area.

C. Special Functions

In addition to their local and distal functions, acupoints have the function of dual and holistic regulation and special therapeutic functions. Many points have dual regulatory functions. Tianshu(ST25) is effective for both diarrhea and constipation; and Neiguan(PC 6). is effective for both tachycardia and bradycardia. Some points, especially from the large intestine meridian, stomach meridian, Ren (Conception vessel) and Du (governor vessel), have holistic regulatory functions. Hegu(LI 4), Quchi(LI 11) and Dazhui(GV14) can be used for fever due to exogenous diseases; Zusanli(ST36), Guanyuan(CV4) and Gaohuangshu(BL43) can be used to bolster the body's resistance and immunity. Some points have specific functions in certain aspects; Zhiyin(BL67) can be used for malpositioning of the fetus, and Lanweixue(EX-LE7) can be used for appendicitis.

### 2.2.2. The Law of Indications of Acupoints

Each acupoint has an extensive range of indications which closely relates to its pertaining meridian and location. The law of indications is generally outlined from meridian and location distribution.

#### 2.2.2.1 The Law of Indications of Meridian Distribution

The five transport , Yuan-Source, Luo-Connecting and Xi-Cleft points on the four extremities of the twelve main meridians have special therapeutic functions for problems of the head and body, as well as the zang-fu organs. This is the foundation of the meridian-distribution indication, and also the origin of the indication law of “The Four Gen/Root (referring to the terminals of the four extremities) and The Three Jie /Knotting: (referring to the head, chest and abdomen)”. The four extremities are the Gen (root) and Ben (origin) of the meridians, and the points on the four extremities have distal functions for problems of the head and trunk. Each of the Jie (knotting) and Biao (branches) of the meridians has its own major indications, and the adjacent meridians, either three or two meridians have similar indications. That is the common features of the “three-yin meridians” and “three-yang meridians”. The indications of the three-yin and three-yang meridians of both hand and foot are outlined in the following tables, along with illustrations of the points on the four extremities (see Tables 2-1 and 2-4). Only the indications of distal problems are listed on the tables and in the illustrations, the local function of the acupoints is self-evident.

#### 2.2.2.2 The Law of Indications of Location-Distribution

The Ren (Conception Meridian) and Du (Governor Meridian) meridians are akin to the commanders-in-chief of the other meridians, as they run along the front and back midlines of the body and meet all the yin and yang meridians respectively. The head and upper body are classified as the head, chest, upper and lower abdomen, which correspond with the different back areas and are the locations of the “Four Seas” and “Qi Jie”; while the chest, upper and lower abdomen are ascribed to the distribution of the Triple meridian, the locations of “Jie-Knotting” and “Biao-Branches” of the twelve main meridians and have adjacent functions for treating problems of the zang-fu organs and tissues. The major points in this area include the back transport, alarm and Confluent points with the Ren (Conception Meridian) and Du (Governor Meridian) meridians. The law of indications of location-distribution is “the qi of the front-back areas of the zang-fu organs connect with each other”, manifesting as the transverse location-distribution relationship in addition to the longitudinal meridian-distribution. The Du (Governor Meridian) and Ren (Conception Meridian) meridians have more functions in regulating the whole body because of their special roles in which the former works more on the head and nape, while the latter influences the lower abdomen, reflecting the functions of yang ascending and yin descending . The indications of all the location-distributed points are listed in the following tables with illustrations (see Table 2-5 ~ 2-7 and).

The points on the neck and scapular regions can be used for local problems and also for febrile diseases or problems of the throat, and upper extremities; the points in the hypochondriac areas can be used for problems of the liver and gallbladder; the bilateral abdominal points can be used for the problems of the spleen and stomach, the middle energizer; and the points on the lumbar and hip area can be used for problems of the lower energizer, zang-fu organs and lower extremities. These points will not be listed in the tables as they are clearly shown on the illustrations of the meridian points.

## 2.3 Specific Points

***Purpose and Requirement:***

Master the definition and classification of specific points.

***Content of Courses:***

1, Definition of specific points: The specific points refer to points of the fourteen meridians that have special therapeutic effects and are grouped under special names.

2, Classification of specific points: there are 10 kinds of specific points as follows:

2.1 The Five Transport Points(*Wu Shu Xue*): Each of the 12 main meridians has five specific points below the elbow and knee joints, namely, *Jing-well, Ying-spring, Shu-stream, Jing-river and He-sea* points, which are known as the five transport points.

2.2 Yuan-Source Acupoints: Yuan-Source acupoints, the regions where the primary qi of the viscera flows by and retains, are usually located around the wrists and ankles, reflecting the pathological changes of the viscera.

2.3 Luo-Connecting Acupoints: Luo-Connecting acupoints refer to the points where the fifteen collaterals stem from the twelve meridians, the governor and conception vessels as well as the major collateral of the spleen. These acupoints strengthen the external and internal relation.

2.4 Xi-Cleft Acupoints: The Xi-Cleft acupoints are the sites where qi and blood from the meridians are deeply converged.

2.5 Back-Shu Acupoints: The Back-Shu acupoints are located on the back and waist where qi of the viscera is infused.

2.6 Front-Mu Acupoints: Front-Mu acupoints are those located on the chest and abdomen where qi of the viscera is infused and converged.

2.7 The Lower He-sea Acupoints: The low He-Sea acupoints refer to six acupoints on the three yang meridians of the foot where qi from the six fu organs convergens.

2.8 Eight Confluent Acupoints: Eight confluent acupoints are the regions where the essence of qi, blood, tendons, vessels, bones, marrow, zang organs and fu organs converges.

2.9 The Eight Convergent Acupoints: The eight convergent acupoints refer to the eight acupoints on the twelve meridians that are connected with the eight extraordinary vessels.

2.10 Crossing Acupoints: Crossing acupoints are those ar the intersections of two or more meridians.

***Class Hour:***

5-hour

### 2.3.1. The Meaning of Specific Points

The specific points refer to points of the fourteen meridians that have special therapeutic effects and are grouped under special names. More specifically they include the Five- transport points, Yuan-Source, Luo-Connecting, Xi-Cleft, Eight Confluent and Lower He-Sea points located below the elbow and knee joints. Also included are the Back transport and alarm points located on the chest, abdomen and back, the Eight Influential points (Ba-Hui points) located on the four extremities and trunk and the Crossing/Meeting points of the general meridians. There are a considerable number of specific points among the fourteen meridians and these points play a key role in the fundamental theory and clinical application of acupuncture and moxibustion.

### 2.3.2. The Classification and Characteristics of Specific Points

#### 2.3.2.1 The Five Transport Points(Wu Shu Xue)

Each of the 12 main meridians has five specific points below the elbow and knee joints, namely, Jing-Well, Ying-Spring, Shu-Stream, Jing-River and He-Sea points, which are known as the five transport points. Ling Shu Jiu Zhen Shi Er Yuan (The Miraculous Pivot on Nine Needles and Twelve Source Points) states that “the Well points are located in the places where the meridian qi starts to bubble; the Spring points are located in the places where the meridian qi starts to gush; the Stream points are located in the place where the meridian qi flourishes; the River points are located in the places where the meridian qi pours abundantly and the Sea points are located in the places where the meridian qi flourishes most”, which arranges the Five Transport Points by the gradual flourishing order of the meridian qi.

Ling Shu Ben Shu (The Miraculous Pivot on Specific Points) records the names and specific locations of the Five Transport Points of each meridian, except for the heart meridian. The Five Transport Points of all the meridians were complete in Zhen Jiu Jia Yi Jing.

The ancient people described the flow of meridian qi as being akin to the flow of water. The Five Transport Points were arranged in the order of Well, Spring, Stream, River and Sea from the ends of the four extremities towards the elbow and knee joints. The Well points are located at the ends of either hand or foot where the meridian qi starts, like the origin of the water; the Spring points are located anterior to the metacarpal-phalangeal or metatarso-phalangeal joints where the meridian qi starts to gush, like a minute water flow; the Stream points are located posterior to the metacarpal-phalangeal or metatarso-phalangeal joints where the meridian qi starts to flourish, like a medium water flow; the River points are located above the wrist or ankle joints where the meridian qi pours abundantly, like the smooth, big water flows; and the Sea points are located close to the elbow and knee joints where the meridian qi flourishes most and enters the zang-fu organs, like the water flowing into the sea.

#### 2.3.2.2 The Source (Yuan) and Connecting(Luo) Points

Each of the twelve main meridians has a point near the wrist and ankle joints where the Source qi of the zang-fu organs stays, which is known as the Source point and Twelve Source points” in general. “Yuan” in Chinese means the origin and primary/source qi in this context, i.e., the motive power of vital activities. The term “Source points” was first recorded in Ling Shu Jiu Zhen Shi Er Yuan (The Miraculous Pivot on Nine Needles and Twelve Source Points). The Source points of the five-zang organs of the yin meridians are also the Stream points, that is, the so-called “Stream points of the yin meridians overlap with the Source points from Lei Jing Tu Yi (Illustrated and Classified Internal Classics of the Yellow Emperor), also explained, “to regard the Source points as Stream points”. Nan Jing Liu Shi Er Nan (the 62nd problems of The Classic of Medical Problems) states that “the Triple meridian distributes the Source qi to the exterior of the body and has a longer course of meridian qi than the yin meridians, and therefore a Source point was added”, which clarifies that the Source and Stream points overlap in the yin meridians and Source and Stream points are separate in the yang meridians.

Each of the twelve main meridians has a point on the extremities to link its interiorly-exteriorly connected meridian, known as the Connecting point. Luo in Chinese means “to connect”. The term “Connecting points” was first recorded in Ling Shu Jing Mai (The Miraculous Pivot on the Meridians). Each of the 12 main meridians, the Du (Governor Meridian) and Ren (Conception Meridian), as well as the Major Collateral of the Spleen all have Connecting points, which are called the “Fifteen-Connecting points”.

#### 2.3.2.3 The Back Transport Point(Bei Shu) and Alarm point (Mu Xue)

The Back transport points are the specific locations where the zang-fu organs’ qi infuses on the back. The term “Back transport points” was first recorded in Ling Shu Bei Shu (The Miraculous Pivot on Back-Shu Points). The Back transport points are located on the first lateral line of the bladder meridian on the back, roughly in the order of their zang-fu organs’ respective location in the body. There are twelve Back transport points altogether, each corresponding to their respective zang-fu organ.

The alarm points are the specific points where the qi of the zang-fu organs infuses and converges in the chest and abdomen. The term “alarm points” was first recorded in Su Wen Qi Bing Lun (The Plain Questions on Strange Problems). “Mu” in Chinese means “gathering or converging”. Altogether there are 12 alarm points, each corresponding to and located close to their respective zang-fu organ.

#### 2.3.2.4 The Eight Influential Points (Ba-Hui Points)

The Eight Influential points, first recorded in “The Nan Jing Si Shi Wu Nan” (the 45th problem of The Classics on Medical Problems), dominate the zang-organs, fu-organs, qi, blood, tendons, vessels, bone and marrow. The Chinese name for the Eight Influential points is “Ba Hui” points, “Ba” means eight and “Hui” means “meeting or gathering”. The Eight Influential points are located on the trunk and four extremities, more specifically, the Influential points of the zang-organs, fu-organs, qi, blood and bone are located on the trunk, and the Influential points of the tendons, vessels and marrow are located in the four extremities.

#### 2.3.2.5 The Cleft Points(Xi Xue)

The cleft points are the points where the qi and blood of the meridians are deeply converged. “Xi” in Chinese means “cleft” or “interspace”. The term “cleft points” was first recorded in Zhen Jiu Jia Yi Jing. Most cleft points are located below the elbow and knee joints; altogether there are sixteen cleft points, one for each of the twelve main meridians and the other four are from The Four Extraordinary Meridians: yang heel vessel, yin heel vessel, yin link vessel and yang link vessel.

#### 2.3.2.6 The Lower Sea points(Xia He Xue)

Each of The Six Fu-Organs has another He-Sea point on the three foot-yang meridians, known as the Lower Sea points. The term Lower Sea points was first recorded in "The Ling Shu Xie Qi Zang Fu Bing Xing” (The Miraculous Pivot on Disease Symptoms of the Zang-Fu Organs by Pathogens). Altogether there are six Lower Sea points; the stomach, gallbladder and bladder are the Sea points of their corresponding meridians, but the large intestine, small intestine and Triple have different Sea points on the lower extremities. The large and small intestine meridians have Lower Sea points on the stomach meridian and the Triple meridian has a Lower Sea point on the bladder meridian.

#### 2.3.2.7 The Eight Confluent Points(Ba Mai Jiao Hui Xue)

The Eight Confluent Points, originally known as the “Eight Meridian-Crossing Points”, “Eight Infusing Points” and “Eight Crossing Points with the Eight Extraordinary Meridians”,   refer to the eight points on the extremities where the main meridians cross with the eight extraordinary meridians below the elbow and knee joints. The term “Eight Confluent points” are firstly recorded in Zhen Jing Zhi Nan (The Guide to the Acupuncture Classics).

#### 2.3.2.8 The Crossing Points(Jiao Hui Xue)

The Crossing Points refer to those points at the intersections of two or more meridians. The term “crossing points” were first recorded in "The Zhen Jiu Jia Yi Jing”. The crossing points are mostly distributed on the head, face and trunk.

## 2.4 Methods of Locating Acupoints

***Purpose and Requirement:***

Master the methods of locating acupoints

***Content of Courses:***

1, Locating Points by Proportional Bone Measurement: This approach to locate points involves measuring the length or width of different portions of the body focusing on bones and joints and then calculating or converting them into proportional *cun* units.

2, Locating Points by Anatomical Landmarks: This approach locates points on the basis of a variety of anatomical landmarks on the body’s surface. Bony and muscular anatomical landmarks on the body surface fall into two categories: fixed and moving.

3, Finger-*Cun* Measurements: The length and width of the patient’s finger(s) are used as the standard for the point location. It includes the following three methods: middle finger measurement, Thumb measurement, the four-finger measurement.

4, The Simple Way of Locating Points: This is an easy way to locate the acupoints for clinical use.

***Class Hour***: 3-hour

***Teaching Methods:***

Lectures with diagrams, pictures,Powerpoint, CAI, or videos.

This section refers to the essential methods used to find the exact position of the acupoints. When locating the acupoints, one needs to be clear about the following four things: the anatomical landmarks of the body; proportional “cun” measurements, finger measurements using “proportional body units/‘cuns’ and simple locations.

### 2.4.1. Locating Points by Anatomical Landmarks

This approach locates points on the basis of a variety of anatomical landmarks on the body's surface. Bony and muscular anatomical landmarks on the body surface fall into two categories: fixed and moving.

#### 2.4.1.1 Fixed Landmarks

The fixed landmarks refer to the five sense organs, hair, nails, nipples, the umbilicus, bony prominences or depressions and muscular prominences. When locating points, one can use these landmarks easily. For example, Suliao(GV25) is located exactly at the tip of the nose; Yintang(EX-HN3) is located exactly between the eyebrows; Danzhong(CV17) aka Tanzhong or Shanzhong is located exactly between the nipples; Tianshu(ST25) is located 2 cun lateral to the umbilicus; Yanglingquan(GB 34) is located at the anterior-inferior border of the capitulum fibulae (head of the fibula); Dazhui(GV14) is located below the spinous process of C7 (the most prominent cervical vertebra with the head-bowed); Jugu(LI 16) is located between the acromial extremity of the clavicle and the scapular spine and ZhongTing(CV16) is located between the inferior extremity of the sternum and the costal cartilage. When locating the points on the back, one can also use common knowledge. For instance the scapular spine is level with the spinous process of T3, the inferior angle of the scapula is level with the spinous process of T7 and the iliac crest is level with the spinous process of L4.

#### 2.4.1.2 Moving Landmarks

The moving landmarks refer to the spaces, depressions and creases that only appear with a certain movement of joints, muscles and the skin. One can also use these moving landmarks when locating points. Ermen(TE21), Tinggong(SI 19) and Tinghui(GB 2) are easily located with the mouth open; Xiaguan(ST7) is located with the mouth closed; Quchi(LI 11) is located with the arms flexed showing the cubital creases; Jianyu(LI 15)is located with the arms fully abducted showing the depression at the anterior-inferior border of the acromion; Yangxi(LI 5) is located with the thumb tilted upward showing the depression between the tendons of m. extensor pollicis longus and brevis and Yanglao(SI 6) is located with elbow flexed in a sitting position and palms faced toward the chest showing the bony cleft at the radial aspect of the head of the ulna.

Using the anatomical landmarks on the body`s surface is exemely accurate, because the landmarks do not change with body movement. However, this approach has its limitations for a small number of points that happen to be located at or close to these anatomical landmarks.

### 2.4.2. Locating Points by Proportional Measurement

This approach for locating points involves measuring the length or width of different portions of the body, focusing on bones and joints, and then calculating or converting them into proportional cun units. This approach was known as “bone-length measurements” in ancient times. YangShangshan from the Sui Dynasty once said that “with this method, the meridians can be separated and points located”. The proportional measurement should be based on the patient's body. The distances between two bones or joints are equally divided into several parts, one equal part representing one cun. The standards of proportional measurements are applicable to any patient regardless of sex, age or body size. The detailed information is shown on Table 2-8 and Figure 2-1.

Figure 2-7 Diagram of Commonly Used Bone-Length Measurements

Proportional measurements determines the length or width of different portions of the body on the basis of anatomical landmarks on the body surface, and therefore they are actually the extension of locating points with anatomical landmarks. Clinically, this is the most common approach to locate points exactly.

### 2.4.3. The Simple Way of Locating Points

This is an easy way to locate the points. The common, simple way of locating points are illustrated by the following examples: Lieque(LU7) can be located 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; Laogong(PC 8) can be located when the fist is clenched , and the point is just below the tip of the middle finger; Fengshi(GB 31) can be located when the patient's arms are extended at the sides of their body with the hands naturally touching the thighs; the point is where the tip of the middle finger rests; Zhangmen(LR13) can be located with the shoulders relaxed and elbows flexed, and the point is at the same level as the olecranon; and Baihui(GV20) can be located at the midpoint on the line connecting the apexes of the two auricles. The simple way of locating points is generally used as a reference only and one needs to depend more on anatomical landmarks and proportiona l cun measurements for the purpose of accuracy.

### 2.4.4. Finger Measurements

Locating points by finger measurements and is also known as the“finger-cun method”. The length and width of the patient's finger(s) are used as the standard for the point location when using this method; it includes the following three methods:

#### 2.4.4.1 Middle Finger Measurements

When the patient's middle finger is flexed, the distance between the medial ends of the creases of the interphalangeal joints is taken as one cun (see Figure 2-2). Actually, finger measurements may be slightly longer than proportional measurements, so one needs to be aware of this fact when using them in a clinical application.

#### 2.4.4.2 Thumb Measurements

The width of the interphalangeal joint of the patient's thumb is one cun (see Figure 2-3). When compared with the middle finger measurement, the thumb measurement is clearer and more convenient and therefore given clinical application more often.

 Table 2-8: Commonly used Bone-Length Measurements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Distance | Proportional Measurement | Method | Remarks |
| Head | From the anterior to the posterior hairline. | 12 cun | Longitudinal | If the anterior or posterior hairlines are unclear, the distance from the glabella to Dazhui(GV14) is 18 cun; the distance from the glabella to the anterior hairline is 3 cun and the distance from Dazhui(GV14) to the posterior hairline is 3 cun. |
| Between the two frontal angles.  Between the two mastoid processes. | 9 cun    9 cun | Transverse    Transverse | This is a transverse measurement of the head. |
| Chest and Abdomen | From Tiantu(CV22) to the sternocostal angle (xiphosternal synchondrosis).  From the sternocostal angle to the center of the umbilicus.  From the center of the umbilicus to the upper border of pubic symphysis. | 9 cun        8 cun    5 cun | Longitudinal        Longitudinal    Longitudinal | The longitudinal measurement of the chest and sternocostal area is based on the ribs, each rib represents 1.6 cun (the distance from Tiantu(CV22) to Xuanji(CV21) is 1 cun, and there is 1.6 cun in between any of the two points from Xuanji(CV21) to ZhongTing(CV16).  The transverse measurement of the chest and abdomen is based on the distance between the two nipples; for women, the mid-clavicle line can be used as a substitute. |
| Between the nipples. | 8 cun | Transverse |  |
| Back | From Dazhui(GV14 )to the sacrum.    Between the medial borders of the scapulae. | 21 vertebrae.      6 cun | Longitudinal      transverse | Measurements of the Back transport points are based on the spinous processes of the spine; generally the line connecting the lower borders of the scapulae level with the spinous process of T7 and the line connecting the two iliac crests level with the spinous process of L4. |
| Lateral Chest | From the end of axilla to the hypochondriac area.    From hypochondriac area to the acetabulum of hip joint. | 12 cun      9 cun | Longitudinal      Longitudinal | The hypochondriac area here refers to the lower end of the 11th rib.    The acetabulum of the hip joint here refers to the prominence of the great trochanter. |
| Upper extremities | Between the end of the axillary fold and transverse cubital crease.  Between the transverse cubital crease and the transverse wrist crease. | 9 cun      12 cun | Longitudinal      Longitudinal | The measurement method for the three hand-yin and three hand-yang meridians. |
| Lower extremities | From the upper border of the pubic symphysis to the upper border of the medial fibula.  From the lower border of the medial fibula to the tip of medial malleolus. | 18 cun      13 cun | Longitudinal      Longitudinal | The upper border of the medial fibula here refers to the upper border of medial condyle of the femur.  The lower border of medial fibula here refers to the lower border of medial condyle of the tibia; the tip of medial malleolus here refers to the medial convex of the medial malleolus. |
| From the prominence of the great trochanter to the middle of the patella.  From the center of the patella to the tip of lateral malleolus.  From the tip of the lateral malleolus to the sole of the foot. | 19 cun    16 cun      3 cun | Longitudinal    Longitudinal      Longitudinal | The distance from the gluteal crease to the center of patella is taken as 14 cun.  The anterior line of the central patella is level with the lower border of the knee; the posterior line is level with the transverse popliteal crease and Dubi(ST 35) with the knee flexed. |

#### 2.4.4.3 The Four-Finger Measurement

The width of the four fingers close together at the level of the dorsal skin creases of the proximal interphalangeal joints of the middle finger is three cun (see Figure 2-4). The four fingers make up one hand-breadth containing 3 cun, and so sometimes this method is also known as the “one finger-breadth method”. This method is quite common in clinical application.

Finger measurements can only be used on the basis of proportional measurements. It cannot be used for the entire body, otherwise inaccuracies will occur. Anatomical landmarks and proportional measurement are the two essential methods used to locate points; finger measurements should only be used as a combination “maneuver”.

# Chapter 3 Meridians and Their Acupoints

The twelve regular and eight extra meridians have their own circulating pathways. Ling Shu Jing Mai (Meridian·The Canon of The Spiritual Pivot) horoughly described the pathways of the 12 main meridians, however, the eight extra meridians were barely mentioned in Ling Shu, Su Wen. The acupoints located along the meridian's pathways are the key areas used during treatments when giving acupuncture and moxibustion. The twelve Main Meridians plus the Ren & Du meridians, which belong to the eight extra meridians, have their own acupoints. In total, there are 349 acupoints in this fourteen meridians, which were described in the book, Jia Yi Jing. The number increased or decreased in the dynasties that followed, until the Qing Dynasty, at which time Li Xue -Chuan’s book, “Zhen Jiu Feng Yuan”, was published, which described a total of 361 acupoints.

## 3.1 The Twelve Main Meridians and Their Acupoints

***Purpose and Requirement:***

1, Master the pathways of the fourteen meridians and the relationship between the fourteen meridians and the internal organs or tissues.

2, Acquaint with the brief indications of the acupoints on these fourteen meridians.

3, Universally know the acupoints on these fourteen meridians and extraordinary points, master the methods of locating acupoints, the feature of indications and the manipulation requirement of 168 key acupoints and 36 extraordinary points commonly used.

There is an intrinsic relationship between the pathways of the twelve main meridians and the functions of their related acupoints. Being familiar with their pathways on the body surface and their relationship with the organs can make it easier to learn the indications and special functions. In this section, the main pathways and some widely used acupoints according to the distribution rules of the twelve main meridians will be briefly introduced. As far as manipulation methods are concerned, Only the routine depths and angles of filiform needle insertions will be introduced. Other manipulation techniques will be discussed in later chapters.

### 3.1.1 Lung (LU) Meridian of Hand-Taiyin

#### 3.1.1.1 General Information about the Meridian

The lung meridian travels from the chest to the hand, and has a total of 11 acupoints. The first acupoint is Zhongfu; the last is Shaoshang. Its primary indications include lung and respiratory system diseases, as well as, problems of the heart, eyes, milk ducts, and pain located on the radial aspect of the anterior arm(hand).

#### 3.1.1.2 The Course of the Meridian

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Lung Meridian of Hand Taiyin:

Zhongfu\*(LU1),Yunmen(LU2),Tianfu(LU3),Xiabai(LU4),Chize\*(LU5), Kongzui\*(LU6),Lieque\*(LU7),Jingqu(LU8),Taiyuan\*(LU9),Yuji\*(LU10), Shaoshang\*(LU 11).

The Lung Meridian of Hand-TaiYin originates at the middle-jiao, and descends to connect with the large intestine. Winding back, it passes along the upper orifice of the stomach, where it ascends through the diaphragm, and enters its associated organ, the lung. From the respiratory system, which refers to the portion of the lung communicating with the throat, it extends transversely at Zhongfu(LU 1). Descending along the radial border of the upper arm, it reaches the cubital fossa. Then it continues descending along the anterior aspect(radial side of the forearm and enters Taiyuan(LU 9). Passing the thenar eminence (Yu Ji), and stretching along its radial border, before finally ending at the radial aspect of the tip of the thumb.

The branch emerges from Lieque(L7) and runs along the dorsum of the hand along the radial aspect of the index finger. (Fig. 3-1)

#### 3.1.1.3 Frequently Used Acupoints

Zhongfu(LU1)

Alarm Point of the Lung

Location: Six cun lateral to the midline of the chest, in the first intercostal space, near the coracoid process. (Fig. 3-2)

Layers of Dissection: Skin→subcutaneous tissue→pectoralis major→ pectoralis minor→thoracic cavity. In the superficial layer are the intermediate supraclavicular nerve, the lateral cutaneous branch of the first intercostal nerve, and the cephalic vein. The thoraco-acromial artery and vein and the medial and lateral pectoral nerves are in the deep layer.

Indications: Cough, asthma, chest pain; shoulder pain, backache.

Needling: Transverse-oblique insertion 0.5-0.8 cun towards the lateral side.

Caution: Deep perpendicular or oblique insertions may penetrate the lung resulting in a pneumothorax.

Chize(LU5)

He-Sea and Water Point

Location: On the cubital crease of the elbow, in the depression on the radial side of the tendon of biceps brachii. (Fig3-3)

Layers of Dissection: Skin→subcutaneous tissue→brachioradialis→radial nerve→brachialis muscle. The cephalic vein and lateral cutaneous nerve of the forearm are in the superficial layer. The radial nerve, anterior branches of the collateral radial arteries and veins, and the recurrent radial arteries and veins are in the deep layer.

Indications: Bronchitis, asthma, hemoptysis, sore throat; elbow pain; acute vomiting and diarrhea, sunstroke, infantile convulsions.

Needling: Perpendicular insertion 0.8-1.2 cun or prick to bleed.

Lieque(LU7)

Luo-Connecting point, Confluent point of Conception vessel

Location: 1.5 cun above the most distal transverse crease of the wrist, above the styloid process of the radius. The simple way to find this acupoint is to hold the two palms together interlocking the webbings of the thumbs together, the index finger can feel the depression in the cleft between the two tendons; this is the acupoint. (Fig3-4)

Layers of Dissection: Skin→subcutaneous tissue→abductor pollicis longus →the tendon of brachioradialis→quadratus pronator. The cephalic vein, lateral cutaneous nerve of the forearm, and the superficial branch of the radial nerve are in the superficial layer. In the deep layer are the branches of the radial arteries and veins.

Indications: Bronchitis, asthma, sore throat; headache, toothache, stiff neck, facial paralysis.

Needling: Oblique insertion 0.5-0.8 cun towards the elbow.

Taiyuan(LU9)

Shu-Stream, Yuan-Source and Earth Point, Influential point of the Pulse(Vessels).

Location: The most distal transverse crease of the wrist, on the lateral border of the radial artery. (Fig3-4)

Layers of Dissection: Skin→subcutaneous tissue→between the tendons of flexor carpi radialis and abductor pollicis longus. The lateral cutaneous nerve of the forearm and the superficial branch of the radial nerve are in the superficial layer. The deep branch of the radial nerve and the radial artery and vein are in the deep layer.

Needling: Perpendicular insertion 0.3-0.5 cun. Note: care should be taken to avoid the radial artery.

Shaoshang(LU11)

Jing-Well and Wood point

Location: On the radial border of the thumb, about 0.1 cun from the corner of the nail. (Fig3-4)

Layers of Dissection: Skin→subcutaneous tissue→root of the fingernail. In this area are the dorsal digital branches of the proper palmar digital nerves (branches of the median nerve), the rete, which is composed of the branches of the principal artery and vein of the thumb, and the first dorsal metacarpal artery and vein.

Indications: Sore throat, epistaxis, high fever, coma; manic-depressive disorders.

Needling:Oblique insertion upwards for 0.1 cun, or prick to bleed in acute and severe cases.

#### 3.1.1.4 OTHER ACUPOINTS ON THE MERIDIAN:

Kongzui(LU6 )

Xi-Cleft point

7 cun above the transverse crease of the wrist, along the line connecting Yangxi (LU5) with Taiyuan (LU9).

Jingqu(LU8)

Jing-River and Metal point

1 cun above the transverse crease of the wrist, on the medial border of the radial artery.

Yuji(LU10)

Ying-Spring and Fire point

On the thenar eminence, the midpoint of the shaft of the first metacarpal bone, at the junction of the red and white skin.

### 3.1.2 Large Intestine (LI) Meridian of Hand-Yangming

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Large Intestine Meridian of Hand Yangming:

Shangyang\*(LI1),Erjian\*(LI2),Sanjian(LI3),Hegu\*(LI4),Yangxi(LI5),Pianli\*(LI6), Wenliu(LI7),Xialian(LI8),Shanglian(LI9),Shousanli\*(LI10),Quchi\*(LI11), Zhouliao\*(LI12),Shouwuli(LI13),Binao(LI14),Jianyu\*(LI15),Jugu(LI16),Tianding(LI17),Futu(LI18),Fouheliao(LI 19),Yingxiang\*(LI 20).

#### 3.1.2.1 General Information about the Meridian

The Large Intestine meridian travels from the hand to the head and face and has a total of 20 acupoints on each side. The first acupoint is Shangyang(LI1) and the last acupoint is Yingxiang(LI20). The primary indications include diseases of the head, face, five sense organs and large intestines; as well as, other diseases in the regions along the course of this meridian such as: headache, trigeminal neuralgia, facial paralysis, eye diseases, toothache, stuffy nose, sore throat, goiter, gastrointestinal diseases, pain numbness and paralysis of the hand .

#### 3.1.2.2 The Course of the Meridian

This meridian begins at the radial aspect of the index finger and passes through the interosseous space of the 1st and 2nd metacarpal bones. Then it ascends along the lateral side of the wrist and elbow to the shoulder. From the shoulder, it passes through supraclavicular fossa and connects with the lung and large intestine. One branch ascends along the cheek and enters the lower gums. Before circling back to the upper lip. From the upper lip, the left meridian goes to the right side and the right meridian to the left side. Both end at the opposite sides of the nose where it connects with the stomach meridian of foot yangming. (Fig3-5)

The Large Intestine Meridian of Hand-YangMing oriainates at the tip of the index finger Shangyang(LI 1). It runs upwards along the radial aspect of the index finger and passing through the interosseous space of the 1st and 2nd metacarpal bones Hegu(LI 4) where it enters the depression between the tendons of extensor pollicis longus and brevis. Then, it extends along the anterior aspect of the forearm until it reaches the lateral aspect of the elbow. From there, it ascends along the posterio-lateral aspect of the upper arm to the highest point of the shoulder Jianyu(LI 15). At the anterior border of the acromion, it ascends to the 7th cervical vertebra (the confluence of the three yang meridians of the hand and foot Dazhui)(GV14); it then descends to Quepen(ST12) (in the supraclavicular fossa) and connects with its corresponding zang-fu organ. Finally, the meridian passes through the diaphragm and enters its associated organ, the large intestine.

The branch from Quepen(ST12) runs upwards towards the neck, passes through the cheek and enters the lower gums. Then it circles back to the upper lip and crosses the opposite meridian at the philtrum. From there, the left meridian goes to the right side and the right meridian to the left side, on opposite sides of the nose Yingxiang(LI 20), where the Large Intestine meridian links with the Stomach Meridian of Foot- YangMing. (Fig.3-5 )

#### 3.1.2.3 Frequently Used Acupoints

Shangyang(LI 1)

Jing-Well and Metal point

Location: On the radial border of the index finger, about 0.1 cun from the corner of the nail. (Fig3-6)

Layers of Dissection: Skin→subcutaneous tissue→the root of the fingernail. In this area are the dorsal digital branches of the proper palmar digital nerves (branches of median nerve) and the rete, composed of the branches of the dorsal radial artery and vein of the index finger and the first dorsal metacarpal artery and vein.

Indications: Toothache, sore throat. Febrile diseases, coma, acute faucitis, tonsillitis, mumps, and stomatitis.

Needling: Shallow insertion or prick to bleed with a three-edged needle.

Hegu(LI 4)

Shu-Stream and Yuan-Source point

Location: On the dorsum of the hand, between the first and second metacarpal bones, near the midpoint of the second metacarpal bone on the radial border. (Fig3-6)

Layers of Dissection: Skin→subcutaneous tissue→the first dorsal interosseous muscle →adductor muscle of thumb. The superficial branch of the radial nerve, the radial portion of the dorsal venous rete of the hand, and branches of the first dorsal metacarpal artery and vein are in the superficial layer. In the deep layer is the deep branch of the ulnar nerve.

Indications: Headache, toothache, epistaxis, deviation of the eye and mouth, deafness, facial paralysis, facial muscle spasm, trigeminal neuralgia, glossitis, gingivitis, myopia, hypertension, stroke sequelae, chills and fever, febrile diseases without sweating or with excessive sweating, amenorrhea, dysmenorrhea, dystocia (difficult labor).

Needling: Perpendicular insertion 0.5-1 cun.

Commentary: This point is contraindicated during pregnancy. Hegu(LI 4)is combined with Quchi (LI 11) to treat needle rash caused by acupuncture. Some infections on the face or around the mouth can be treated by (puncturing) needling LI 4. Experiments have shown that when Hegu(LI 4) is needled the diameter and peristaltic action of the esophagus increases. 20 minutes of electric stimulation on Hegu(LI 4) and Waiguan (TE 5) in rabbits, showed their pain threshold could be increased one time higher in two-thirds of the rabbits. Hegu(LI 4) is also the most frequently used acupoint for anesthesia in operations like cranio-cerebral surgery, orbital procedures and tonsillectomies.

Shousanli(LI 10)

Location: 2 cun below Quchi(LI 11), on the line connecting LI 11 with Yangxi( LI5).(Fig3-7)

Layers of Dissection: Skin→subcutaneous tissue→extensor carpi radialis longus→extensor carpi radialis brevis→supinator. The lateral and posterior cutaneous nerves of the forearm are in the superficial layer. In the deep layer are branches of the recurrent radial artery and vein and the deep branch of the radial nerve.

Indications: Numbness and pain of the hand, motor impairment of the upper extremities, bellyache, diarrhea, toothache, cervical spondylopathy, sequelae of stroke, acute faucitis.

Needling: Perpendicular insertion 0.8-1.2cun.

Quchi(LI 11)

He-Sea and Earth point

Location: On the elbow, at the midpoint between Chize(LI 5) and the lateral epicondyle of the humerus, when the elbow is flexed. (Fig3-7)

Layers of Dissection: Skin→subcutaneous tissue→extensor carpi radialis longus→extensor carpi radialis brevis→brachioradialis. The branches of the cephalic vein and the posterior cutaneous nerve of the forearm are in the superficial layer. In the deep layer are the radial nerve, the anastomotic branches between the recurrent radial artery and vein and the collateral radial artery and vein.

Indications: Paralysis, numbness and pain of the hand, motor impairment of the upper extremities, febrile diseases, hypertension, mental disorders, bellyache, vomiting and diarrhea, gastroenteritis, sore throat, toothache, redness with swelling and pain of the eyes, urticaria, eczema, scrofula.

Needling: Perpendicular insertion 0.5-1 cun.

Commentary: Moxibustion on Quchi(LI 11) can treat hand infections. Pain of the hands can be treated by needling LI 11, with Hegu(LI 4) and Jianyu (LI 15). Experiments have shown that strong stimulation on LI 11 and EX-LE7 can treat appendicitis in dogs. Electric stimulation on LI 11 can lower the blood pressure by about 20-40 mm of Hg in dogs and rabbits.

Jianyu(LI 15)

Location: Anterior and inferior to the acromion, two depressions are formed when the arm is raised horizontally. The anterior depression is this acupoint. (Fig3-8)

Layers of Dissection: Skin→subcutaneous tissue→deltoid muscle→sub-deltoid bursa→the tendon of supraspinous. The lateral supraclavicular nerves and the superior lateral cutaneous nerve of the arm are in the superficial layer. In the deep layer are branches of the posterior circumflex humeral artery and vein and the axillary nerve.

Indications: Paralysis of the hand, motor impairment of the upper extremities, urticaria.

Needling: Perpendicular insertion 0.8-1.5 cun when the upper arm is abducted. If the arm can not be raised, use an oblique insertion towards the elbow. Perpendicular insertion towards the joint is performed for frozen shoulder.

Yingxiang(LI 20)

crossing point of LI and ST channels

Location: Level with the midpoint of the lateral border of the ala nasi, in the naso-labial groove. (Fig3-9)

Layers of Dissection: Skin→subcutaneous tissue→levator labii superioris. There are branches of the infraorbital nerve (a branch of the maxillary nerve) in the superficial layer. In the deep layer are the buccal branches of the facial nerve and branches of the facial artery and vein.

Indications: Nasal congestion, allergic rhinitis, deviation of the mouth, facial paralysis, trigeminal neuralgia, biliary ascariasis.

Needling: Oblique insertion 0.3-0.5 cun towards the root of the nose.

Commentary: Nasal congestion can be treated by combining Shangxing (GV23) and Wuchu (BL5). In modern practice, we can treat biliary ascariasis by combining Shuigou (GV26), EX-LE6, and Zusanli (ST36).

#### 3.1.2.4 Other Acupoints on the Meridian

Erjian(LI 2)

Ying-Spring and Water point

Hand dorsum, on the radial border of the index finger, in the depression distal to the metacarpo-phalangeal joint, when the hand is slightly flexed.

Indications :toothache, epistaxis; febrile diseases

Sanjian(LI 3)

Shu-Stream and Wood point

Hand dorsum, on the radial border of the index finger, in the depression proximal to the second metacarpo-phalangeal joint, when the hand is slightly flexed.

Indications: toothache, sore thorat; abdominal distension, borborygmus, and other diseases of the intestines; somnolence

Yangxi(LI 5)

Jing-River and Fire point

Radial side of the wrist, in the depression between the tendons of extensor pollicis brevis and longus.

Indications: wrist pain, headache, redness with swelling and pain in the eye, deafness.

Pianli(LI 6)

Luo-Connecting point

3 cun above the transverse crease of the wrist, on the line connecting Yangxi (LI 5)with Quchi (LI11).

Indications: tinnitus, epistaxis; aching pain in the hand and arm; abdominal distension; edema.

Wenliu(LI 7)

Xi-Cleft point

5 cun above the transverse crease of the wrist, on the line connecting Yangxi (LI 5)with Quchi( LI11).

Indications :acute borborygums and abdominal pain , furuncle;headache,swollen face, sore thorat, and other facial problems; aching pain in the upper back and shoulder.

Xialian(LI 8)

Radial side of the forearm, 4 cun below the elbow crease, on the line connecting Yangxi (LI 5)with Quchi (LI 11).

Indications : pain in the elbow and arm; headache, vertigo, eye pain; borborygums and abdominal pain .

Shanglian(LI 9)

Radial side of the forearm, 3 cun below the elbow crease, on the line connecting Yangxi (LI 5) with Quchi (LI 11).

Indications : pain in the elbow and arm, hemiparalysis, numbness of the hand and arm; headache; borborygums and abdominal pain.

Zhouliao(LI 12)

When the elbow is flexed, the depression one cun above and lateral to Quchi (LI 11).. Directly above the lateral epicondyle of the humerus.

Indications :aching pain, numbness and spam of the elbow and arm; headache; borborygums and abdominal pain.

Shouwuli(LI 13)

Lateral aspect of the upper arm, 3 cun above Quchi (LI 11)., On the line of Quchi (LI 11)with Jianyu (LI 15).

Indications :crampy pain in the elbow and arm; scrofula.

Binao(LI14)

On the connecting Quchi(LI11) with Jianyu(LI15), 7 cun above Quchi(LI11), at the end of the deltoid.

Indications : cramy pain and paralysis in the shoulder and arm, neck convulsions, and other diseases of arm and shoulder; scrofula ; eye diseases.

Jugu(LI 16)

Upper aspect of the shoulder, in the depression medial to the acromial process and between the lateral extremity of the clavicle and the upper part of the spine of the scapula.

Indications : crampy pain and paralysis in the shoulder and arm, and other diseases of local area; scrofular and goiter.

Tianding(LI 17)

Lateral side of the neck, the midpoint of Futu (LI 18) and the supraclavicular fossa, at the posterior margin of the sternocleidomastoid.

Indications : sudden loss of voice , sore thorat, and other diseases of the thorat; scrofula and goiter.

Futu (LI 18)

Lateral side of the neck, level with the tip of the laryngeal prominence, between the two heads (sternal and clavicular) of the sternocleidomastoid.

Indications :sore thorat, sudden loss of voice , and other diseases of the thorat; scrofula and goiter; bronchitis, asthma; the point of acupuncture anesthesia for cervical operation.

Koheliao(LI19)

Above the upper lip, 0.5 cun lateral to Shuigou (GV26), below the lateral side of the nares. Indications : sniffles, nosebleed, rhinitis, deviation of the mouth, trismus, and other diseases of the local area.

### 3.1.3 The Stomach (ST) Meridian of Foot-Yangming

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

The Stomach Meridian of Foot Yangming:

Chengqi\*(ST1),Sibai\*(ST2),Juliao(ST3),Dicang\*(ST4),Daying(ST5),Jiache\*(ST6), Xiaguan\*(ST7),Touwei\*(ST8),Renying\*(ST9),Shuitu\*(ST10),Qishe(ST11), Quepen(ST12),Qihu(ST13),Kufang(ST14),Wuyi(ST15),Yingchuang(ST16), Ruzhong(ST17),Rugen\*(ST18),Burong(ST19),Chengman(ST20),Liangmen(ST21), Guanmen(ST22),TaiyI(ST23),Hhuaroumen(ST24),Tianshu\*(ST25),Wailing(ST26), Daju(ST27),Shuidao(ST28),Guilai\*(ST29),Qichong(ST30),Biguan(ST31),Futu\*(ST32), Yinshi(St33),Liangqiu\*(St34),DubI\*(ST35),Zusanli\*(ST36),Shangjuxu\*(ST37), Tiaokou(ST38),Xiajuxu\*(ST39),Fenglong\*(ST40),Jiexi\*(ST41),Chongyang(ST42), Xiangu(ST 43),Neiting\*(ST44),Lidui(ST 45).

#### 3.1.3.1 General Information of the Meridian

The stomach meridian travels from the head to the leg. The first acupoint is Chengqi(ST1) and the last acupoint is Lidui(ST45). There are 45 acupoints on each side. The main indications are gastrointestinal diseases, diseases of the head, face, eye, nose and mouth, and other diseases in the region along the course of this meridian; such as stomach diseases, enteritis, dyspepsia, headache, facial paralysis, toothache, faucitis, paralysis, numbness, pain of the legs.

#### 3.1.3.2 The Course of the Meridian

This meridian begins at the side of the nose. It ascends to the medial canthus at the bridge of the nose, where it meets the Bladder meridian. Descending along the lateral aspect of the nose, it enters the upper gum. Re-emerging, it circles around the lips and descends to the angle of the mandible. Before ascending to the forehead. Its descending branch runs through the mandible and enters the supraclavicular fossa, where it continues to descend through the diaphragm, enters the stomach, its associated organ, and connects with the spleen. Another branch from the orifice of the stomach descends inside the abdomen and reaches the groin. Form the groin, it connects with the branch that descends along the body surface; it continues descending along the anterior aspect of the thigh, the lateral aspect of the tibia, passes through the dorsum of the foot and reaches the lateral side of the tip of the 2nd toe. Another branch connects with the Spleen meridian. (Fig.3-10)

Fig.3-10 The Course of the Stomach Meridian

The Stomach Meridian of Foot-YangMing originates at the lateral side of the ala nasi. It ascends to the bridge of the nose, where it meets the Bladder Meridian of Foot-Taiyang. It turns to descend along the lateral aspect of the nose and it enters the upper gum. Re-emerging, it curves around the lips and descends to meet conception vessel at the mento-labial groove Chengjiang (CV 24). Then it extends postero-laterally across the lower portion of the cheek to Daying (ST5). Winding along the angle of the mandible at Jiache(ST6), it ascends anteriorly to the ear and traverses Shangguan(GB3) of the Gallbladder Meridian of Foot-Shaoyang. Then it travels along the anterior hairline and reaches the forehead.

The facial branch emerges anterior to Daying (ST5) and descends to Renying(ST 9). From there it travels along the throat and enters the supraclavicular fossa. Continuing its descent, it passes through the diaphragm, enters the stomach, its associated organ, and connects with the spleen.

The straight portion of the meridian, arising from the supraclavicular fossa, runs downward passing through the nipple. It descends past the umbilicus and enters Qichong(ST30) in the inguinal region.

The branch from the lower orifice of the stomach descends inside the abdomen and joins the previous portion at Qichong(ST30). It continues running inferiorly, traversing Biguan (ST31), and further through the femur at Futu(ST32) until it reaches the knee; from there, in continues its descent along the anterior border of the lateral aspect of the tibia, passes through the dorsum of the foot, terminating at the lateral side of the tip of the 2nd toe at Lidui(ST44).

The tibial branch emerges from Zusanli(ST36), 3 cun below the knee, and enters the lateral side of the middle toe.

The branch from the dorsum of the foot arises from Chongyang(ST42) and terminates at the medial side of the tip of the great toe Yinbai(SP1), where it links with the Spleen Meridian of Foot-TaiYin.

#### 3.1.3.3 Frequently Used Acupoints

Chengqi(ST1)

Location: Directly below the pupil, between the infraorbital ridge and the eyeball, when the eyes are looking straight ahead. (Fig.3-11 )

Layers of Dissection: Skin→subcutaneous tissue→orbicular muscle of the eye→inferior rectus muscle→inferior oblique muscle. There are branches of the infraorbital nerve and zygomatic branches of the facial nerve in the superficial layer. In the deep layer are branches of the oculomotor nerve and the ophthalmic artery and vein.

Indications: Twitching of the eyelids, tearing due to wind irritation, cataract, glaucoma, nyctalopia (night blindness), optic neuritis, optic atrophy, myopia, colour blindness, deviation of the eye and mouth, facial paralysis, facial spasms, eyelid drop (pytosis).

Needling: Push the eyeball up slightly with the left thumb and do aPerpendicular insertion 0.5-1.5 cun along the infraorbital ridge. It is not advisable to manipulate the needle with lifting and thursting to avoid injuring the blood vessel, which will result in the hematoma. Press the point when the needle is withdrawn, to avoid bleeding.

Sibai(ST2)

Location: Directly below the pupil, in the depression over the infraorbital foramen, when the eyes looking straight forward. (Fig.3-11 )

Layers of Dissection: Skin→subcutaneous tissue→orbicular muscle of eye, levator labia superioris→infraorbital foramen. There are branches of the infraorbital nerve and zygomatic branches of the facial nerve in the superficial layer. In the deep layer are the infraorbital artery and vein, with the infraorbital nerve emerging from the infraorbital foramen.

Indications: Facial paralysis, myopia, keratitis, conjunctivitis, eyelid drop (pytosis), glaucoma, deviation of the eye and mouth, facial spasms, trigeminal neuralgia, headache, dizziness.

Needling: Perpendicular insertion 0.3-0.5 cun. Contraindicated for moxibustion.

Dicang(ST4)

Location: Directly below the pupil, about 0.4 cun lateral to the corner of the mouth.(Fig.3-11)

Layers of Dissection: Skin→subcutaneous tissue→orbicularis oris→buccinator. There are branches of the buccal nerve and infraorbital nerve (emerging from the trigeminal nerve) and branches of the facial artery and vein in the area.

Indications: Facial paralysis, trigeminal neuralgia, salivation.

Needling: Oblique or transverse insertion 0.5 cun, towards Jiache(ST6) or Yingxiang(LI 20).

Fig.3-11

Jiache(ST6)

Location: On the prominence of the masseter, 1 cun anterior and superior to the angle of the mandible. (Fig.3-12)

Layers of Dissection: Skin→subcutaneous tissue→masseter muscle. There are branches of the auricularis magnus nerve and the marginal mandibular branch of the facial nerve in the area.

Indications: Facial paralysis, toothache, facial spasms, mumps.

Needling: Perpendicular insertion for 0.3-0.5 cun, or transverse insertion towards Dicang (ST4) or Quanliao (SI 18).

Xiaguan(ST7)

Location: Lower border of the zygomatic arch, in the depression 1 cun anterior to the condyloid process of the mandible; anterior to the tragus. (Fig.3-12)

Layers of Dissection: Skin→subcutaneous tissue→parotid gland→between the masseter and the zygomatic process of temporal bone→lateral pterygoid muscle. There are branches of the auriculo-temporal nerve, zygomatic branches of the facial nerve, and the transverse artery and vein of the face in the superficial layer. In the deep layer are the maxillary artery and vein, the lingual nerve, the inferior alveolar nerve, the middle meningeal artery and the pterygoid plexus.

Indications: Toothache, temporo-mandibular joint (TMJ) syndrome, trigeminal neuralgia, deviation of the eye and mouth, deafness, tinnitus, otorrhea, otitis media.

Needling: Perpendicular insertion 0.5-1 cun, or oblique insertion toward Tinggong(SI 19).

Touwei(ST8)

Location: At the corner of the head, 0.5 cun directly above the hairline, 4.5 cun lateral to the midline of the head Shenting(GV24). (Fig.3-12)

Layers of Dissection: Skin→subcutaneous tissue→epicranial aponeurosis on the superior margin of the temporalis muscle→loose connective tissue under the aponeurosis → pericranium. There are branches of the auriculo-temporal nerve, temporal branches of the facial nerve and the frontal branch of the superficial temporal artery and vein in the area.

Indications: Headache, vertigo, facial paralysis.

Needling: Transverse insertion towards the back for 0.5-1 cun subcutaneously.

Tianshu(ST25)

Front-Mu point of the Large Intestine

Location: 2 cun lateral to the umbilicus. (Fig.3-13)

Layers of Dissection: Skin→subcutaneous tissue→anterior sheath of rectus abdominus→rectus abdominus muscle→posterior sheath of rectus abdominus. There are lateral and anterior cutaneous branches of the anterior branches of lumbar nerves IX, X and XI, and venous rete around the navel in the superficial layer. In the deep layer is the anastomotic branch of the superior and inferior epigastric veins and the muscular branches of the anterior branches of the lumbar nerves IX, X and XI.

Indications: Acute or chronic enteritis or gastritis, bacillary dysentery, paralytic ileus, appendicitis, abdominal pain and/or distention, diarrhea, constipation, abdominal muscle paralysis, dysmenorrhea (irregular and/or painful menstruation).

Needling: Perpendicular insertion 1-1.5cun.

Biguan(ST31)

Location: Upper thigh, at the junction of the lines level with the lateral border of the patella and the transverse gluteal fold. In the depression lateral to the sartorius muscle, at the junction of a vertical line drawn down from the anterior superior iliac spine, and a horizontal line drawn level with the lower border of the pubic symphysis. (Fig.3-14)

Layers of Dissection: Skin→subcutaneous tissue→between the tensor fascia lata and sartorius→rectus femoris→vastus lateralis. The lateral cutaneous nerve of the thigh is in the superficial layer. In the deep layer is the ascending branch of the lateral circumflex artery and vein, and the muscular branches of the femoral nerve.

Indications: Protrusion of the intervertebral lumbar disc, iliotibial band muscle spasms, hip joint diseases, paralysis of the legs, lumbago, cold invasion of the knee.

Needling: Perpendicular insertion 1-2 cun.

Futu(ST32)

Location: On the thigh, on a line connecting the anterior superior iliac spine and lateral border of the patella, 6 cun above the superior border of the patella. (Fig.3-14)

Layers of Dissection: Skin→subcutaneous tissue→vastus lateralis→ vastus intermedialis. The lateral veins of the thigh, anterior cutaneous branches of the femoral nerve and the lateral cutaneous nerve of the thigh are in the superficial layer. In the deep layer is the descending branches of the lateral circumflex femoral artery and vein and the muscular branches of the femoral nerve.

Indications: Protrusion of the lumbar intervertebral disc, iliotibial band muscle spasms, inflammation of the nervus cutaneus femoris lateralis, lumbago, cold invasion of the knee, herniation, beriberi.

Needling: Perpendicular insertion 1-2 cun.

Liangqiu(ST34)

Xi-Cleft point

Location: On the thigh, in the depression 2 cun above the superior border of the patella, along its lateral margin. (Fig.3-14)

Layers of Dissection: Skin→subcutaneous tissue→ rectus femoris and vastus lateralis→the lateral part of the tendon of vastus intermedialis. The anterior cutaneous branches of the femoral nerve and the lateral cutaneous nerve of the thigh are in the superficial layer. In the deep layer is the descending branch of the lateral circumflex femoral artery and vein and the muscular branches of the femoral nerve.

Indications: Acute gastric pain, gastrospasms, diarrhea, diseases of the knee, acute mastitis, mastodynia (breast pain).

Needling: Perpendicular insertion 1-1.2 cun.

Commentary: Modern studies show that acupuncture on Liangqiu(ST34) can inhibit the peristaltic action of the stomach. Strong stimulation can rapidly reduce peristalsis.

Zusanli(ST36)

He-Sea and Earth points, lower He-Sea point of the stomach

Abdominal Command point

Location: Below the knee, 3 cun below Dubi(ST 35) (the depression in the lateral patella ligament), one finger-breadth lateral to the anterior crest of the tibia. (Fig.3-15)

Layers of Dissection: Skin→subcutaneous tissue→tibialis anterior→ interosseous membrane of the leg→tibialis posterior. The lateral sural cutaneous nerve is in the superficial layer. In the deep layer are branches of the anterior tibial artery and vein.

Indications: Acute or chronic gastritis or enteritis, stomachache, vomiting, dys-

phagia, abdominal distention, diarrhea, dysentery, constipation, pain or paralysis of the lower extremities, insanity, headache, neurosis, arteriosclerosis, leukopenia, hypertension, acute mastitis, acute appendicitis, paralysis of the legs, asthma, consumptive disease.

Needling: Perpendicular insertion 1-2 cun.

Commentary: Studies have shown that needling Zusanli(ST36) and Shousanli(LI 10), in both healthy persons and gastritis patients, can enhance stomach contractions when the stomach is relaxed, or relax them when it is tense. Needling Zusanli(ST36), Hegu(LI 4) and Sanyinjiao(SP6) for children with indigestion enables low-levels of free acid, total gastric acidity, and actions of pepsin and gastric lipase to increase rapidly. It has been shown that needling Zusanli(ST36) in humans and rabbits, enhances the amount of properdin. Needling Zusanli(ST36) and Dazhui(GV14), in rabbits, can dramatically increases opsonin, promoting the phagocytic index.

Shangjuxu(ST37)

Lower He-Sea point of the LI

Location: Lower leg, 6 cun below Dubi(ST35), (the depression in the lateral patella ligament) 3 cun below Zusanli(ST36); one finger-breadth lateral to the anterior crest of the tibia. (Fig.3-15)

Layers of Dissection: Skin→subcutaneous tissue→tibialis anterior→ interosseous membrane of the leg→tibialis posterior. The lateral sural cutaneous nerve is in the superficial layer. In the deep layer is the anterior tibial artery and vein and the deep peroneal nerve. Caution: Deep insertions might puncture the posterior tibial artery , vein and the tibial nerve.

Indications: Borborygmus, abdominal pain, acute or chronic diarrhea, acute appendicitis, pain or paralysis of the lower extremities.

Needling: Perpendicular insertion 1-1.5 cun.

Tiaokou(ST38)

Location: Lower leg, 8 cun below the depression in the lateral patella ligament (the midpoint between the popliteal crease and the tip of the medial malleolus), one finger-breadth lateral to the anterior crest of the tibia. (Fig.3-15)

Layers of Dissection: Skin→subcutaneous tissue→tibialis anterior→ interosseous membrane of the leg→tibialis posterior. The lateral sural cutaneous nerve is in the superficial layer. In the deep layer is the anterior tibial artery and vein and the deep peroneal nerve. Caution: Deep insertions might puncture the fibular artery and(or vein.

Indications: Pain or paralysis of the lower extremities, spasms, aching of the shoulder and arm, abdomen pain.

Needling: Perpendicular insertion 1-1.5 cun .

Fenglong(ST40)

Luo-Connecting point

Location: Lower leg, 8 cun below the depression in the lateral patella ligament, (the midpoint between the popliteal crease and the tip of the medial malleolus) two finger-breadths lateral to the anterior crest of the tibia. (Fig.3-15)

Layers of Dissection: Skin→subcutaneous tissue→extensor digitorum longus →extensor hallucis longus→interosseous membrane of the leg→tibialis posterior. The lateral sural cutaneous nerve is in the superficial layer. In the deep layer are branches of the anterior tibial artery , vein and the deep peroneal nerve.

Indications: Headache, dizziness, mental disorders, productive cough, numbness, pain, paraesthesia or paralysis of the lower extremities, abdominal distention, constipation.

Needling: Perpendicular insertion 1-1.5 cun.

Jiexi(ST41)

Jing-River and Fire point

Location: On the dorsum of the foot, in the middle of the transverse ankle crease (between the tendons of extensor hallucis longus and extensor digitorum longus). (Fig.3-16)

Layers of Dissection: Skin→subcutaneous tissue→between the tendon of extensor hallucis longus and extensor digitorum longus→talus. The medial dorsal cutaneous nerve and the dorsal cutaneous vein of the foot are in the superficial layer. In the deep layer are the deep peroneal nerve and the anterior the dorsalis pedis artery and vein.

Indications: Paralysis of the lower extremities, diseases of the ankle, foot drop, headache, dizziness, mental disorders, abdominal distention, constipation.

Needling: Perpendicular insertion 0.5-1 cun.

Neiting(ST44)

Ying-Spring and Water point

Location: Foot dorsum, on the junction of the red and white skin, between the 2nd and 3rd toes. (Fig.3-16)

Layers of Dissection: Skin→subcutaneous tissue→between the tendons of extensor digitorum longus and brevis of the second and third toes→between the heads of metatarsals of the second and third toes. The dorsal digital nerves of the foot (branches of the medial dorsal cutaneous nerve) and the dorsal venous rete of the foot are in the superficial layer. In the deep layer are the dorsal digital arteries and veins.

Indications: Toothache, sore throat, epistaxis, febrile diseases, acid regurgitation, diarrhea, dysentery, acute or chronic enteritis, pain in the dorsum of the foot, pain in the metatarso-phalangeal joints (MPJ).

Needling: Perpendicular insertion 0.5-0.8 cun.

#### 3.1.3.4 Other Acupoints of the Meridian

Juliao(ST3)

Directly below the pupil of the eye when looking straight ahead; level with the lower border of the ala nasi, lateral to the naso-labial groove.

Daying(ST5)

Anterior to the angle of the mandible, in the depression on the anterior border of the masseter, near the facial artery pulse.

Renying(ST9 )

Level with, and 1.5 cun lateral to the tip of the laryngeal prominence( Adam's Apple, in the depression between the anterior border of the sternocleidomastoid (SCM) and the lateral border of the thyroid cartilage. Note:The carotid artery lies deep to the anterior border of the SCM, where it is easily palpated; this point is between the carotid and the lateral border of the thyroid cartilage.

Shuitu(ST10)

On the anterior border of the sternocleidomastoideus, at the midpoint of the line joining Renying(ST9) and Qishe(ST11).

Qishe(ST11)

On the neck, at the superior border of the medial extremity of the clavicle, between the sternal head and clavicular heads of the sternocleidomastoideus.

Quepen(ST12)

Supraclavicular area, posterior to the midpoint of the superior border of the clavicle, 4 cun lateral to the midline, on the maxillary line.

Qihu(ST13)

On the lower border of the midpoint of the clavicle, 4 cun lateral to the anterior midline.

Kufang(ST14)

In the 1st intercostals space ,4 cun lateral to the anterior midline.

Wuyi(ST15)

In the 2nd intercostals space ,4 cun lateral to the anterior midline.

Yingchuang(ST16)

In the 3rd intercostals space ,4 cun lateral to the anterior midline.

Ruzhong(ST17)

In the 4th intercostals space , at the very center of the nipple.

Rugen(ST18)

In the 5th intercostals space , below the nipple, 4 cun lateral to the anterior midline.

Burong(ST19)

On the epigastrium, 6 cun above the center of the umbilicus, 2cun lateral to the anterior midline.

Chengmen(ST20)

On the epigastrium, 5 cun above the center of the umbilicus, 2cun lateral to the anterior midline

Liangmen(ST21)

On the abdomen, 4 cun above the umbilicus, 2 cun lateral to the midline, level with Zhongwan (CV12).

Guanmen(ST22)

On the epigastrium, 3 cun above the center of the umbilicus, 2cun lateral to the anterior midline

Taiyi(ST23)

On the epigastrium, 2 cun above the center of the umbilicus, 2cun lateral to the anterior midline

Huaroumen(ST24)

On the epigastrium, 1 cun above the center of the umbilicus, 2cun lateral to the anterior midline

Wailing(ST26)

Lower abdomen,1 cun below the center of the umbilicus, 2cun lateral to the anterior midline

Daju(ST27 )

Lower abdomen, 2 cun below the umbilicus and 2 cun lateral to the midline., level with Shimen(CV5)

Shuidao(ST28 )

Lower abdomen, 3 cun below the umbilicus, 2 cun lateral to the midline, level with Guanyuan(CV4).

Guilai (ST29)

Lower abdomen, 4 cun below the umbilicus, 2 cun lateral to the midline, level with Zhongji(CV3).

Qichong(ST30)

Slightly superior to the groin, 5 cun below the umbilicus and 2 cun lateral to the midline.

Yinshi(ST33 )

On the thigh, on a line drawn between the lateral margin of patella and the anterior superior iliac spine, in a depression 3 cun above the superio-lateral margin of the patella.

Dubi(ST35)

On the knee, in the depression directly below the patella and lateral to the patellar ligament. Note: This point is also known as WaiXiyan(Outer Calf's Nose (Extra point: MN-LE-16), opposing it's partner, NeiXiyan(Inner Calf's Nose, located on the medial side of the patellar ligament.

Xiajuxu(ST39 )

Lower confluent he-see point of small intestine.

Lower leg, 3 cun below Shangjuxu(ST37), 9 cun below ST35, one finger-breadth lateral to the anterior crest of the tibia.

Chongyang(ST42)

Yuan-stream and wood point.

Highpoint of the dorsum of the foot, in the depression near the pulsation of the dorsalis pedis artery.

Xiangu(ST43)

Dorsum of the foot, between the second and third metatarsals, in the depression 1 cun proximal to Neiting (ST44).

Lidui(ST45)

Jing-well and metal point.

On the lateral side of the phalange of the 2nd toe, 0.1 cun posterior to the corner of the nail.

### 3.1.4 Spleen (SP) Meridian of Foot-Taiyin

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Spleen Meridian of Foot Taiyin:

Yinbai\*(SP1),Dadu(SP2),Taibai\*(SP3),Gongsun\*(SP4),Shangqiu(SP5), Sanyinjiao\*(SP6),Lougu(SP7),Diji\*(SP8),Yinlingquan\*(SP9),Xuehai\*(SP10), Jimen(SP11),Chongmen(SP12),Fushe(SP13),Fujie(SP14),Daheng\*(SP15),Fuai(SP16), Shidou(SP17),Tianxi(SP18), Xiongxiang(SP 19),Zhourong(SP 20),Dabao\* (SP 21).

#### 3.1.4.1 General Information about the Meridian

The spleen meridian travels from the foot to the stomach and has a total of 21 acupoints on each side. The first acupoint is Yinbai(SP 1) and the last is Dabao(SP 21). Primary indications include digestive and urinary tract diseases. as well as diseases related to bleeding problems, and diseases located near the meridian's pathway such as, dyspepsia, dysentery, enteritis, retention of urine, bed-wetting, metrorrhagia, bloody stools, knee pain.

#### 3.1.4.2 The Course of the Meridian

This meridian begins at the medial side of the big toe, proceeds along the medial aspect of the foot and ascends to the front of the medial malleolus and advances up to the posterior aspect of the tibia. It passes through the front of the Liver Meridian of Foot-Jueyin at a point 8 cun above the medial malleolus. As it continues along the anterior medial aspect of the knee and thigh, it enters the abdomen and the spleen, its associated organ, and connects with the stomach. An additional branch connects with the Heart Meridian.

Fig.3-17 The Course of the Spleen Meridian

The Spleen Meridian of Foot-TaiYin originates at the tip of the big toe. It extends along the medial aspect of the big toe at the junction of the red and white skin, and ascends to the front of the medial malleolus and progresses up the medial aspect of the leg. It follows the posterior aspect of the tibia and passes through the front of the Liver Meridian of Foot-Jueyin. Continuing along the anterior medial aspect of the knee and thigh, it enters the abdomen, reaches the spleen, its associated organ, and connects with the stomach. From there it ascends, passing through the diaphragm and tracks alongside the esophagus. When it reaches the root of the tongue, it spreads over its under surface.

The branch from the stomach goes upwards through the diaphragm, and flows into the heart to link with the Heart Meridian of Hand-ShaoYin.

#### 3.1.4.3 Frequently Used Acupoints

Yinbai(SP1)

Jing-Well and Wood point

Location: About 0.1 cun from the the medial border of the corner of the base of the big toenail . (Fig.3-18)

Layers of Dissection: Skin→subcutaneous tissue→nail root. The branches of the medial dorsal cutaneous nerve, dorsal digital nerves and the dorsal digital arteries and veins are in this area.

Indications: Metrorrhagia, hematachesia (upper intestinal bleeding)(melana (lower intestinal bleeding) (blood in the stool hemafecia), hematuria, mental disorders, excessive dreaming, infantile convulsions, abdominal distention, sudden diarrhea, acute or chronic enteritis, upper gastrointestinal bleeding, irregular menstruation (moxibustion), neurosis, mental disorders, coma, pain in the toes.

Needling: Shallow insertions.

Gongsun(SP4)

Luo-Connecting

Confluent point of Thoroughfare vessel

Location: On the medial aspect of the foot, in the depression distal and inferior to the base of the first metatarsal.

Layers of Dissection: Skin→subcutaneous tissue→extensor hallucis longus→ flexor hallucis brevis→the tendon of flexor hallucis longus. The medial margin has branches of the foot (branches of the saphenous nerve) and branches of the dorsal venous arch of the foot in the superficial layer. In the deep layer there are branches of the medial plantar artery and vein and branches of the medial plantar nerve.

Indications: Stomachache, vomiting, abdominal pain, diarrhea, dysentery, acute or chronic gastroenteritis, vexation, insomnia, mania, ascites, capsulitis of the big toe, gout.

Needling: Perpendicular insertion 0.6-1.2 cun.

Sanyinjiao(SP6)

crossing point of Spleen, Liver and Kidney channels

Location: 3 cun above the prominence of the medial malleolus, posterior to the medial crest of the tibia. (Fig.3-19)

Layers of Dissection: Skin→subcutaneous tissue→flexor digitorum longus→ tibialis posterior→flexor hallucis longus. The medial crural cutaneous branches of the saphenous nerve and branches of the greater saphenous vein are in the superficial layer. In the deep layer are the tibial nerve and the posterior tibial artery and vein.

Indications: Borborygmus, abdominal pain, diarrhea, irregular menstruation, leukorrhea, uterine prolapse, sterility, prolonged labour, nocturnal emissions, impotence, enuresis, retention of urine,palpitations, insomnia, high blood pressure, paralysis of the leg, yin deficiency.

Needling: Perpendicular insertion 1-1.5 cun .

Commentary: Contraindicated in pregnancy. This point is frequently used for anaesthesia during abdominal surgery. Sanyinjiao (SP6) and Geshu (BL17) are used to treat mild hypertension caused by microvascular spasms.

Yinlingquan(SP9)

He-Sea and Water point

Location: On the medial aspect of the knee, below the medial condyle of the tibia, in a depression in the posterior groove of the medial border of the tibia, level with Yanglingquan(GB34). (Fig.3-19)

Layers of Dissection: Skin→subcutaneous tissue→the tendon of Semitendinosus→the medial head of the gastrocnemius. The medial crural cutaneous branches of the saphenous nerve, the greater saphenous vein and branches of the descending genicular artery lie in the superficial layer. In the deep layer are the medial, inferior genicular artery and vein.

Indications: Abdominal distention, diarrhea, edema, icterus (jaundice), dysuria, knee pain.

Needling: Perpendicular insertion 1-2 cun .

Commentary: Moxibustion on Yinlingquan (SP9) is used to treat edema .

Xuehai(SP10)

Location: On the thigh, 2 cun above the medial border of the patella, in the depression in the bulge of vastus medialis, directly above Yinlingquan (SP9). (Fig.3-20)

Layers of Dissection: Skin→subcutaneous tissue→vastus medialis. The anterior cutaneous branches of the femoral nerve and branches of the greater saphenous vein are in the superficial layer. In the deep layer are the muscular branches of the femoral artery and vein and the muscular branches of the femoral nerve.

Indications: Irregular menstruation, dysmenorrhea, amenorrhea, urticaria, eczema, erysipelas.

Needling: Perpendicular insertion 1-1.5 cun .

Commentary: The combination of Quchi(LI11), Dingchuan (EX-B1) and Sanyinjiao(SP6) are used to treat needle rash.

#### 3.1.4.4 Other Acupoints of the Meridian

Dadu(SP2)

Ying-Spring and Fire point

On the medial side of the of the big toe, in the depression distal and inferior to the first metatarso-phalangeal joint, at the junction of the red and white skin.

Taibai(SP3)

Shu-Stream, Yuan-Source and Earth point

On the medial side of the of the foot, in the depression proximal and inferior to the head of the first metatarsal, at the junction of the red and white skin.

Shangqiu(SP5)

Jing-River and Metal point

On the medial aspect of the ankle, in the depression at the junction of lines drawn from the anterior and inferior borders of the medial malleolus.

Lougu(SP7)

On the medial aspect of the lower leg, 3 cun above Sanyinjiao (SP6), in the depression posterior to the medial crest of the tibia; or 6 cun above the apex of the medial malleolus, behind then tibia.

Diji(SP8 )

Xi-Cleft point

On the medial aspect of the lower leg, 3 cun below Yinlingquan (SP9), in the depression posterior to the medial crest of the tibia. behind the tibia.

Jinmen(SP11)

On the line connecting Xuehai(SP10) and Chongmen(SP12), 6cun above Xuehai(SP10).

Daheng(SP15 )

On the abdomen, 4 cun lateral to the center of the umbilicus.

Dabao(SP21)

Great Luo-Connecting point of the SP

On the mid-axillary line, in the 6th intercostal space. Note: Some sources say in the 7th I.C. Space.

### 3.1.5 Heart (HT) Meridian of Hand-Shaoyin

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Heart Meridian of Hand Shaoyin:

Jiquan\*(HT1),Qingling(HT2),Shaohai\*(HT3),Lingdao(HT4),Tongli\*(HT5), Yinxi\*(HT 6),Shenmen\*(HT 7),Shaofu(HT 8),Shaoshang\*(HT 9).

#### 3.1.5.1 General Information about the Meridian

The heart meridian travels from the chest to the hand and has a total of 9 acupoints on each side. The first acupoint is Jiquan(HT 1), and the last one is Shaochong(HT9). The primary indications include cardiovascular and nervous system diseases, mental disorders, and local diseases, such as tachycardia, bradycardia, angina pectoris, insomnia, mental disorders, epilepsy, hysteria, and pain located on the medial side of the hand.

#### 3.1.5.2 The Course of the Meridian

The heart meridian originates in the heart, then passes downwards to connect with the small intestines. The straight portion of the meridian extends upwards to the lung; then descends and emerges from the axilla. From there it stretches along the ulnar side of the medial aspect of the upper arm and passes between the 4th and 5th metacarpals, it finally terminates at the radial side of the little finger. (Fig.3-21 )

Fig.3-21 The Course of the Heart Meridian

The Heart Meridian of Hand-ShaoYin originates at the heart. Emerging form the heart, it spreads over the “cardiovascular system” (i.e. the tissues connecting the heart with the other zang-fu organs); It then passes through the diaphragm to connect with the small intestine.

The ascending portion of the meridian, from the cardiovascular system travels alongside the esophagus to connect with the “opthalmic system” (i.e. the tissues connecting the eyes with the brain).

The straight portion of the meridian from the “cardiovascular system” ascends to the lung; then it proceeds downwards and emerges at the axilla(Jiquan HT1); from there it continues 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-Jueyin and down to the cubital fossa; descends along the posterior border of the medial aspect of the forearm to the pisiform region, proximal to the palm, where it enters the palm. Finally, it follows the medial aspect of the little finger to its tip, and links with the Small Intestine Meridian of Hand-Taiyang.

#### 3.1.5.3 Frequently Used Acupoints

Jiquan(HT1)

Location: The depression in the center of the axilla, on the medial aspect of the axillary artery. (Fig.3-22 )

Layers of Dissection: Skin→subcutaneous tissue→brachial plexus, axillary artery and vein→the tendon of latissimus dorsi→teres major. The intercosto-brachial nerve is in the superficial layer. In the deep layer are the medial, radial, ulnar and medial cutaneous nerves of the forearm, the medial cutaneous nerve of the arm, and the axillary artery and vein.

Indications: Precordial pain, palpitations, intercostal neuralgia, hand paralysis, scrofula, axillary odor, upper extremity acupuncture anesthesia and point.

Needling: Perpendicular insertion 0.3-0.5 cun.

Shaohai(HT3)

He-Sea and Water point

Location: When the elbow is fully flexed, this acupoint is the depression at the medial end of the transverse cubital crease, the midpoint between Quze (PC3) and the medial epicondyle of the humerus. (Fig.3-22 )

Layers of Dissection: Skin→subcutaneous tissue→pronator teres→ brachialis muscle. The medial cutaneous nerve of the forearm and the basilic vein are in the superficial layer. In the deep layer are the median nerve, anastomotic branches of the recurrent ulnar artery and vein, and the inferior collateral ulnar artery and vein.

Indications: Precordial pain, hysteria, mental disorders, spasmodic pain in the elbow and arm, hand tremors, hand numbness, elbow pain, head and neck pain, axilla and rib pain, scrofula.

Needling: Perpendicular insertion 0.5-1 cun.

Tongli(HT5)

Luo-Connecting point

Location: On the radial side of the tendon of flexor carpi ulnaris, 1 cun above the most distal transverse crease of the wrist, Shenmen (HT7). (Fig.3-23 )

Layers of Dissection: Skin→subcutaneous tissue→between flexor carpi ulnaris and flexor digitorum superficialis→flexor digitorum profundus→quadratus pronator. The medial cutaneous nerve of the forearm and branches of the basilic vein are in the superficial layer. In the deep layer are the ulnar arteries, veins and nerve.

Indications: Palpitations, “zheng zhong"(fearful throbbing (severe palpitations), stiff tongue, aphasia, sudden hoarseness of the voice, pain in the wrist.

Needling: Perpendicular puncture for 0.3-0.5 cun. Deep needling is contraindicted to avoid injuring underlying blood vessels and nerves. Bending the wrist should be avoided while retaining the needle.

Commentary: This point is combined with Suliao(GV25) to treat bradycardia or tachycardia; with Xinshu(BL15) to treat arrhythmias.

Yinxi(HT6)

Xi-Cleft point

Location: On the radial side of the tendon of flexor carpi ulnaris, 0.5 cun above the most distal transverse crease of the wrist, Shenmen (HT7). (Fig.3-23 )

Layers of Dissection: Skin→subcutaneous tissue→the radial margin of flexor carpi ulnaris→the ulnar nerve. The medial cutaneous nerve of the forearm and branches of the basilic vein are in the superficial layer. The ulnar artery and veins are in the deep layer.

Indications: Precordial, angina pectoris, arrhythmias, tidal fever due to yin deficiency, night sweats, hematemesis, epistaxis.

Needling: Perpendicular insertion 0.3-0.5 cun. Deep insertion are contraindicted, to avoid injuring underlying blood vessels and nerves. Bending the wrist is not allowed when needle is retained.

Shenmen(HT7)

Shu-Stream, Yuan-Source and Earth point

Location: At the wrist joint, on the radial side of the tendon of flexor carpi ulnaris, in the depression at the most distal transverse crease of the wrist. (Fig.3-23 )

Layers of Dissection: Skin→subcutaneous tissue→the radial margin of flexor carpi ulnaris . The medial cutaneous nerve of the forearm, branches of the basilic vein and the palmar branch of the ulnar nerve are in the superficial layer. The ulnar artery, vein and nerve are in the deep layer.

Indications: Precordial pain, vexation, “jing ji”(palpitations due to fright,“zheng zhong"(fearful throbbing (severe palpitations), poor memory, insomnia, dementia, insanity, epilepsy, mental disorders, high blood pressure, pain in the chest and hypochondriac regions.

Needling: Perpendicular insertion 0.3-0.5 cun

Commentary: Animal experiments have shown that needling Shenmen(HT7) can lower blood pressure. EEG's indicated that patients with epileptic seizures recovered when Shenmen(HT7) was needled with Yinxi(HT6), Tongli(HT5), Baihui(GV20), and Daling(PC7).

Shaochong(HT9)

Jing-Well and Wood point

Location: About 0.1 cun from the corner of the radial side of the base of little fingernail. (Fig.3-24 )

Layers of Dissection: Skin→subcutaneous tissue→nail root. The dorsal digital branches of the proper palmar digital nerves and rete, composed of the dorsal digital branches of the proper palmar digital arteries and veins, are in the area.

Indications: Palpitations, precordial pain, mental disorders, coma, fever, pain in the chest and hypochondriac regions.

Needling: Prick to bleed.

#### 3.1.5.4 Other Acupoints of the Meridian

Qingling(HT2)

3 cun above the transverse cubital crease of the elbow, on the line connecting HT1 and HT3.

Lingdao(HT4 )

Jing-River and Metal point

1.5 cun above the transverse crease of the wrist Shenmen(HT7), on the radial side of the tendon of flexor carpi ulnaris.

Shaofu(HT8)

Ying-Spring and Fire point

On the palm, in the depression between the 4th and 5th metacarpals, where the tip of the little finger touches when the fist is clenched.

### 3.1.6 Small Intestine (SI) Meridian of Hand-Taiyang

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Small Intestine Meridian of Hand Taiyang:

Shaoze\*(SI1),Qiangu(SI2),Houxi\*(SI3),Wangu\*(SI4),Yanggu(SI5),Yanglao(SI6), Zhizheng\*(SI7),Xiaohai\*(SI8),Jianzhen(SI9),Naoshu(SI10),Tianzong\*(SI11), Bingfeng(SI12),Quyuan(SI13),Jianwaishu(SI14),Jianzhongshu(SI15), Tianchuang(SI16),Tianrong(SI 17),Quanliao\* (SI 18),Tinggong\*(SI 19).

#### 3.1.6.1 General Information about the Meridian

The small intestine meridian goes from the hand to head and has a total of 19 acupoints on each side. The first acupoint is Shaoze(SI 1), and the last is Tinggong(SI 19). The primary indications include pain of the head, neck, and back, and other diseases in the regions along the meridian pathway.

#### 3.1.6.2 The Course of the Meridian

The small intestine meridian begins at the ulnar side of the tip of the little finger. Following the ulnar side of the dorsum of the hand, it reaches the shoulder; then circling around the scapular region, it meets Dazhui (GV 14). Finally, descending to the supraclavicular fossa, it connects with the heart and enters the small intestine, its associated organ. One branch runs from the supraclavicular fossa, ascending the neck to the cheek; via the outer canthus, it enters the ear. Another branch links with the Bladder meridian. (Fig.3-25)

The Small Intestine Meridian of Hand-Taiyang originates from the ulnar side of the tip of the little finger, goes along the ulnar side of the dorsum of the hand until it reaches the wrist where it emerges from the styloid process of the ulna; from there it ascends along the posterior border of the lateral aspect of the forearm, passes between the olecranon of the ulna and the medial epicondyle of the humerus, and it proceeds along the posterior border of the lateral aspect of the upper arm to the shoulder joint. Circling around the scapular region, it meets Dazhui(GV 14) on the superior aspect of the shoulder. Then, turning downwards to the supraclavicular fossa, it connects with the heart; descends along the esophagus, passes through the diaphragm, reaches the stomach, and finally enters its associated organ, the small intestine.

The branch from the supraclavicular fossa ascends along the neck to the cheek; via the outer canthus, and enters the ear.

The branch from the cheek runs upwards to the infraorbital region and further to the lateral side of the nose. Finally, it reaches the inner canthus to link with the Bladder Meridian of Foot-Taiyang

#### 3.1.6.3 Frequently Used Acupoints

Shaoze(SI 1)

Jing-Well and Metal point

Location: On the ulnar border of the little finger, about 0.1 cun proximal to the base of the corner of the nail. (Fig.3-26)

Layers of Dissection: Skin→subcutaneous tissue→nail root. The dorsal digital branches of the proper palmar digital nerve (coming from the ulnar nerve) and rete, composed of the palmar ulnar artery and veins of the little finger are in the area.

Indications: Mammary abscess, puerperal lactation insufficiency, coma, sunstroke, febrile diseases, headache, corneal cloudiness, sore throat.

Needling: Shallow insertion or prick to induce bleeding.

Houxi(SI 3)

Shu-Stream and Wood point

Confluent point of Governor vessel

Location: On the ulnar border of the hand, in the depression proximal to the head of the fifth metacarpal. The point is located at the end of the transverse crease of the palm, lying between the red and white skin, when a loose fist is made. (Fig.3-26)

Layers of Dissection: Skin→subcutaneous tissue→Abductor digiti minimi →flexor digiti minimi brevis. The dorsal branch of the ulnar nerve, the palmar branch of the ulnar nerve and the cutaneous vein are in the superficial layer. The proper palmar arteries and veins of the little finger and the proper palmar digital nerves are in the deep layer.

Indications: Pain and stiffness in the neck and head, pain of the back and loins, spasmodic pains of the elbow, arm and fingers, deafness, redness with swelling of the eyes, epilepsy, insanity, malaria.

Needling: Perpendicular insertion 0.5-1 cun.

Commentary: Treats finger pain and diseases of Governor vessel.

Yanglao(SI 6)

Xi-Cleft point

Location: When the palm faces to the chest, this point is located on the dorsal aspect of the head of the ulnar, in a cleft level with the radial aspect of the high point of the styloid process of the ulna. (Fig.3-26)

Layers of Dissection: Skin→subcutaneous tissue→the tendons of extensor carpi ulnaris and extensor digiti minimi. The medial and posterior cutaneous nerves of the forearm, the dorsal branch of the ulnar nerve and the branches of the basilic vein are in the superficial layer. In the deep layer is the dorsal venous rete of the hand.

Indications: Poor vision, pain in the shoulder, back, elbow and arm.

Needling: Oblique insertion 0.5-0.8 cun towards the elbow, when the palm faces to the chest.

Xiaohai(SI 8)

He-Sea and Earth point

Location: This acupoint is located in the depression between the tip of the olecranon process of the ulna and the tip of the medial epicondyle of the humerus. (Fig.3-27)

Layers of Dissection: Skin→subcutaneous tissue→in the groove of the ulnar nerve. The ulnar branch of the medial cutaneous nerve of the forearm, the medial cutaneous nerve of the arm and the branches of the basilic vein are in the superficial layer. The ulnar nerve and rete, composed of the superior collateral ulnar artery and vein, and the posterior branch of the recurrent ulnar artery and vein are in the deep layer .

Indications: Spasmodic pain of the elbow and arm, epilepsy.

Needling: Perpendicular insertion 0.3-0.5 cun.

Tianzong(SI 11)

Location: In the center of the infraspinous fossa of the scapular. (Fig.3-28)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→infraspinatus. The cutaneous branches of the dorsal branches of thoracic nerve IV and V, and the arteries and veins that follow, are in the superficial layer. The branches of the suprascapular nerve and circumflex artery and vein of the scapula are in the deep layer.

Indications: Pain in the scapular region, supraspinatus tendinitis, fasciitis of the muscles in the shoulder and back, cervical spondylopathy, dyspnea.

Needling: Perpendicular or oblique insertion 0.5-1 cun. The needle should not be inserted further if faced with resistance.

Tinggong(SI 19)

crossing point of SI, TE and GB channels

Location: When the mouth is open, this point is the depression formed between the middle of the tragus and the condyloid process of the mandibular. (Fig.3-29)

Layers of Dissection: Skin→subcutaneous tissue →cartilage of the acoustic meatus. The auriculo-temporal nerve and branches of the anterior auricular branches of the superficial temporal artery are in this area.

Indications: Deafness, tinnitus, otorrhea, toothache.

Needling: Perpendicular insertion 1-1.5 cun.

#### 3.1.6.4 Other Acupoints of the Meridian

Qiangu(SI 2)

Ying-Spring and Water point

On the ulnar border of the little finger, in a depression distal to the metacarpo-phalangeal joint.

Wangu(SI 4)

Yuan-Source point

On the ulnar border of the hand, in a depression between the base of 5th metacarpal and the triquetral bone, the point is located at the junction of red and white skin.

Yanggu(SI 5 )

Jing-River and Fire point

On the ulnar border of the wrist, in the depression between the head of the ulnar and the triquetrum bone.

ZhiZheng(SI 7)

Luo-Connecting point

On the line of Yanggu (SI 5) to Xiaohai (SI 8), 5 cun above the dorsal transverse crease of the wrist.

Jianzhen(SI 9)

On the posterior aspect of the shoulder, one cun above the end of posterior axillary fold.

Naoshu(SI 10)

On the posterior aspect of the shoulder, directly above Jianzhen (SI 9), in the depression below the spine of the scapular.

Bingfeng(SI 12)

crossing point for the SI, LI, TE and GB channels

Middle of the supraspinatous fossa, directly above TianZhong (SI 11).

Jianwaishu(SI 14)

3cun lateral to the lower border of the spinous process of the first thoracic vertebra, Taodao (GV13).

JianZhongshu(SI 15)

2cun lateral to the lower border of the spinous process of the seventh thoracic vertebra, Dazhui(GV14).

Quanliao(SI 18)

crossing point of SI and TE

Directly below the outer canthus, in the depression at the lower border of the zygomatic bone.

### 3.1.7 Bladder (BL) Meridian of Foot-Taiyang

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Bladder Meridian of Foot Taiyang

JingMing\*(BL1),Cuanzhu\*(BL2),Meichong(BL3),Qucha(BL4),Wuchu(BL6), Chengguang(BL7),Tongtian(BL8),Luoque(BL9),Yuzhen(BL10),Dazhu\*(BL11), Fengmen\*(BL12),Feishu(BL13),Jueyinshu\*(BL14),Xinshu\*(BL15),Dushu(BL16), Geshu(BL17),Ganshu\*(BL18),Danshu\*(BL19),Pishu\*(BL20),Weishu\*(BL21), Sanjiaoshu\*(BL22),Shenshu\*(BL23),Qihaishu(BL24),Dachangshu\*(BL25), Guanyuanshu(BL26),Xiaochangshu\*(BL27),Pangguangshu\*(BL28),Zhonglvshu(BL29), Baihuanshu(BL30),Shangliao(BL31),Ciliao\*(BL32),Zhongliao\*(BL33),Xialiao\*(BL34), Yanghui(BL35),Chengfu(BL36),Yinmen(BL37),Fuxi(BL38),WeiYang(BL39), Weizhong\*(BL40),Fufen(BL41),Pohu(BL42),Gaohuang(BL43),Shentang(BL44), Yixi(BL45),Geguan(BL46),Pomen(BL47),Yanggang(BL48),Yishe(BL49),Weicang(BL50),Huangmen(BL51),Zhishi\*(BL52),Baohuang(BL53),Zhibian\*(BL54),Heyang(BL55), Chengjin(BL56),Chengshan\*(BL57),Feiyang(BL58),Fuyang(BL59),KunLun\*(BL60), Pucan(BL61),Shenmai\*(BL62),Jinmen(BL63),Jinggu(BL64),Shugu(BL65), Zutonggu(BL 66), Zhiyin\*(BL 67).

#### 3.1.7.1 General Information about the Meridian

The Bladder meridian travels from the head to the foot and has a total of 67 acupoint on each side. The first acupoint is Jingming(BL1) and the last acupoint is Zhiyin(BL67). Its primary indications include diseases of the head, nape, eye, lumbo-sacral area, legs, hemorrhoids, rectal prolapse, mental diseases and epilepsy. The Back-Shu Acupoints are used to treat diseases of their associated organs and tissues respectively.

#### 3.1.7.2 The Course of the Meridian

The Bladder meridian begins at the inner canthus, ascends to the vertex of the head, where it descends to the nape and breaks into two branches. One branch, parallel to the vertebral column, descends to the lumbar region where it enters the body cavity to connect with the kidney and join its associated organ, the urinary bladder. The other branch runs straight downward along the medial border of the scapula; it passes through the gluteal region and runs downward along the lateral aspect of the thigh where it meets the preceding branch descending from the lumbar region in the popliteal fossa. It then descends through the calf muscle to the lateral side of the dorsum of the foot, finally reaching the lateral side of the little toe; connecting with the kidney meridian of foot shaoyin. (Fig.3-30)

The Bladder Meridian of Foot-Taiyang begins at the inner canthus; it then ascends to the forehead where it joins the GV at the vertex. From the vertex, a branch emerges and stretchs to the temple.

The straight portion of the meridian enters and communicates with the brain from the vertex. It then emerges and bifurcates to descend along the posterior aspect of the neck.. Running downward along the medial aspect of the scapula and parallel to the vertebral column, it reaches the lumbar area where it enters the body cavity via the paravertebral muscles to connect with the kidney and join its associated organ, the urinary bladder.

The branch in the lumbar region descends through the gluteal area and ends in the popliteal fossa.. The branch from the posterior aspect of the neck runs straight down along the medial border of the scapula. Passing through the gluteal region and descending along the lateral aspect of the thigh, it meets the preceding branch descending from the lumbar region in the popliteal fossa; from there, it descends through the gastrocnemius to the posterior aspect of the external malleolus. Finally, it extends along the tuberosity of the 5th metatarsal bone, where it reaches the lateral side of the tip of the little toe, there it links with the Kidney Meridian of Foot-ShaoYin.

#### 3.1.7.3 Frequently Used Acupoints

Jingming(BL1)

Location: About 0.1 cun superior to the inner canthus, near the medial border of the orbit. (Fig.3-31)

Layers of Dissection: Skin→subcutaneous tissue→orbicularis oculi→corrugator supercilii→procerus-between the medial straight muscle and the orbital plate of the ethmoid bone. The supratrochlear branch of the ophthalmic nerve (a branch of the trigeminal nerve) and branches of the angular artery and vein are in the superficial layer. In the deep layer are branches of the ophthalmic artery and vein and branches of the ophthalmic and oculomotor nerves.

Indications: Redness with swelling and pain of the eye, lacrimation, myopia, swivel eye, glaucoma, blurred vision, night blindness, retinitis, colour blindness, acute lumbar strain,sciatica, tachycardia.

Needling: The patient should close the eyes while inserting the needle. The practitioner should use the right hand to push and hold the eyeball laterally, and insert the needle 0.5-1 cun slowly along the medial side of the orbit with the left hand, the needle should not be inserted past the point of resistance. While the doctor can change the direction of the needle or withdraw it, lifting or thrusting the needle with large tmplitude is ill advised, to avoid bleeding ,ethier the practitioner or the patient should maintain pressure on the point for 1~2 minutes after withdrawal of the needle. Tiny needles can be applied , and sterilization should be focused on. Moxibustion is contraindicated on the acupoint.

Commentary: When needling Jingming(BL1) is ineffective for treating some optic diseases, we should combine it with Hegu(LI4) and Guangming(GB37); for cataracts, with Taiyang(EX-HN5), Qiuhou(EX-HN7), Yiming(EX-HN14) near Fengchi(GB20); and Shaoze(SI 1), Hegu(LI4), Qiuhou(EX-HN7), Fengchi(GB20), and Taichong(LR 3) for glaucoma.

Cuanzhu(BL2)

Location: Near the medial end of the eyebrow, in a depression directly above the inner canthus. (Fig.3-31)

Layers of Dissection: Skin→subcutaneous tissue→orbicularis oculi→corrugator supercilii. The supratrochlear nerve of the frontal nerve and branches of the supraorbital artery and vein are in the superficial layer. In the deep layer are the temporal and zygomatic branches of the facial nerve

Indications: Headache, trigeminal neuralgia, twitching of the eyelids, pytosis, deviation of the eye and mouth, optic atrophy, lacrimation, redness with swelling and pain of the eye, hiccups.

Needling: Oblique insertion downwards for 0.3-0.5 cun to treat eye diseases, transverse insertion towards Yuyao(EX-HN4) to treat headache and facial paralysis. Moxibustion is contraindicated on this acupoint.

Tianzhu(BL10)

Location: Level with the posterior hairline, on the lateral aspect of the trapezius muscle, 1.3 cun lateral to the posterior midline Yamen(GV 15). (Fig.3-32)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→medial head of the splenius→semispinalis capitis . There are medial branches of the posterior branch of cervical nerve III and subcutaneous veins in the superficial layer. In the deep layer is the greater occipital nerve.

Indications: Headache, stiffness of the nape, pain in the shoulder, back and loin, nasal obstruction, insanity, epilepsy, febrile diseases.

Needling: Perpendicular insertion 0.5-0.8 cun.

Dazhu(BL11)

Influencial point of Bones

Location: 1.5 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra(T1). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→rhomboid →superio-posterior serratus→splenius→erector spinae muscles. The medial cutaneous branches of the posterior branches of thoracic nerves I、and II, and the medial cutaneous branches of the dorsal branches of the posterior intercostal arteries and veins are in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves I and II, and dorsal branches of the posterior intercostal arteries and veins.

Indications: Cough, stiffness of the nape, pain in the shoulder and back.

Needling: Perpendicular insertion 0.5-0.8 cun.

Fengmen(BL12)

crossing point of the BL meridian and Governor vessel

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd thoracic vertebra(T2). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→rhomboid →superio-posterior serratus→splenius→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅱ and Ⅲ, and medial cutaneous branches of the dorsal branches of the posterior intercostal arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅱ and Ⅲ, and dorsal branches of the posterior intercostal arteries and veins.

Indications: Common cold, cough, fever, headache, stiffness of the nape, pain in the chest and back.

Needling: Perpendicular insertion 0.5-0.8 cun.

Feishu(BL13)

Back transport point of the lung.

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra(T3). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→rhomboid →superio-posterior serratus→splenius→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅲ and Ⅳ and medial cutaneous branches of the dorsal branches of the posterior intercostal arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅲ and Ⅳand dorsal branches of the posterior intercostal arteries and veins.

Indications: Cough, dyspnea, hemoptysis, tidal fever due to yin deficiency, night sweats.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Commentary: BL11-19 are all located above the 10th thoracic vertebra and in the area of the lung. Perpendicular needling or oblique insertions away from the spine pose a significant risk for a pneumothorax.

Xinshu(BL15)

Back transport point of the heart.

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra(T5). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→inferior margin of the rhomboid→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅴ and Ⅵ, and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅴ and Ⅵ and dorsal branches of the posterior intercostal arteries and veins.

Indications: Precordial pain, insomnia, amnesia, epilepsy, cardiovascular diseases, mental diseases, cough, hematemesis, night sweats, seminal emissions.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Geshu (BL17)

Influencial point of Blood

Location: 1.5 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra(T7). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→latissimus dorsi →erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅶ and Ⅷ and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅶ and Ⅷ and dorsal branches of the posterior intercostal arteries and veins.

Indications: Vomiting, hiccups, dyspnea, hematemesis, cholecystitis, urticaria, skin pruritus, tidal fever, night sweats.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Ganshu(BL18)

Back transport point of the liver.

Location: 1.5 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra(T9). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→latissimus dorsi →inferio-posterior serratus→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅸ and Ⅹ, and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅸ and Ⅹ and dorsal branches of the posterior intercostal arteries and veins.

Indications: Rib pain, icterus (jaundice), liver and gallbladder diseases, redness with swelling of the eye(s), night blindness, epiphora (tearing due to wind irritation), eye diseases, insanity, epilepsy, pain of the back and vertebra.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Danshu(BL19)

Location: 1.5 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra(T10). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→trapezius muscle→latissimus dorsi→inferior posterior serratus muscle→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅹ and Ⅺ, and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅹ and Ⅺ and dorsal branches of the posterior intercostal arteries and veins.

Indications: Rib pain, icterus (jaundice), bitter mouth taste, liver and gallbladder diseases, pulmonary tuberculosis, tidal fever.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Pishu(BL20)

Back transport point of the spleen

Location: 1.5 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra(T11). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→latissimus dorsi→inferior posterior serratus muscle→erector spinae muscles. There are medial cutaneous branches of the posterior branches of thoracic nerves Ⅺ and Ⅻ and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerves Ⅺ and Ⅻ, and dorsal branches of the posterior intercostal arteries and veins.

Indications: Abdominal distention, loss of appetite, vomiting, diarrhea, dysentery, blood in the stool (hemafecia), edema, spleen, stomach and intestinal diseases, back pain.

Needling: Oblique insertion towards the spine for 0.5-0.8 cun.

Weishu(BL21)

Back transport point of the stomach

Location: 1.5 cun lateral to the lower border of the spinous process of the 12th thoracic vertebra(T12). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→superficial layer of the thoraco-lumbar fascia and aponeurosis of latissimus dorsi→erector spinae muscles. There are cutaneous branches of the posterior branches of thoracic nerve Ⅻ and lumbar nerve Ⅰ, and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of thoracic nerve Ⅻ and lumbar nerve Ⅰ, and branches of the arteries and veins.

Indications: Epigastric pain, vomiting, abdominal distention, borborygmus, stomach diseases.

Needling: Perpendicular insertion 0.5-0.8 cun.

Shenshu(BL23)

Back transport point of the kidney.

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd lumbar vertebra(L2). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→aponeurosis of latissimus dorsi and the superficial layer of the thoraco-lumbar fascia→erector spinal muscle. There are cutaneous branches of the posterior branches of lumbar nerve Ⅱ and Ⅲ, and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of lumbar nerves Ⅱ and Ⅲ, and dorsal branches of the lumbar arteries and veins.

Indications: Dizziness, tinnitus, deafness, lumbago, kidney deficiency syndromes, enuresis, nocturnal emissions, impotence, premature ejaculation, infertility, sterility, urogenital system diseases, irregular menstruation, leukorrhea.

Needling: Perpendicular insertion 0.5-1 cun.

Commentary: Modern research has demonstrated that acupuncture on Shenshu( BL23)or Jingmen(GB25) can inhibit urinary function.

Dachangshu(BL25)

Back transport point of the lagre intestine.

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th lumbar vertebra(L4). (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→superficial layer of the thoraco-lumbar fascia→erector spinal muscle. There are cutaneous branches of the posterior branches of lumbar nerves Ⅳ and Ⅴ and arteries and veins in the superficial layer. In the deep layer are muscular branches of the posterior branches of lumbar nerve Ⅳ and Ⅴ, and branches of the arteries and veins.

Indications: Pain in the lumbar area and lower extremities, abdominal distention,

diarrhea, constipation, stomach and intestinal diseases.

Needling: Perpendicular insertion 0.5-1.2 cun.

Ciliao(BL32)

crossing point of The BL and GB meridians

Location: On the second posterior sacral foramen. (Fig.3-33)

Layers of Dissection: Skin→subcutaneous tissue→erector spinal muscle→ posterior sacral foramina II. There are middle cluneal nerves in the superficial layer. In the deep layer are sacral nerve II and posterior branches of the lateral sacral arteries and veins.

Indications: Irregular menstruation, leukorrhea, dysmenorrhea, dysuria, nocturnal emissions, disc herniation,pelvic disease, lower back and leg pain.

Needling: Perpendicular insertion 1-1.5 cun.

Huiyang(BL35)

Location: 0.5 cun lateral to Governor vessel, level with the tip of the coccyx. (Fig.43)

Layers of Dissection: Skin→subcutaneous tissue→gluteus maximus→ tendon of levator ani. The middle cluneal nerves are in the superficial layer. In the deep layer are branches of the inferior gluteal artery and vein and the inferior gluteal nerve.

Indications: Impotence, nocturnal emissions, prostatitis, appendicitis, irregular menstruation, hemorrhoids.

Needling: Perpendicular insertion 1-1.5 cun.

Chengfu(BL36)

Location: Right in the midline of the inferior cluneal transverse crease. (Fig.3-34)

Layers of Dissection: Skin→subcutaneous tissue→gluteus maximus→long head of biceps femoris and semitendinosus. Branches of the posterior cutaneous nerve of the thigh and the inferior cluneal nerves are in the superficial layer. In the deep layer are the trunk of the posterior cutaneous nerve of the thigh, the ischiadic nerve and arteries and veins.

Indications: Pain in the waist, sacrum, buttock and thigh; hemorrhoids.

Needling: Perpendicular insertion 1-2 cun.

Weizhong(BL40)

He-Sea and Earth point, Lower He-Sea point

Location: On the back of the knee, midpoint of bladder of the popliteal fossa in the depression between biceps femoris and semitendinosus. (Fig.3-34)

Layers of Dissection: Skin→subcutaneous tissue→between the medial and lateral heads of the gastrocnemius. Branches of the posterior cutaneous nerve of the thigh and the small saphenous vein are in the superficial layer. In the deep layer is the tibial nerve, the popliteal artery and vein and the sural arteries.

Indications: Lumbar pain, paralysis of the lower extremities, abdominal pain, acute diarrhea, dysuria, enuresis,erysipelas.

Needling: Perpendicular insertion 1-1.5 cun, or prick to bleed. During the acupuncture process, the practitioner should not insert the needle too quickly ,too strong, or too deep, inorder to avoid injury to vessels and nerves.

Commentary: This point is combined with Yinjiao(CV7) and Ashi points for acute lumbar strain; with Taixi(KI 3) for pyogenic infection at the nape of the neck. For acute gastroenteritis, it is bleed with Quze (PC3).

Zhibian(BL 54)

Location: 3 cun lateral to the lower border of the spinous process of the 4th sacral vertebra(S4). (Fig.3-35)

Layers of Dissection: Skin→subcutaneous tissue→gluteus maximus→gluteus medius→gluteus minimus. The middle and inferior cluneal nerves are in the superficial layer. In the deep layer is the superior and inferior gluteal artery and vein and the superior and inferior gluteal nerve.

Indications: Pain lumbo-sacral area, paralysis of the lower extremities, dysuria, constipation, hemorrhoids, vulvitis.

Needling: Perpendicular insertion 1.5-2 cun.

Chengshan(BL57)

Location: On the lower leg, in a depression below the bellies of the gastrocnemius muscle, midway between Weizhong(BL40) and Kunlun(BL60). (Fig.3-36)

Layers of Dissection: Skin→subcutaneous tissue→gastrocnemius→soleus muscle. The small saphenous vein and medial cutaneous nerve of the calf are in the superficial layer. In the deep layer are the tibial nerve and posterior tibial arteries and veins.

Indications: Pain and stiffness in the lumbar area and lower extremities, hemorrhoids, constipation.

Needling: Perpendicular insertion 1-2 cun.

Kunlun(BL60)

Jing-River and Fire point

Location: Behind the ankle joint, in the depression between the tendo calcaneus(Achilles) and the apex of the lateral malleolus, level with the apex of the lateral malleolus. (Fig.3-36)

Layers of Dissection: Skin→subcutaneous tissue→peroneus brevis→loose connective tissue in front of calcaneal tendon. The sural nerve and small saphenous vein are in the superficial layer. In the deep layer are branches of the fibular artery and veins.

Indications: Headache, stiff neck, pain in the lumbo-sacral area, leg and ankle diseases, epilepsy, prolonged labour.

Needling: Perpendicular insertion 0.5-0.8 cun.

Zhiyin(BL67)

Jing-Well and Metal point

Location: On the dorsal aspect of the little toe, about 0.1 cun from the lateral corner of the base of the little toenail. (Fig.3-37)

Layers of Dissection: Skin→subcutaneous tissue→nail root. The dorsal digital nerves of the foot, lateral dorsal cutaneous nerve, and rete of the dorsal digital arteries and veins are in this area.

Indications: Malpositioning of the fetus (use moxibustion), prolonged labour, headache, eye pain, nasal obstruction, epistaxis.

Needling: Shallow insertion.

#### 3.1.7.4 Other Acupoints of the Meridian

Meichong(BL3)

Directly above Zanzhu aka Cuanzhu (BL2). 0.5 cun within the anterior hairline, level with Shenting(GV24)..

Tontian(BL7)

4 cun above the anterior hairline of the hair, and 1.5 cun lateral to the midline.

Yuzhen(BL9)

1.3 cun lateral to the depression superior to the external occipital protuberance,1.5 cun superior to Fengfu (GV16).

Jueyinshu(BL14)

Pericardium Back Transport point

1.5 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra(T4).

Dushu(BL16)

1.5 cun lateral to the lower border of the spinous process of the 6th thoracic vertebra(T6).

Sanjiaoshu(BL22)

Back transport point of triple energizer.

1.5 cun lateral to the lower border of the spinous process of the first lumbar vertebra(L1).

Qihaishu(BL24)

1.5 cun lateral to the lower border of the spinous process of the third lumbar vertebra(L3).

Guanyuanshu(BL26)

1.5 cun lateral to the lower border of the spinous process of the 5th lumbar vertebra(L5).

Xiaochangshu(BL27)

Back transport point of small intestine.

1.5 cun lateral to the midline, level with the 1st posterior sacral foramen.

Pangguangshu(BL28)

Back transport point of bladder.

1.5 cun lateral to the midline, just level with the 2nd posterior sacral foramen.

Shangliao(BL31)

On the first posterior sacral foramen, midway between the lower border of the posterior superior iliac spine and the midline.

Zhongliao(BL33 )

On the third posterior sacral foramen.

Xialiao(BL34 )

On the 4th posterior sacral foramen.

Yinmen(BL37)

On the posterior thigh, in the depression between the hamstrings, 6cun below Chengfu (BL36), on the line connecting Chengfu (BL36) and Weizhong (BL40).

Weiyang(BL39 )

Lower He-Sea point of TE

On the back of the knee, towards the lateral end of the popliteal fossa, in the depression medial to the biceps femoris tendon.

Gaohuangshu(BL43 )

3 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra(T4), level with Jueyinshu (BL14).

Shentang(BL44)

3 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra(T5), level with Xinshu (BL15).

Geguan(BL46 )

3 cun lateral to the lower border of the spinous process of the7th thoracic vertebra(T7), level with Geshu (BL17).

Zhishi(BL52 )

3 cun lateral to the lower border of the spinous process of the second lumber vertebra(L2), level with Shenshu (BL23).

Feiyang(BL58 )

Luo-Connecting point

On the lower leg, 7 cun above Kunlun (BL60), 1 cun inferior and lateral to Chengshan (BL57).

Fuyang(BL59)

Xi-Cleft point

On the lower leg, 3 cun above Kunlun (BL60).

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Pucan(BL61)

On the lateral side of the foot, directly below BL60, at the junction of the red white skin.

Shenmai(BL62 )

Confluent point of yang heel vessel

On the lateral side of the foot, in the depression below the lateral malleolus and posterior to the peroneal tendons.

Jinmen(BL63)

Xi-Cleft point

On the lateral side of the foot, anterior and inferior to the lateral malleolus, in the depression posterior to the base of the 5th metatarsal protuberance, on the lower border of the cuboid bone.

Jinggu(BL64 )

Yuan-Source point

On the lateral side of the foot, in the depression anterior and inferior to the base of the 5th metatarsal protuberance, at the junction of the red and white skin.

Shugu(BL65 )

Shu-Stream and Wood

On the lateral side of the foot, in the depression posterior and inferior to the head of the 5th metatarsal, at the junction of the red and white skin.

Zutonggu(BL66)

Ying-Spring and Water

On the lateral side of the foot, in the depression on the anterior and inferior to the 5th metatarso-phalangeal joint, at the junction of the red and white skin.

### 3.1.8 The Kidney (KI) Meridian of Foot-Shaoyin

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

The Kidney Meridian of Foot Shaoyin:

Yongquan\*(KI1),Rangu(KI2),Taixi\*(KI3),Dazhong(KI4),Shuiquan(KI5), Zhaohai\*(KI6),Fuliu\*(KI7),Jiaoxin(KI8),Zhubin\*(KI9),Yingu(KI10), Henggu(KI11),Dahe\*(KI12),Qixue(KI13),Siman(KI14),Zhongzhu(KI15),Huangshu(KI16)Shangqu(KI17),Shiguan(KI18),Yindu(KI19),Futonggu(KI20),Youmen(KI21), Bulang(KI22),Shenfeng(KI23),Lingxu(KI24),Shenfeng(KI25),Yuzhong(KI26), Shufu(KI 27).

#### 3.1.8.1 General Information about the Meridian

The kidney meridian travels from the foot to the abdomen and has a total of 27 acupoints. The first point is Yongquan(KI 1) and the last one is Shufu(KI 27). Primary indications include diseases of the urogenital, respiratory and nervous systems. Seminal emissions, impotence, premature ejaculation, edema, urine retention, bed-wetting, asthma, cough, faucitis, insomnia, tinnitus, deafness, vertigo, backache due to kidney dysfunction and/or deficiency.

#### 3.1.8.2 The Course of the Meridian

The kidney meridian originates at the inferior aspect of the small toe and proceeds obliquely towards the sole. Running behind the medial malleolus, it enters the heel and goes further upward along the postero-medial aspect of the leg towards the vertebral column, where it enters the kidney, its associated organ, and connects with the bladder. The straight portion of the meridian ascends to the liver and enters the lung; travels along the throat, and terminates at the root of the tongue. One branch links with the Pericardium Meridian. (Fig.3-38)

Fig.3-38 The Course of theKidney Meridian

The Kidney Meridian of Foot-ShaoYin begins at the inferior aspect of the little toe and runs obliquely towards the sole Yongquan(KI 1). It emerges from the lower aspect of the navicular tuberosity, and runs behind the medial malleolus, where it enters the heel; from there it ascends along the medial aspect of the leg to the medial border of the popliteal fossa where it goes further upward along the postero-medial aspect of the thigh towards the vertebral column (Changqiang(GV1). It is there that it enters the kidney, its associated organ, and connects with the bladder.

The straight portion of the meridian re-emerges from the kidney; ascends and passes through the liver and diaphragm, enters the lung, runs along the throat, and terminates at the root of the tongue.

A branch springs from the lung, joins the heart and runs into the chest to link with the Pericardium Meridian of Hand-Jueyin.

#### 3.1.8.3 Frequently Used Acupoints

Yongquan(KI 1)

Jing-Well and Wood point

Location: On the sole of the foot, in the depression between the 2nd and 3rd metatarsals when the toes are plantar flexed, at the junction between anterior one-third and posterior two-third of the sole (the length of the toe is not included). (Fig.3-39)

Layers of Dissection: Skin→subcutaneous tissue→plantar aponeurosis→ common plantar digital nerve of toe Ⅱ→second lumbrical muscle. There are branches of the medial plantar nerve in the superficial layer. The common plantar digital nerve of toe Ⅱ and the common plantar arteries and veins are in the deep layer.

Indications: Coma, sunstroke, vomiting in children induced by fright, insanity, epilepsy, headache, dizziness, blurring of vision, insomnia, hemoptysis, sore throat, paralysis of the larynx (laryngoplegia), constipation, dysuria, “Ben-Tun” (“run”) vital energy (“running piglet qi”), heat sensations over the five centers (five-palm heat).

Needling: Perpendicular insertion 0.5-1 cun. Moxibustion or drug plaster is applicable to keep evil influence downwards.

Commentary: This point is useful when combined with Guanyuan(CV4) and Fenglong(ST40) for cough due to deficiency syndromes. For coma, fainting and convulsions combine it with Shuigou aka Renzhong(GV26), Shixuan(EX-UE11) and Zusanli(ST36)

Taixi(KI 3)

Shu-Stream, Yuan-Source and Earth point

Location: In the depression between the tip of medial malleolus and tendo calcaneus(Achilles, level with the apex of the malleolus. (Fig.3-40)

Layers of Dissection: Skin→subcutaneous tissue→among the tendon of tibialis posterior, the tendon of flexor hallucis longus, calcaneal (Achilles) tendon and the tendon of the plantar muscle. The medial crural cutaneous branches of the saphenous nerve and branches of the great saphenous vein are in the superficial layer. In the deep layer are the tibial nerve and posterior tibial arteries and veins.

Indications: Headache, blurred vision, insomnia, amnesia, nocturnal emissions, wet dreams, impotence,asthenia of kidney diseases, sore throat, tinnitus, deafness, toothache, cough, dyspnea, chest pain, lung diseases, diabetes, frequent micturition, irregular menstruation,pain along the spinal column.

Needling: Perpendicular insertion 0.5-0.8 cun.

Commentary: This point is combined with Kunlun(BL60) and Shenmai(BL62) for foot edema, and with Shenmen(HT7) and Sanyinjiao(SP6) for insomnia or neurosis.

Fuliu(KI 7)

Jing-River and Metal point

Location: On the medial side of the lower leg, 2 cun directly above Taixi(KI 3), on the anterior border of the Achilles tendon. (Fig.3-41)

Fig.3-41

Layers of Dissection: Skin→subcutaneous tissue→anterior to the tendon of the plantar muscle and calcaneal (Achilles) tendon→flexor hallucis longus. The medial crural cutaneous branches of the saphenous nerve and branches of the great saphenous vein are in the superficial layer. In the deep layer are the tibial nerve and the posterior tibial arteries and veins.

Indications: Edema, sweating disorders, abdominal distention, diarrhea, stomach and intestinal diseases, lumbar stiffness(rigidity, paralysis of the lower extremities.

Needling: Perpendicular insertion 0.5-1 cun.

#### 3.1.8.4 Other Acupoints of the Meridian

Rangu(KI 2)

Ying-Spring and Fire point

On the medial side of the foot, In the depression distal and inferior to the navicular tuberosity, at the junction of the red and white skin.

Dazhong(KI 4)

Luo-Connecting point

On the posterio-inferior part of the medial malleolus, approximately 0.5 cun posterior to the midpoint of a line drawn from Taixi (KI 3) to ShuiQuan (KI 5), on the anterior border of the Achilles tendon.

Shixuan(KI 5)

Xi-Cleft point of the Kidney channel

1 cun below (Taixi KI 3), on the medial border of the calcaneus.

Zhaohai(KI 6)

Confluent point of yin heel vessel

In the depression directly below the medial malleolus, in the groove formed by the two ligament bundles.

Jiaoxin(KI 8)

Xi-Cleft point of yin heel vessel

2 cun above Taixi (KI 3), 0.5 cun anterior to Fuliu (KI 7), posterior to the medial border of the tibia.

Zhubin(KI 9)

Xi-Cleft point of yin link vessel

On the medial side of the lower leg, 5 cun above Taixi (KI 3), on the line between Taixi (KI 3) and Yingu (KI 10), below the belly of the gastrocnemius.

Yingu(KI 10)

He-Sea and Water point

At the medial end of the popliteal crease, between the semitendinosus and semimembranosus tendons, when the knee is flexed.

### 3.1.9 Pericardium (PC) Meridian of Hand-Jueyin

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Pericardium Meridian of Hand Jueyin:Tianchi\*(PC 1),Tianquan(PC 2),Quze\* (PC 3),Ximen (PC 4),Jianshi\*(PC 5),Neiguan\*(PC 6),Daling(PC 7),Laogong\*(PC 8),Zhongchong\*(PC 9).

#### 3.1.9.1 General Information about the Meridian

The pericardium meridian travels from the chest to the hand and has a total of 9 acupoints. The first point is Tianchi(PC 1), the last one is Zhongchong(PC 9). The primary indications include cardiovascular and mental diseases, such as angina pectoris, arrhythmia, coma, acrotism (absent and/or imperceptible pulse), stomach problems, vomiting, and spasms of the diaphragm.

#### 3.1.9.2 The Course of the Meridian

Thie pericardium meridian originates in the chest. It pertains to the pericardium and descends to connect with the SanJiao Meridian. One branch arising from the chest, ascends to the axilla, then passes through the middle of the medial aspect of the upper arm. Entering the palm, it terminates at the end of the middle finger. Another branch links with the SanJiao Meridian. (Fig.3-42 )

Fig.3-42 The Course of the Pericardium Meridian

The Pericardium Meridian of Hand-Jueyin originates at the chest. When it emerges, it enters its associated organ, the pericardium; before descending through the diaphragm to connect successively with the upper, middle and lower jiao from the chest and abdomen.

A branch arises from and moves inside the chest; emerges from the costal region at a point 3 cun below the axilla (Tianchi(PC 1) and ascends to the axilla. Following the medial aspect of the upper arm, it stretches between the Lung Meridian of Hand-TaiYin and the Heart Meridian of Hand-ShaoYin to the cubital fossa; there it runs further downward to the forearm between the tendons of palmaris longus and flexor carpi radialis, where it enters the palm. Finally, it passes along the middle finger terminating at its tip.

Another branch arises from the palm at Laogong(PC 8), runs along the ring finger to its tip and links with the SanJiao Meridian of Hand-Shaoyang.

#### 3.1.9.3 Frequently Used Acupoints

Quze(PC3)

He-Sea and Water point

Location: On the transverse cubital(elbow crease, in the depression on the ulnar side of the tendon of the biceps brachii muscle. (Fig.3-43 )

Layers of Dissection: Skin→subcutaneous tissue→median nerve→brachialis muscle. The median cubital vein and medial cutaneous nerve of the forearm are in the superficial layer. In the deep layer are the brachial arteries and veins, rete composed of the anterior branches of the recurrent ulnar arteries and veins, anterior branches of the inferior collateral ulnar arteries and veins and the trunk of the median nerve.

Indications: Precordial pain, palpitations, susceptibility to fright, rheumatic heart diseases, stomachache, vomiting, hematemesis, stomach febrile diseases, pain located on the medial side of the elbow.

Needling: Perpendicular insertion 1-1.5 cun. Prick to bleed, in order to treat acute vomiting and diarrhea.

Neiguan(PC6)

Luo-Connecting point

Confluent point of the yin link vessel meridian

Location: On the flexor compartment of the forearm, 2 cun above the most distal transverse crease of the wrist Daling (PC7), in between the two tendons of the palmaris longus muscle and flexor carpi radialis muscle. (Fig.3-44 )

Layers of Dissection: Skin→subcutaneous tissue→between the tendon of flexor carpi radialis radial and the tendon of palmaris longus→flexor digitorum superficialis →flexor digitorum profundus→pronator quadratus. The medial and lateral cutaneous nerves of the forearm and median antebrachial vein are in the superficial layer. The median nerve, artery and veins lay among the flexor digitorum superficialis, flexor pollicis longus and flexor digitorum profundus in the deep layer. The anterior interosseous artery and veins and anterior interosseous nerve in front of interosseous membrane of the forearm.

Indications: Tachycardia or bradycardia, angina pectoris，precordial (in front of the heart) pain, chest oppression, stomachache, vomiting, hiccups, apoplexy, insomnia, depressive syndrome, insanity, epilepsy, dizziness syndrome, pain located on the medial side of elbow.

Needling: Perpendicular or oblique insertion 0.5-1.2 cun upwards.

Commentary: This point is frequently used to induce anaesthesia for lung or pericardium surgery. Experiments have shown that needling Neiguan(PC6) with Hegu(LI 4) and Zusanli(ST36) can lower the blood amylase level in patients with acute pancreatitis. Needling Neiguan(PC6) with Jianshi(PC5), Xinshu(BL15) and other acupoints can cause bradycardia while with Suliao(GV25), and Tongli(HT5 it can cause tachycardia.

Daling(PC7)

Shu-Stream, Yuan-Source and Earth point

Location: In the middle of the most distal transverse crease of the wrist, between the tendons of palmaris longus and flexor carpi radialis, level with Shenmen (HT7). (Fig.3-44 )

Layers of Dissection: Skin→subcutaneous tissue→between the tendon of palmaris longus and the tendon of flexor carpi radialis→among the tendon of flexor pollicis longus, the tendons of flexor digitorum superficialis and flexor digitorum profundus. The medial and lateral cutaneous nerve of the forearm, palmar branch of the median nerve and palmar carpo-metacarpal venous rete are in the superficial layer. In the deep layer are the median nerve, palmaris longus and flexor carpi radialis.

Indications: Precordial pain, palpitations, pain and fullness in the chest and hypochondria region, stomachache, vomiting, foul breath, insanity, epilepsy, mental disorders, contracture and pain of the arm.

Needling: Perpendicular insertion 0.3-0.5 cun.

#### 3.1.9.4 Other Acupoints of the Meridian

Ximen(PC4 )

Xi-Cleft point

On the flexor compartment of the forearm,5 cun above the transverse crease of the wrist Daling (PC7), on the line connecting Quze (PC3) to Daling (PC7), between the tendons of palmaris longus and flexor carpi radialis.

Jianshi(PC5 )

Jing-River and Metal point

On the flexor compartment of the forearm,3 cun above the transverse crease of the wrist, Daling( PC7), between the tendons of palmaris longus and flexor carpi radialis.

Laogong(PC8 )

Ying-Spring and Fire point

Between the second and third metacarpal bones, in the depression on the radial side of the 3rd metacarpal where the tip of the middle finger touches when the fist is clenched.

Zhongchong(PC9 )

Jing-Well and Wood point

At the center of the tip of the middle finger.

### 3.1.10 Triple Energizer (TE) Meridian of Hand Shaoyang

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Triple Energizer Meridian of Hand Shaoyang:

Guanchong\*(SJ1),Yemen(SJ2),Zhongzhu(SJ3),Yangchi\*(SJ4),Waiguan\*(SJ5), Zhigou\*(SJ6),Huizong(SJ7),Sanyangluo(SJ8),Sidu(SJ9),Tianjing\*(SJ10), Qinglengyuan(SJ11),Xiaoluo(SJ12),Naohui(SJ13),Jianliao\*(SJ14),Tianliao(SJ15), Tianyou(SJ16),Yifeng\*(SJ17),Chimai(SJ18),Luxi(SJ19),Jiaosun\*(SJ20), Ermen\* (SJ21),Erheliao(SJ 22),Sizhukong\*(SJ 23).

#### 3.1.10.1 General Information about the Meridian

The triple energizer meridian travels from the hand to the head and has a total of 23 acupoints. The first is Guanchong(TE 1) and the last is Sizhukong(TE 23). Primary include diseases of the ear, the lateral side of the head, and the hypochondria; others are the eye and throat. Example are, tinnitus, deafness, otitis media, conjunctivitis, myopia, sore throat, fever, and pain located on the lateral side of the hand and shoulder.

#### 3.1.10.2 The Course of the Meridian

The triple energizer meridian begins at the tip of the ring finger, and runs upwards in the middle of the dorsal aspect of the upper extremity towards the shoulder. Then it cruves over to the supraclavicular fossa and connects with the pericardium. One branch originates at the chest where it runs up, ascends the neck along the posterior border of the ear until it reaches the upper corner of the ear. Then, it proceeds downwards to the cheek, terminating in the infraorbital region. Another branch connects with the Gallbladder Meridian. (Fig.3-45)

Fig.3-45 The Course of the Triple Energizer Meridian

The Triple Energizer Meridian of Hand-Shaoyang originates at the tip of the ring finger Guanchong( TE1), it stretches upwards between the 4th and 5th metacarpals along the dorsal aspect of the wrist to the lateral aspect of the forearm between the radius and ulna. Ascending through the olecranon and along the lateral aspect of the upper arm, it reaches the shoulder region where it crosses behind the Gallbladder Meridian of Foot-Shaoyang. Winding over to the supraclavicular fossa, it spreads in the chest to connect with the pericardium. It then descends through the diaphragm to the abdomen, and joins its associated organ, the upper, middle and lower Energizer (i.e., SanJiao).

A branch originating from the chest travels upwards where it emerges from the supraclavicular fossa; ascends the neck, curves along the posterior border of the ear, and further to the corner of the anterior hairline. Then it proceeds downwards to the cheek and terminates in the infraorbital region.

The auricular branch arises from the retroauricular region and enters the ear, where it emerges in front of the ear, crosses the previous branch at the cheek and reaches the outer canthus to link with the Gallbladder Meridian of Foot-Shaoyang.

#### 3.1.10.3 Frequently Used Acupoints

Guanchong(TE 1)

Jing-Well and Metal point

Location: On the dorsal aspect of the little finger, about 0.1 cun from the corner of the base of the nail on the ulnar side of the ring finger. (Fig.3-46)

Layers of Dissection: Skin→subcutaneous tissue→nail root. The dorsal digital branches of the proper palmar digital nerve of the ulnar nerve and rete of the dorsal digital branches of the proper palmar digital artery and veins are in the subcutaneous tissue.

Indications: Headache, redness with swelling of the eye, deafness, tinnitus, laryngoplegia, stiff tongue, febrile diseases, sunstroke.

Needling: Shallow insertion 0.1 cun, or prick to bleed with a three-edged needle.

Zhongzhu(TE 3)

Shu-Stream and Wood point

Location: On the dorsum of the hand, in the depression proximal to the 4th and 5th metacarpo-phalangeal joints. (Fig.3-46)

Layers of Dissection: Skin→subcutaneous tissue→interosseous dorsalis Ⅳ. The dorsal digital nerves of the ulnar nerve and the ulnar part of the dorsal venous rete of the hand are in the superficial layer. In the deep layer is the dorsal metacarpal artery Ⅳ.

Indications: Headache, redness with swelling of the eye, deafness, tinnitus, laryngoplegia, febrile diseases, aching of the shoulder and arm, numbness of the little finger.

Needling: Perpendicular or oblique insertion 0.3-0.5 cun.

Waiguan(TE 5)

Luo-Connecting point,Confluent point of yang link vessel

Location: 2 cun above the transverse crease on the back of the wrist Yangchi (ST4), in the depression between the ulnar and radius, closer to the radial border. (Fig.3-47)

Layers of Dissection: Skin→subcutaneous tissue→extensor digiti minimi and extensor digitorum→extensor pollicis longus and extensor indicis. The posterior cutaneous nerve of the forearm and branches of the cephalic and basilic vein are in the superficial layer. The posterior interosseous arteries and veins and the posterior interosseous nerve are in the deep layer.

Indications: Febrile diseases, headache, redness with swelling and pain of the eye, deafness, tinnitus, scrofula, hypochondriac pain, motor impairment of the upper extremities.

Needling: Perpendicular insertion 0.5-1 cun.

Refecvce: Threading(through needling done from Waiguan(TE 5) to Neiguan(PC 6) combined with Yanglao(SI 6) can treat wrist pain. To treat constipation Waiguan(TE 5) is combined with Daling(PC7) and Zhigou(TE 6).

Zhigou(TE 6)

Jing-River and Fire point

Location: 3cun above the transverse crease on the back of the wrist Yangchi(TE 4), between the ulnar and radius, close to the radial border. (Fig.3-47)

Layers of Dissection: Skin→subcutaneous tissue→extensor digiti minimi→extensor pollicis longus→interosseous membrane of the forearm. The posterior cutaneous nerve of the forearm and branches of the cephalic and basilic vein are in the superficial layer. The posterior interosseous arteries and veins and the posterior interosseous nerve are in the deep layer.

Indications: Constipation, deafness, tinnitus, acute aphonia, scrofula, hypochondriac pain, febrile diseases.

Needling: Perpendicular insertion 0.5-1 cun.

Sidu(TE9)

Location: On the posterior forearm, 5 cun below the tip of elbow, on the line connecting Yangchi(TE 4) and the tip of elbow, in the depression between the ulnar and radius. (Fig.3-47)

Layers of Dissection: Skin→subcutaneous tissue→extensor digiti minimi and extensor carpi ulnaris→flexor and extenso r pollicis longus. The posterior cutaneous nerve of the forearm and branches of the cephalic and basilic vein are in the superficial layer. The posterior interosseous artery and veins and posterior interosseous nerve are in the deep layer.

Indications: Deafness (especially if sudden), acute aphonia, toothache, sore throat, pain in the hand and arm.

Needling: Perpendicular insertion 0.5-1 cun.

Jianliao(TE 14)

Location: The depression formed when the arm is abducted, posterior and inferior to the lateral extremity of the the acromion; posterior to Jianyu(LI 15). (Fig.3-48)

Layers of Dissection: Skin→subcutaneous tissue→deltoid→teres minor→teres major→tendon of latissimus dorsi. The lateral supraclavicular nerve is in the superficial layer. The axillary nerve and posterior circumflex humeral arteries and veins are in the deep layer.

Indications: Diseases of the shoulder and lateral side of the hand.

Needling: Perpendicular or oblique insertion 1-1.5 cun.

Yifeng(TE 17)

Location: Behind the ear lobe, in the depression between the mastoid process and the mandible. (Fig.3-49)

Layers of Dissection: Skin→subcutaneous tissue→parotid gland. The great auricular nerve and branches of the external jugular vein are in the superficial layer. In the deep layer is the posterior auricular artery and facial nerve.

Indications: Deafness, tinnitus, deviation of the eye and mouth, seborrheic dermatitis, trismus, swollen cheeks, scrofula.

Needling: Perpendicular insertion 0.5-1 cun.

Ermen(TE 21)

Location: In a depression formed when the mouth is opened, anterior to and slightly superior to the condyloid process of the mandible. (Fig.3-49)

Layers of Dissection: Skin→subcutaneous tissue→parotid gland. The auriculo-temporal nerve, anterior auricular branches of the superficial temporal arteries and veins and temporal branches of the facial nerve are in this area.

Indications: Deafness, tinnitus, otorrhea, toothache, temporo-mandibular joint (TMJ) syndrome.

Needling: Perpendicular insertion 0.5-1 cun, with the mouth open.

Sizhukong(TE 23)

Location: At the lateral end of the eyebrow, in the depression on the supraorbital margin. (Fig.3-49)

Layers of Dissection: Skin→subcutaneous tissue→orbicularis oculi. The supraorbital nerve, zygomatic and temporal branches of the facial nerve, and the frontal branch of the superficial temporal artery and vein are in this area.

Indications: Epilepsy, headache, blurred vision, redness with swelling and pain of the eye, twitching of the eyelids, toothache.

Needling: Horizontal or perpendicular insertion 0.3-0.5 cun.

#### 3.1.10.4 Other Acupoints of the Meridian

Yemen(TE 2)

Ying-Spring and Water point

In the web at the junction of the red and white skin, between the ring finger and little finger.

Yangchi (TE 4)

Yuan-Source point

On the dorsum of the wrist joint, in the depression between the tendons of extensor digitorum communis and extensor digiti minimi.

Huizong(TE 7 )

Xi-Cleft point

3 cun above the transverse crease on the back of the wrist Yangchi(TE 5), level with the ulnar side of Zhigou (TE 6), in the depression between the ulnar and the extensor digitorum communis muscle.

Sanyangluo(TE 8)

4 cun above the transverse crease on the back of the wrist, in the depression between the radius and ulna, on the radial side of the extensor digitorum communis muscle.

Tianjing(TE 10)

He-Sea and Earth point

In the depression 1 cun proximal to the olecranon when the elbow is flexed.

Naohui(TE 13 )Upper Arm Meeting

Approximately two thirds the distance between the line drawn between Tianjing(TJ10) and Jianliao(TE 14), 3 cun below Jianliao(TE 14), at the posterior border of the deltoid muscle.

### 3.1.11 Gallbladder (GB) Meridian of Foot-Shaoyang

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Gallbladder Meridian of Foot Shaoyang:

Tongziliao\*(GB1),Tinghui\*(GB2),Shangguan(GB3),Hanyan(GB4),Xuanlu(GB5), Xuanli(GB6),Qubin(GB7),Shuaigu\*(GB8),Tianchong(GB9),FuBai(GB10), Touqiaoyin(GB11),Wangu(GB12),Benshen(GB13),Yangbai\*(GB14),Toulinqi\*(GB15), Muchuang(GB16),Zhengying(GB17),Chengling(GB18),Naokong(GB19),Fengchi\*(GB20)Jianjing(GB21),Yuanye(GB22),Zhejin(GB23),Riyue\*(GB24),Jingmen(GB25), Daimai(GB26),Wushu(GB27),Weidao(GB28),Juliao(GB29),Huantiao(GB30), Fengshi(GB31),Zhongdu(GB32),Xiyangguan(GB33),Yanglingquan\*(GB34), Yangjiao(GB35),Waiqiu(GB36),Guangming\*(GB37),Yangfu(GB38), Xuanzhong\*(GB39),Qiuxu(GB40),Zulinqi(GB41),Diwuhui(GB42),Xiaxi\*(GB43), Zuqiaoyin\*(GB 44).

#### 3.1.11.1 General Information about the Meridian

The gallbladder meridian travels from the head to the foot and it has a total of 44 points. The first point is Tongziliao(GB 1) and the last is Zuqiaoyin(GB 44). The primary indications include diseases of the head, lateral side of the body, liver and gallbladder. Examples: migraine, tinnitus, deafness, eye diseases, hepatitis, cholecystitis.

#### 3.1.11.2 The Course of the Meridian

The gallbladder meridian begins at the outer canthus, ascends to the corner of the forehead, curves downwards to the retroauricular region were it runs along the side of the neck in front of the SanJiao Meridian to the shoulder. Curving back, it traverses and passes behind the SanJiao Meridian down to the supraclavicular fossa. The straight portion of the meridian descends from the supraclavicular fossa and passes along the lateral aspect of the chest to the hip region. The interior branch of the meridian connects with the liver and enters its associated organ, the gallbladder. It extends along the pubic area and goes transversely into the hip region, where it joins with the superficial branch of the meridian. Finally, it descends along the lateral aspect of the leg, terminating at the tip of the 4th toe. One branch connects with the Liver meridian. (Fig.3-50)

The Gallbladder Meridian of Foot-Shaoyang originates at the outer canthus Tongziliao(GB1), where it ascends to the corner of the forehead Hanyan(GB4); then it curves downwards to the retroauricular region near Fengchi(GB20), and runs along the side of the neck, in front of the Triple Energizer Meridian of Hand-Shaoyang, to the shoulder. Turning back, it traverses and passes behind the Triple Energizer Meridian of Hand-Shaoyang down to the supraclavicular fossa.

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

The branch arising from the outer canthus descends to Daying(ST5) and meets the Triple Energizer Meridian of Hand-Shaoyang in the infraorbital region. Passing through Jiache(ST6), it descends to the neck and enters the supraclavicular fossa where it meets another branch. From there, it further descends into the chest, passes through the diaphragm, to connect with the liver, and enter its associated organ, the gallbladder. Then it passes inside the hypochondriac region, where it emerges from the lateral side of the lower abdomen near the femoral artery at the inguinal area; from there it extends superficially along the margin of the pubic hair and transversely into the hip region Huantiao(GB30).

The straight portion of the meridian desends from the supraclavicular fossa, passes in front of the axilla along the lateral aspect of the chest and through the floating ribs to the hip region where it meets the previous branch. Then it descends along the lateral aspect of the thigh to the lateral side of the knee. It continues down along the anterior aspect of the fibula it reaches the anterior aspect of the external malleolus. Finally, it follows the dorsum of the foot to the lateral side of the tip of the 4th toe.

The branch on the dorsum of the foot springs from Zulinqi(GB41), passes between the first and second metatarsals to the distal portion of the great toe and exits through the nail, terminating at the hairy region, where it links with the Liver Meridian of Foot-Jueyin.

#### 3.1.11.3 Frequently Used Acupoints

Tinghui(GB 2)

Location: In a depression formed when the mouth is open, between the intertragic notch, on the posterior margin of the condyloid process, and the mandible anteriorly. (Fig.3-51)

Layers of Dissection: Skin→subcutaneous tissue→tendon of the masseter→parotid capsule→parotid gland. The auriculo-temporal nerve and great auricular nerve are in the superficial layer. In the deep layer is the superficial temporal artery and veins and the plexus of the facial nerve.

Indications: Deafness, tinnitus, otorrhea, toothache, deviation of the eye and mouth.

Needling: Perpendicular insertion 0.5-0.8 cun.

Shuaigu(GB 8)

crossing point of the GB and BL channels

Location: On the temple, in a small depression1.5 cun directly above the apex of the ear. (Fig.3-51)

Layers of Dissection: Skin→subcutaneous tissue→superior auricular muscle→ temporal fascia→temporalis. The auriculo-temporal nerve, greater occipital nerve and the parietal branch of the superficial temporal arteries and veins are in this area.

Indications: Headache, dizziness, acute or chronic wind in children caused by fright.

Needling: Subcutaneous insertion 0.5-0.8 cun.

Yangbai(GB 14)

crossing point of GB with yang link vessel, TE, ST and LI

Location: On the forehead, 1 cun above the middle of the eyebrow, directly above the pupil when the eyes looking straight ahead. (Fig.3-52)

Layers of Dissection: Skin→subcutaneous tissue→venter frontalis. The lateral branch of the supraorbital nerve and lateral branch of the supraorbital artery and vein are in this area.

Indications: Headache, eye pain, blurred vision, twitching of the eyelids.

Needling: Transverse insertion 0.5-0.8 cun.

Fengchi(GB 20)

crossing point of GB, TE, yang heel vessel and yang link vessel

Location: Below the occiput, in the depression midway between Fengfu (GV16) and Wangu (GB12), at the upper part of the trapezius muscle and the sternocleidomastoid. (Fig.3-52)

Layers of Dissection: Skin→subcutaneous tissue→between the trapezius and sternocleidomastoid→head of the splenius→head of semispinalis→semispinalis capitis and the superior oblique muscle of the head. The lesser occipital nerve and branches of the occipital arteries and veins are in the superficial layer. In the deep layer is the suboccipital nerve.

Indications: Apoplexy, epilepsy, headache, dizziness, tinnitus, deafness, common cold, nasal obstruction, epistaxis, allergic rhinitis, redness with swelling and pain of the eye(s), deviation of the eye and mouth, pain and rigidity of the nape.

Needling: Oblique and inferior insertion 0.8-1.2 cun towards the opposite eye. Caution: The medulla oblongata is deep to this acupoint, pay attention to the angle and depth when puncturing to avoid damaging the spinal cord.

Jianjing(GB 21)

Location: Midway between Dazhui(GV 14) and the tip of the acromion. (Fig.3-53)

Layers of Dissection: Skin→subcutaneous tissue→trapezius→levator scapulae. The supraclavicular nerves and branches of the superficial cervical artery and vein are in the superficial layer. In the deep layer are branches of the transverse cervical artery and vein and branches of the dorsal nerve of the scapula.

Indications: Pain and rigidity of the nape, pain in the back and shoulder, motor impairment of the upper extremities, dystocia (slow and/or difficult labor or delivery), acute mastitis, agalactia, breast nodules, scrofula.

Needling: Perpendicular insertion 0.6-0.8 cun.

Caution: Deep perpendicular insertions may penetrate the lung, which is under the acupoint, resulting in a pneumothorax.

Commentary: This point is useful when combined with Tianzong(SI 11) and Shaoze(SI 1) for mastitis. To facilitate the discharge of lochia (afterbirth), it is combined with moxibustion on Zhongji(CV3).

Riyue(GB 24)

Alarm point of the Gall Bladder

Front-Mu point of the GB,crossing point of GB, SP and yang link vessel

Location: On the anterior chest wall, below the nipple, in the 7th intercostal space, 4 cun lateral to the midline. (Fig.3-54)

Layers of Dissection: Skin→subcutaneous tissue→external obliques→external intercostal muscles. The lateral cutaneous branch of intercostals nerve Ⅵ、Ⅶ and Ⅷ, and arteries and veins are in the superficial layer. Intercostal nerve Ⅶ and the posterior intercostal arteries and veins Ⅶ are in the deep layer.

Indications: icterus (jaundice), distending pain in the hypochondria, vomiting, acid regurgitation, hiccups.

Needling: Oblique insertion 0.5-0.8 cun. Do not perform deep needling techniques, in order to avoid damaging the viscera.

Juliao(GB 29)

crossing point of GB and yang heel vessel

Location: On the lateral aspect of the hip, the midpoint of the line between the anterior superior iliac spine and the apex of the greater trochanter. (Fig.3-55)

Layers of Dissection: Skin→subcutaneous tissue→fascia lata→gluteus medius→gluteus minimus. The superior cluneal nerves and the lateral cutaneous branch of the iliohypogastric nerve are in the superficial layer. In the deep layer are branches of the superior gluteal arteries and veins and the superior gluteal nerve.

Indications: Pain in the lumbar area and leg, paralysis, hernia, pain in the lower abdomen.

Needling: Perpendicular insertion 1-1.5 cun.

Huantiao(GB 30)

crossing point of the GB and BL channels

Location: On the postero-lateral aspect of the hip, at the junction of the lateral 1/3 and medial 2/3's of the distance between the greater trochanter and the sacro-coccygeal hiatus. (Fig.3-56)

Layers of Dissection: Skin→subcutaneous tissue→gluteus maximus→ ischiadic(sciatic nerve→quadratus femoris. The superior cluneal nerves are in the superficial layer. The ischiadic nerve, inferior gluteal nerve, posterior cutaneous nerve of the thigh and the inferior gluteal arteries and veins are in the deep layer.

Indications: Lumbo-sacral pain, numbness and pain in the lateral aspects of the lower extremities , hemiplegia, needle rash.

Needling: Perpendicular insertion 2-3.0 cun.

Fengshi(GB 31)

Location: On the lateral aspect of the thigh, directly below the greater trochanter, 7 cun above the popliteal crease. (Fig.3-57)

Layers of Dissection: Skin→subcutaneous tissue→iliotibial band→vastus lateralis→vastus intermedialis. The lateral cutaneous nerve of the thigh is in the superficial layer. Muscular branches of the descending branch of the lateral circumflex femoral artery and muscular branches of the femoral nerve are in the deep layer.

Indications: Numbness and pain in the lateral aspects of the lower extremities, paralysis, hemiplegia, general pruritus.

Needling: Perpendicular insertion 1-1.5 cun.

Xiyangguan(GB 33)

Location: On the lateral side of the knee, 3 cun above Yanglingquan(GB34), in the depression superior to the lateral epicondyle of the femur. (Fig.3-57)

Layers of Dissection: Skin→subcutaneous tissue→posterior margin of the iliotibial band→anterior to the lateral head of the gastrocnemius. The lateral cutaneous nerve of the thigh is in the superficial layer. The lateral superior genicular arteries and veins are in the deep layer .

Indications: Pain and stiffness in the popliteal fossa and knee, paralysis of the leg.

Needling: Perpendicular insertion 1-1.5 cun.

Yanglingquan(GB 34)

He-Sea and Earth point,Influencial point for Tendons(sinews)

Location: Below the lateral aspect of the knee, in the depression one cun anterior and inferior to the capitulum (head) of the fibula. (Fig.3-58)

Layers of Dissection: Skin→subcutaneous tissue→peroneus longus →extensor m longus. The lateral cutaneous nerve of the calf is in the superficial layer. The anterior recurrent tibial artery and vein, branches of the lateral inferior genicular arteries and veins and branches of the common fibular nerve are in the deep layer.

Indications: Icterus (jaundice), hypochondriac pain, bitter mouth taste, vomiting, acid regurgitation, knee pain, numbness and pain of the lateral aspects of the lower extremities, paralysis, wind in children induced by fright.

Needling: Perpendicular or oblique insertion 1-1.5 cun downwards.

Commentary: It is reported that needling this point results in an obvious shrinkage of the gallbladder in 78.7℅ people, which indicates that it can increase cholecystic mobility and evacuation. This occurs when the needle sensation arrives and becomes more obvious 10 minutes after the removal of the needle. No similar function was seen when acupuncture was done on other points (such as Xiabai (LU4), Chize (LU5), and Taiyuan (LU9)) which are not on the Gallbladder Meridian, or on points that don't have similar functions. Clinical experience has demonstrated that deep insertions in Yanglingquan (GB34) offers an obvious analgesic effect for pain or colic of the liver or for spleen diseases (It is necessary for the needle to be inserted towards Yinlingquan(SP 9), and the needle sensation generated down to the dorsum of foot; the needle should be retained for 20 minutes). The effect can be enhanced if intradermal needles are embedded. Injection of chloromazine into this acupoint can relieve biliary colic.

Guangming(GB 37)

Luo-Connecting point

Location: On the lateral aspect of the lower leg, 5 cun above the tip of the external malleolus, on the anterior border of the fibula. (Fig.3-58)

Layers of Dissection: Skin→subcutaneous tissue→peroneus brevis→anterior intermuscular septum→extensor digitorum longus→interosseous membrane of leg→tibialis posterior. The superficial fibular nerve and lateral cutaneous nerve of the calf are in the superficial layer. The deep fibular nerve and anterior tibial artery and veins are in the deep layer.

Indications: Eye pain, night blindness (nyctalopia), myopia, presbyopia, pain of the chest and breast, numbness and pain of the lateral aspects of the lower extremities.

Needling: Perpendicular insertion 0.5-0.8 cun.

Xuanzhong(GB 39)

Influencial point of Marrow

Location: Above the ankle joint, 3 cun above the tip of the external malleolus, on the anterior border of the fibula. (Fig.3-58)

Layers of Dissection: Skin→subcutaneous tissue→Long extensor muscle of toes→Interosseous membrane of leg. The lateral cutaneous nerve of the calf is in the superficial layer. In the deep layer are branches of deep fibular nerve. Note: If the interosseous membrane of the leg is punctured, you may prick the fibular artery and veins.

Indications: Dementia, apoplexy, rigidity of the nape, chest and hypochondria pain and fullness, numbness and pain of the lateral aspects of the lower extremities.

Needling: Perpendicular insertion 0.5-0.8 cun.

Qiuxu(GB 40)

Yuan-Source point

Location: At the ankle joint, in the depression anterior and inferior to the external malleolus. (Fig.3-59)

Layers of Dissection: Skin→subcutaneous tissue→extensor digitorum brevis→lateral talo-calcaneal ligament→tarsal sinus. The superficial dorsal veins of the foot, lateral dorsal cutaneous nerve, intermediate dorsal cutaneous nerve and lateral anterior malleolar arteries and veins are in this area.

Indications: Redness with swelling and pain of the eye, corneal cloudiness, pain of the nape, sub-axillary swelling, chest and hypochondria pain, pain in the external malleolus, foot drop, foot inversion.

Needling: Perpendicular insertion 0.5-1 cun.

#### 3.1.11.4 Other Acupoints of the Meridian

Tongziliao(GB 1)

In the hollow on the lateral side of the eye, approximately 0.5 cun lateral to the outer canthus.

Shangguan(GB 3)

Anterior to the ear, in a small depression above the upper margin of the zygomatic arch, right above Xiaguan (ST7).

Hanyan(GB 4)

Within the temple, at the junction of the upper 1/4 and lower 3/4's of the distance between Touwei (ST8) and Qubin (.GB7)

Xuanlu(GB 5 )

Within the temple, mid-point between TouWe( ST8)and Qubin (GB 7) .

Xuanli(GB 6 )

Within the temple, at the junction of upper 3/4 and lower 1/4 of the distant between Touwei (ST 8) and Qubin (GB7).

Qubin(GB 7 )

On the temple on a level with and anterior to the apex of the ear JiaoSun (TE 20).

ouqiaoyin(GB 11)

Posterior to the ear, in a depression on the lower one third of a curved line drawn from Wangu(GB12) and TianChong (GB 9), parallel to the rim of the ear (the SanJiao channel).

Wangu(GB 12)

In the depression posterior- and inferior to the mastoid process.

Benshen(GB 13)

On the lateral part of the forehead, 0.5 cun within the anterior hairline, 3 cun lateral to Shenting(GV24), two thirds the distance between Shenting (GV24) and Touwei (ST8).

Toulinqi(GB 15)

On the forehead, 0.5 cun within the natural line of the hair, directly above Yangbai (GB 14), midway between Shenting (GV 24) and Touwei (ST 8).

Naokong(GB 19 )

Above the occipital ridge, directly above Fengchi(GV 16), lateral to the external occipital protuberance, 2.25 cun beside the posterior median line, level with Naohu (GV 17).

Jingmen(GB 25 )

Front-Mu point of the Kidneys

Below the lateral aspect of the ribcage, anterior and inferior to the extremity of the 12th rib. 1.8 cun posterior to Zhangmen(LR 13).

Daimai(GB 26 )

Anterior and inferior to the free end of the 11th rib, directly below (LR 13)Zhangmen and level with the umbilicus.

Waiqiu(GB 36)

Xi-Cleft point of the Gall Bladder meridian

On the lateral aspect of the lower leg, 7 cun above the lateral malleolus, at the anterior border of the fibula.

Yangfu(GB 38 )

Jing-River and Fire point

On the lateral aspect of the lower leg, 4 cun above the lateral malleolus, at the anterior border of the fibula.

Zulinqi(GB 41)

Shu-Stream and Wood point,Confluent point of the Belt Vesseli

On the dorsum of the foot, in the depression distal to the junction of the bases of the 4th and 5th metatarsals, on the lateral side of the tendon of extensor digitorum longus.

Xiaxi(GB 43)

Ying-Spring and Water point

Proximal to the margin of the web between the 4th toe and 5th toes, at the junction of the red and white skin.

Zuqiaoyin(GB 44)

Jing-Well and Metal point

On the dorsum of the 4th toe, about 0.1 cun lateral to the corner of the base of the nail of the 4th toe.

### 3.1.12 Liver (LR) Meridian of Foot-Jueyin

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Liver Meridian of Foot Jueyin:

Dadun\*(LR1),Xingjian\*(LR2),Taichong\*(LR3),Zhongfeng(LR4),Ligou(LR5), Zhongdu(LR6),Xiguan(LR7),Ququan\*(LR8),Yinbao(LR9),Zuwuli(LR10), Yinlian(LR 11),Jimai(LR 12),Zhangmen\* (LR 13),Qimen\* (LR 14)

#### 3.1.12.1 General Information about the Meridian

The liver meridian travels from the foot to the abdomen, and it has a totally of 14 acupoints. The first point is Dadun(LR 1) and the last is Qimen(LR 14). The primary indications include diseases in the areas like the tip of the head, lip, lower belly, external genitalia, eyes, liver, and gallbladder. Examples: dysmenorrhea, testitis, headache, facial paralysis, biliary tract infection, hepatitis.

#### 3.1.12.2 The Course of the Meridian

The liver meridian begins at the big toe, proceeds upward along the dorsum of the foot, passes through the anterior side of the medial malleolus, ascending to an area 8 cun above the medial malleolus, where it reaches across and behind the Spleen Meridian. Then it extends through the middle of the medial side of the thigh, curves around the external genitalia and ascends into the lower abdomen. It then ascends upward and curves around the stomach to enter the liver, its associated organ, connects with the gallbladder and branches out in the costal and hypochondriac region. Then it ascends along the posterior aspect of the throat and connects with the eye. Climbing further upward, it emerges from the forehead. One branch links with the Lung Meridian. (Fig.3-60 )

The Liver Meridian of Foot-Jueyin begins at the dorsal hairs of the great toe. Progressing upward along the dorsum of the foot, passing through a point 1 cun in front of the medial malleolus, it ascends to an area 8 cun above the medial malleolus, where it stretches across and behind the Spleen Meridian of Foot-TaiYin. Then it extends further upward to the medial side of the knee and along the medial side of the thigh to the pubic hair region, where it curves around the external genitalia and goes up to the lower abdomen. It then ascends and curves around the stomach to enter the liver, its associated organ, and connects with the gallbladder. It continues to ascend, passing through the diaphragm, and branching out in the costal and hypochondriac region. Then it ascends along the posterior aspect of the throat to the nasopharynx and connects with the “opthalmic system” (the area where the eyeball links with the brain). Traveling further upward, it emerges from the forehead and meets the GV at the vertex: it passes through the diaphragm and flows into the lung and links with the lung meridian of hand taiyin.

#### 3.1.12.3 Frequently Used Acupoints

Dadun(LR 1)

Jing-Well and Wood point

Location: On the lateral side of the dorsum of the big toe, 0.1 cun posterior to the corner of the base of the nail.

Layers of Dissection: Skin→subcutaneous tissue→nail root. The lateral dorsal nerve of the deep peroneal nerve and dorsal digital arteries and veins are in this area.

Indications: Hernia, pain in the lower abdomen, bed-wetting, urine retention, five types of strangury, hematuria, irregular menstruation, metrorrhagia, flaccid constriction of the penis, prolapse of the uterus, epilepsy, coma.

Needling: Shallow insertion or prick to bleed with a three–edged needle.

Commentary: Dadun(LR 1) is combined with Taichong(LR 3), Qihai(CV 6), Guilai(ST 29) and Ququan(LR 8) to treat acute testitis.

Taichong(LR 3)

Shu-Stream, Yuan-Source and Earth point

Location: On the dorsum of the foot, in the depression distal to junction of the first and second metatarsal bones. (Fig.3-61)

Layers of Dissection: Skin→subcutaneous tissue→between the tendon of extensor digitorum longus and extensor hallucis longus→lateral part of extensor hallucis brevis→dorsal interosseous Ⅰ. The dorsal venous rete of the foot and medial dorsal cutaneous nerve are in the superficial layer. The deep fibular nerve and dorsal metatarsal arteries and veins are in the deep layer.

Indications: Apoplexy, epilepsy, insanity, wind in children induced by fright, headache, dizziness, tinnitus, redness with pain and swelling of the eye, deviation of the mouth, pharyngeal pain, irregular menstruation, dysmenorrhea, amenorrhea, metrorrhagia, leukorrhea,icterus (jaundice), hypochondriac pain, abdominal distention, vomiting, retention of urine, bed-wetting, capsulitis of the big toe, numbness and pain of the lateral aspects of the lower extremities.

Needling: Perpendicular insertion 0.5-0.8 cun.

REFECVCE: When cholecystectomy patients were injected with morphine and Taichong (LR 3) was needled, the pressure in the biliary tract stopped increasing and rapidly decreased. Acupuncture on Taichong (LR 3) is more effective at relieving spasms of the sphincter of Oddi than Zusanli(ST 36) or Yanglingquan(GB34).

Xiguan(LR 7)

Location: 1 cun posterior to Yinlingquan(SP 9), in the depression inferior and posterior to the medial condyle of the tibia. (Fig.3-62)

Layers of Dissection: Skin→subcutaneous tissue→gastrocnemius. The medial crural cutaneous branches of the saphenous nerve and branches of the great saphenous vein are in the superficial layer. In the deep layer are the popliteal artery and veins and the tibial nerve.

Indications: Pain of the patella and knee, pain and numbness of the lateral aspects of the lower extremities.

Needling: Perpendicular insertion 1-1.5 cun.

Qimen(LR 14)

Alarm point of the Liver

Location: In the 6th intercostal space, below the nipple on the mamillary line. (Fig.3-63)

Layers of Dissection: Skin→subcutaneous tissue→inferior margin of pectoralis major→external obliques→external intercostals→internal intercostals. The lateral cutaneous branch of intercostal nerve Ⅵ and branches of the thoraco-epigastric veins are in the superficial layer. In the deep layer are intercostal nerve Ⅵ and branches of posterior intercostal artery and veins Ⅵ.

Indications: Chest and hypochondriac pain and fullness, vomiting, acid regurgitation, hiccups, abdominal distension, diarrhea, “Ben-tun” syndrome (“running piglet qi”), acute mastitis.

Needling: Oblique insertion 0.5-0.8 cun.

#### 3.1.12.4 Other Acupoints of the Meridian

Xingjian(LR 2) Moving Between

Ying-Spring and Fire point

On the dorsum of the foot, proximal to the margin of the web between the first and second toe.

Zhongfeng(LR 4 )

Jing-River and Metal point

On the ankle, anterior to the apex of the medial malleolus, in the depression medial to the tendon of tibialis anterior, between SP5 and ST41.

Ligou(LR 5)

Luo-Connecting point

5 cun above the apex of the medial malleolus, in the depression between the medial border of the tibia and the gastrocnemius.

Zhongdu(LR 6 )

Xi-Cleft point

7 cun above the medical malleolus beside the tibia.

Ququan(LR 8)

He-Sea and Water point

Superior to the medial end of the popliteal crease, in the depression anterior to the tendons of semitendinosus and semimembranosus, posterior to the medial condyle of the tibia, about 1 cun anterior to Yingu (KI 10).

Zhangmen(LR 13)

Alarm point of the Spleen

Influencial point of the Zang

crossing point of the LR and GB channels

Just anterior and inferior to the free end of the 11th rib.

## 3.2 The Eight Extra Meridians and Their Acupoints

### 3.2.1 Conception Vssel

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Conception Meridian:

Huiyin\*(RN1),Qugu(RN2),Zhongji\*(RN3),Guanyuan\*(RN4),Shimen(RN5), Qihai\*(RN6),Yinjiao(RN7),Shenque(RN8),Shuifen(RN9),Xiawan\*(RN10), Jianli(RN11),Zhongwan\*(RN12),Shangwan(RN13),Juque(RN14), Juiwei(RN15),Zhongting(RN16),Danzhong\*(RN17),Yutang(RN18), Zigong(RN19),Huagai(RN20),Xuanji(RN21),Tiantu\*(RN22), Lianquan\*(RN 23),Chengjiang(RN 24).

#### 3.2.1.1 General Information about the Meridian

This meridian has 24 acupoints, the first acupoint is HuiYin(CV 1) and the last is Chengjiang(CV 24). The primary indications include diseases of their relevant organs and tissues in abdomino-thoracic area.

#### 3.2.1.2 The Course of the Meridian

The conception vessel begins meridian starts from the inside of the lower abdomen and emerges from the perineum. It extends anteriorly to the pubic region and ascends along the anterior midline to the throat. Ascending further, it passes through the neck, face and enters the orbital region. (Fig.3-64)

The Conception vessel begins at the inside of the lower abdomen and emerges from the perineum. It goes anteriorly to the pubic region and ascends along the interior of the abdomen, passing through Guanyuan(CV 4) and other points to the throat. Ascending further, it curves around the lips, passes through the cheek and reaches the infraorbital region.

#### 3.2.1.3 Frequently Used Acupoints

Guanyuan(CV 4)

Alarm point of the Small Intestines

crossing point of Conception vessel with the SP, LR and KI meridians

Location: On the anterior midline of the lower abdomen, 3 cun below the umbilicus. (Fig.3-65)

Layers of Dissection: Skin→subcutaneous tissue→Linea alba of the abdomen→ transverse fascia→extraperitoneal adiposity→parietal peritoneum. The anterior cutaneous branch of the anterior branch of thoracic nerve Ⅻ and branches of the superficial epigastric artery and vein are in the superficial layer. In the deep layer are branches of the anterior branch of thoracic nerve Ⅻ.

Indications: Wind-Stroke prostration syndrome, diseases caused by visceral deficiencies, thinness and weakness, pain in the lower abdomen, hernia, diarrhea, dysentery, rectal prolapse, blood in the stool (hemafecia) five types of strangury, hematuria, urine retention, frequent micturition, nocturnal emissions, impotence, premature ejaculation, cloudy and turbid urine, irregular menstruation, dysmenorrhea, amenorrhea, metrorrhagia, leukorrhea, uterine prolapse, lochiorrhea (excessive discharge of afterbirth).

Needling: Perpendicular insertion 1-1.5 cun.

Commentary: This acupoint is chosen for moxibustion during the seasonal change between summer and fall to help people get used to the difference in the weather. It is contraindicated to needle this point during pregnancy. Modern research with urine retention patients who received acupuncture on Guanyuan (CV 4) demonstrated that the vesical sphincter would contract, and the pressure in the bladder would increase, when the needle was twirled(nian zhuan), in patients whose vesical nerves were intact; the sphincter would relax and the pressure would decrease when the twirling ceased. Acupuncture on this point had no effect on patients who were in the spinal shock stage and whose sacral nerves were injured. Qihai(CV 6) and this acupoint have tonifying effects and can be used for preventive health care maintenance.

Qihai(CV 6)

Location: On the anterior midline of the lower abdomen, 1.5 cun below the umbilicus. (Fig.3-65)

Layers of Dissection: Skin→subcutaneous tissue→Linea alba of the abdomen→ transverse fascia→extraperitoneal adiposity→parietal peritoneum. The anterior cutaneous branch of the anterior branch of thoracic nerve Ⅺ and the rete of the umbilicus are in the superficial layer. In the deep layer are branches of the anterior branch of thoracic nerve Ⅺ.

Indications: Collapse, thin, weak physique and constitution, zang-qi exhaustion, peri-umbilical pain, diarrhea, dysentery, constipation, dysuria, enuresis, nocturnal emissions, impotence, hernia, irregular menstruation, dysmenorrhea, amenorrhea, metrorrhagia, leukorrhea, prolapse of uterus, post-partum (puerperal) lochiorrhea, retention of afterbirth (lochiometra).

Needling: Perpendicular insertion 1-1.5 cun. Contraindicated during pregnancy.

Shenque(CV 8)

Location: The center of the umbilicus. (Fig.3-65)

Layers of Dissection: Skin→subcutaneous tissue→parietal peritoneum. The anterior cutaneous branch of the anterior branch of thoracic nerve Ⅹ and the rete of the umbilicus are in the superficial layer. In the deep layer are branches of the anterior branch of thoracic nerve Ⅹ.

Indications: Collapse, apoplexy, metrorrhagia, abdominal pain and/or distention, diarrhea, dysentery, rectal prolapse, edema, dysuria.

Needling: Indirect moxibustion with salt is frequently used on this point. It is a forbidden point due to its susceptibility to infection in ancient times.

Zhongwan(CV 12)

Front-Mu point of the Stomach

Influencial point of the Fu,crossing point of CV with the SI, TE and ST meridians

Location: On the anterior midline of the abdomen, 4 cun above the umbilicus. (Fig.3-65)

Layers of Dissection: Skin→subcutaneous tissue→Linea alba of the abdomen→ transverse fascia→extraperitoneal adiposity→parietal peritoneum. The anterior cutaneous branch of the anterior branch of thoracic nerve Ⅷ and branches of the superficial epigastric vein are in the superficial layer. In the deep layer are branches of the anterior branch of thoracic nerve Ⅷ.

Indications: Stomachache, abdominal distention, loss of appetite, vomiting, acid regurgitation, hiccups, malnutrition and indigestion syndrome in children, icterus (jaundice), insanity, hysteria.

Needling: Perpendicular insertion 1-1.5 cun.

Refecvce: Studies have shown that acupuncture on this point in healthy people can immediately strengthen stomach movements and open the pylorus. After needling, the cilii of the jejunal mucosa will be deepen and intensified. Acupuncture can also strengthen jejunal movement, especially in the upper portion.

Danzhong or Shanzhong(CV 17)

Alarm point of the Pericardium,Influential Point of the of the qi, Sea of the qi

crossing point for CV and the SP, KI, SI and TE meridians

Location: On the midline of the sternum, midway between the nipples, in the depression level with the 4th intercostal space. (Fig.3-65)

Layers of Dissection: Skin→subcutaneous tissue→Body of the sternum. The anterior cutaneous branch of intercostal nerve Ⅳ and perforating branches of the internal thoracic artery and veins are in this area.

Indications: Cough, dyspnea, chest oppression, precordial (in front of the heart) pain, dysphagia, hiccups, insufficient lactation, acute mastitis, breast nodules.

Needling: Perpendicular or transverse insertion 0.3-0.5 cun.

Tiantu(CV 22)

Location: In the center of the suprasternal fossa. (Fig.3-66)

Layers of Dissection: Skin→subcutaneous tissue→between the left and right tendon of the sternocleidomastoid→up the jugular notch of the sternal manubrium →left(right sternothyroid muscle→Pre-tracheal space. The medial supraclavicular nerves, platysma and jugular venous arch are in the superficial layer. The branchiocephalic trunk, left common carotid artery, arch of the aorta and the branchiocephalic vein are in the deep layer.

Indications: Cough, asthma, chest pain, sore throat, acute aphonia, goiter, globus hystericus, dysphagia.

Needling: First do a perpendicular insertion 0.2-0.3 cun, then redirect the needle tip inferiorly along the posterior aspect of the sternum for 1-1.5 cun.

Lianquan(CV 23)

Location: On the anterior midline of the neck, in the depression on the upper border of the hyoid bone. (Fig.3-66)

Layers of Dissection: Skin→subcutaneous tissue→between right and left digastric muscle→mylohyoid muscle→geniohyoid muscle→genioglossus. In the superficial layer are branches of the cervical branch of the facial nerve and superior branches of the transverse nerve of the neck. In the deep layer are branches of the lingual artery and vein and branches of the hypoglossal and mylohyoid nerve.

Indications: Post-apoplexy aphasia, acute aphonia, dysphagia (difficulty swallowing), flaccid tongue with aphasic salivation, pain in the tongue, erosion of the mucous membrane of the oral cavity, laryngitis.

Needling: Perpendicular insertion 0.5-0.8 cun.

Chengjiang(CV 24)

Location: Above the chin, in the center of the mentolabial groove. (Fig.3-66)

Layers of Dissection: Skin→subcutaneous tissue→orbicularis oris→ depressor muscle of the lower lip→mentalis muscle. The mental nerve (the last branch of the inferior alveolar nerve) and the mental artery and vein are in this area.

Indications: Deviation of the mouth, gingivitis, salivation, acute aphonia, insanity.

Needling: Oblique insertion 0.3-0.5 cun.

#### 3.2.1.4 Other Acupoints of the Meridian

Zhongji(CV 3 )

Alarm point of the Bladder

crossing point of CV with the SP, LR and KI meridians

On the midline of the lower abdomen, 4 cun below the umbilicus.

Shimen(CV 5)

Alarm point of TE

On the midline of the lower abdomen, 2 cun below the umbilicus.

Yinjiao( CV 7)

On the midline of the lower abdomen, 1 cun below the umbilicus.

Shuifen(CV 9)

On the midline of the abdomen, 1 cun above the umbilicus.

Xiawan(CV 10)

On the midline of the abdomen, 2 cun above the umbilicus.

Jianli(CV 11)

On the midline of the abdomen, 3 cun above the umbilicus.

Shangwan(CV 13)

On the midline of the abdomen, 5 cun above the umbilicus.

Juque(CV 14)

Alarm point of the hear.

On the midline of the abdomen, 6 cun above the umbilicus.

Jiuwei(CV 15)

Luo-conneting point

On the midline of the abdomen, 1 cun below the xyphoid process.

Xuanji(CV 21)

On the midline of the abdomen, 4 cun below the umbilicus. On the midline of the manubrium of the sternum, 1 cun below Tiantu (CV 22) between HuaGai (CV 20) and Tiantu (CV 22).

### 3.2.2 Governor Vessel

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Governor Meridian:

Changqiang\*(DU1),Yaoshu(DU2),Yaoyangguan\*(DU3),Mingmen\*(DU4), Xuanshu(DU5),Jizhong(DU6),Zhongshu(DU7),Jinsuo(DU8),Zhiyang(DU9), Lingtai(DU10),Shendao(DU11),Shenzhu(Du12),Taodao(Du13),Dazhui\*(DU14), Yamen(DU15),Fengfu\*(DU16),Naohu(DU17),Qiangjian(DU18),Houxiang(DU19), Baihui\*(DU20),Qianxiang(DU21),Xinhui(DU22),Shangxing\*(DU23), Shenting\*(DU 24),Suliao(DU 25),Shuigou\*(DU 26),Duiduan(DU 27),Yinjiao(DU 28).

#### 3.2.2.1 General Information about the Meridian

The governor vessel meridian has 28 acupoints, the first is Changqiang(GV 1), and the last is Yinjiao(GV 28). The primary indications include febrile diseases, coma, mental disorders and corresponding splanchnopathies (diseases of the abdominal viscera ).

#### 3.2.2.2 The Course of the Meridian

The governor vessel meridian arises from the lower abdomen and emerges from the perineum. Then it travels posteriorly along the interior of the spinal column to Fengfu(GV 16) at the nape, where it enters the brain. It further ascends to the vertex and curves along the forehead to the nasal column, finally reaches the frenulum.

The governor vessel arises from the lower abdomen and emerges from the perineum. Then it runs posteriorly along the interior of the spinal column to Fengfu(GV 16) at the nape, where it enters the brain. It further ascend to the vertex and winds along the forehead to the nasal column.

#### 3.2.2.3 Commonly used Acupoins

Yaoyangguan(GV 3)

Location: On the midline of the lower back, in the depression below the spinous process of the 4th lumbar vertebra (L4). (Fig.3-68)

Layers of Dissection: Skin→subcutaneous tissue→supraspinal ligaments→ interspinal ligament→ligamentum flava. The medial branch of the posterior branch of lumbar nerve Ⅳ and arteries and veins are in the superficial layer. The posterior external vertebral venous plexus, branches of the posterior branch of lumbar nerve Ⅳ and branches of the dorsal branch of the lumbar arteries and veins Ⅳ among the spinous processes are in the deep layer.

Indications: Pain in the lumbo-sacral and coccygeal area, paraplegia, irregular menstruation, leukorrhea with a red/white discharge, nocturnal emissions, impotence.

Needling: Perpendicular insertion 0.5-1 cun.

Mingmen(GV 4)

Location: On the midline of the lower back, in the depression below the spinous process of the 2nd lumbar vertebra (L2). (Fig.3-68)

Layers of Dissection: Skin→subcutaneous tissue→supraspinal ligaments→ interspinal ligament→ligamentum flava. The medial branch of the posterior branch of lumbar Ⅱ and arteries and veins are in the superficial layer. The posterior external vertebral venous plexus, branches of the posterior branch of lumbar nerve I and branches of the dorsal branch of lumbar arteries and veins I among the spinous processes are in the deep layer.

Indications: Pain an stiffness in the lumbar area, paraplegia, irregular menstruation, leucorrhea with a reddish discharge, dysmenorrhea, amenorrhea, sterility, nocturnal emissions, impotence, “jing leng or han/frigid semen” sterility/“bu yu”due to the decline of the life-gate fire, frequent micturition, cold pain in the lower abdomen, diarrhea.

Needling: Perpendicular insertion 0.5-1 cun.

Shenzhu(GV 12)

Location: On the midline of the upper back, in the depression below the spinous process of the 3rd thoracic vertebra (T3). (Fig.3-68)

Layers of Dissection: Skin→subcutaneous tissue→supraspinal ligaments→ Interspinal ligaments. The medial cutaneous branch of the posterior branch of thoracic nerve Ⅲ and arteries and veins are in the superficial layer. The posterior external vertebral venous plexus, branches of the posterior branch of thoracic nerve Ⅲ and branches of the dorsal branch of the posterior intercostal arteries and veins Ⅲ among the spinous processes are in the deep layer.

Indications: Fever, headache, cough, dyspnea, convulsions and syncope, epilepsy, insanity, pain and stiffness in the lumbar area, fasciitis of the muscles in neck and back.

Needling: Perpendicular insertion 0.5-1 cun.

Dazhui(GV 14)

crossing point of GV with the six yang channels of the hand and foot

Location: On the midline of the base of the neck, in the depression below the spinous process of the 7th cervical vertebra(C7). (Fig.3-68)

Layers of Dissection: Skin→subcutaneous tissue→supraspinal ligaments→ Interspinal ligaments. The medial branch of the posterior branch of cervical nerve Ⅷ and the cutaneous venous plexus among the spinous processes are in the superficial layer. The posterior external vertebral venous plexus and branches of the posterior branch of cervical nerve Ⅷ among the spinous processes are in the deep layer.

Indications: Fever, malaria, cough, dyspnea, tidal fever due to yin-deficiency, insanity, epilepsy, stiffness of the nape, pain and/or rigidity in the spinal column, rubella, acne.

Needling: Oblique insertion 0.5-1 cun upwards.

Commentary: Inflammatory studies on animal models have shown that acupuncture on Dazhui(GV 14) can prevent and/or resolve inflammations. When the inflammation was developing, acupuncture on Dazhui(GV 14) could delay and arrest the development of the inflammation. It is effective to needle Dazhui(GV 14) with Hegu(LI 4) and Zusanli(ST 36) to treat leukopenia caused by radiotherapy or chemotherapy. Also, this 3 points can treat tropical acidophil leukocyte hyperplasia.

Yamen(GV 15)

Location: On the midline at the nape of the neck, in the depression 0.5 cun inferior to Fengfu(GV 16), at the base of the external occipital protuberance. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→between the left and right tendons of the trapezius→nuchal ligament (between the left and right splenius muscle→between the left and right semispinal muscle). The occipital nerve Ⅲ and cutaneous veins are in the superficial layer. In the deep layer are branches of the posterior branch of cervical nerve Ⅱ and Ⅲ, the posterior external vertebral venous plexus and branches of the occipital artery and veins.

Indications: Acute aphonia, post-apoplectic aphasia, hyoid muscle paralysis, deaf and dumbness, insanity, epilepsy, hysteria, mental diseases, headache, neck rigidity.

Needling: The patient should sit and keep neck relaxed and head a bit forward. Insert 0.5-1 cun inferiorly towards the mandible. This acupoint is near the medulla oblongata, therefore, avoid deep insertions or lifting and thrusting (ti cha) the needle in large amplitudes. Moxibustion is forbidden in this acupoint. (Fig.46)

Fengfu(GV 16)

Point of the Sea of Marrow

Location: On the midline at the nape of the neck, in the depression 1 cun above the midpoint of the posterior hairline, immediately below the base of the external occipital protuberance. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→between the left and right tendons of the trapezius→nuchal ligament (between the heads of the left and right semispinalis capitis)→between the left and right major(minor posterior rectus capitis. There are branches of the greater occipital nerve, occipital nerve Ⅲ and branches of the occipital artery and veins in the superficial layer. In the deep layer are branches of the suboccipital nerve.

Indications: Apoplexy, insanity, epilepsy, hysteria, mental diseases, headache, vertigo, neck rigidity, sore throat, motor aphasia, eye pain, epistaxis, mental disorders.

Needling: Insert 0.5-1 cun inferiorly towards the mandible. The patient should sit and keep neck relaxed and head a bit forward.

Caution: Inserting the needle superiorly presents the danger of beaching the foramen magnum and puncturing the medulla oblongata. Moxibustion is contraindicated on this acupoint.

Baihui(GV 20)

Location: At the vertex of the head, 5 cun posterior to the midpoint of the anterior hairline and 7 cun directly above the midpoint of the posterior hairline, or directly above the apex of the auricles on the midline of the head. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→Galea aponeurotica→porous tissue under aponeurosis.　There are branches of the greater occipital nerve,　frontal nerve and rete composed of the left/right superficial temporal artery and veins in the area.

Indications: Dementia, apoplexy, aphasia, clonic convulsions, insomnia, amnesia, insanity, epilepsy, hysteria, mental diseases, head-wind, headache, dizziness, tinnitus, rectal and uterine prolapse, gastritis, nephroptosis (kidney prolapse), .

Needling: Transverse insertion 0.5-0.8 cun, forwards or backwards.

Shenting(GV 24)

Location: At the top of the head, 0.5 cun posterior to the midpoint the anterior hairline. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→between the right and left front bellies of occipito-frontalis→loose connective tissue under the aponeurosis. There are branches of the supratrochlear nerve, the frontal nerve and branches of the frontal artery and veins in the area.

Indications: Insanity, epilepsy, insomnia, palpitations, mental diseases, headache, dizziness, redness with swelling of the eye, corneal cloudiness, rhinorrhea, epistaxis.

Needling: Transverse insertion 0.5-1 cun.

Yintang(EX-HT3)

Location: At the midpoint of the medial extremities of the eyebrows(Fig.85).

Layers of Dissection: Skin→subcutaneous tissue→m.procerus. There are branches of the supratrochlear nerve, the frontal arteries and branches of the frontal arteries and veins in the area.

Indications: Dementia, epilepsy, insominia, amnesia, and other mental disease, headache, dizziness; epistaxis, rihinorrhea,; wind in children include by fright , puerperal syncope, eclampsia gravidarum(puerperal coma and convulsions).

Needling:

Suliao(GV 25)

Location: On the midline at the tip of the nose. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→cartilage of the nasal septum and the lateral nasal cartilage. Lateral nasal branches of the anterior ethmoidal nerve, lateral (dorsal) branches of the nose and the facial artery and vein are in this area.

Indications: Coma, convulsion and syncope, neonatal asphyxia, shock, respiratory failure, rhinorrhea, epistaxis.

Needling: Oblique insertion 0.3-0.5 cun upwards.

Shuigou / Renzhong(GV 26)

Location: On the midline above the upper lip, at the junction of lower two thirds and the upper 1/3 of the philtrum. (Fig.3-69)

Layers of Dissection: Skin→subcutaneous tissue→Orbicularis oris. There are branches of the infraorbital nerve and superior labial artery and vein in this area.

Indications: Coma, syncope, apoplexy, sunstroke, shock, respiratory failure, hysteria, insanity, epilepsy, mental diseases, nasal obstruction, epistaxis, facial edema, deviation of the mouth, toothache, trismus, acute lumbar muscle sprain.

Needling: Oblique insertion 0.3-0.5 cun superiorly, or use acupressure to stimulate this point with the fingernail.

#### 3.2.2.4 Other Acupoints of the Meridian

Changqiang(GV 1 )

Luo-Connecting

On the posterior midline , below the tip of the coccyx, in the kneeling or knee-chest position, the middle point between coccyx and anus.

Yaoshu(GV 2 )

On the posterior midline ,in the middle of the sacro-coccygeal hiatus.

Xuanshu(GV 5)

On the midline of the lower back, in the depression below the spinous process of the 1st lumbar vertebra (L1).

Jizhong(GV 6)

On the midline of the lower back, in the depression below the spinous process of the 11th thoracic vertebra(T11).

Zhongshu(GV 7)

On the midline of the lower back, in the depression below the spinous process of the 10th thoracic vertebra(T10).

Jingsuo(GV 8)

On the midline of the lower back, in the depression below the spinous process of the 9th thoracic vertebra(T9).

Zhiyang(GV 9)

On the midline of the lower back, in the depression below the spinous process of the 7th thoracic vertebra(T7).

Lingtai(GV 10 )

On the midline of the lower back, in the depression below the spinous process of the 6th thoracic vertebra(T6).

Shendao(GV 11 )

On the midline of the lower back, in the depression below the spinous process of the 5th thoracic vertebra(T5).

Taodao (GV 13 )

On the midline of the lower back, in the depression below the spinous process of the 1st thoracic vertebra(T1).

Naohu(GV 17)

On the back of the head, 2.5 cun above the middle of the posterior hairline, 1.5 cun above Fengfu(GV16).

Qiangjian(GV 18 )

On the back of the head, 4 cun superior the middle of the posterior hairline. 1.5 cun above Naohu(GV17).

Qianding(GV 21)

At the top of the head, 5 cun posterior to the midline of the anterior hairline, 1.5 cun anterior to GV20.

Shangxing(GV 23)

At the top of the head, One cun posterior to the midline of the anterior hairline.

Duihuan(GV27)

On the anterior midline, at the tip of the upper lip, at the junction between the skin below the philtrum and the upper lip.

Yinjiao(GV 28 )

Inside the mouth, in the superior frenulum, at the junction of the upper lip and gum.

### 3.2.3 The Thoroughfare Vessel

#### 3.2.3.1 The course of the meridian

The thoroughfare vessel meridian originates from the interior of the lower abdomen, descends and emerges at the perineum, ascends and extends inside the vertebral column ,while its superfi¬cial portion passes through the region of Qichong (ST 30) where it separates into two tracts witch co¬incides with the Kidney Meridian of Foot-Shaoyin, running along both sides of the ab¬domen , throat , and curving around the lips .

#### 3.2.3.2 Main disorders of the meridian

Adverseness of qi and rigidity of the abdominal area.

#### 3.2.3.3 The coalescent points

Huiyin (CV 1), Yinjiao (CV 7), Qichong (ST 30), Hegu (KIll), Dahe (KI 12), Qixue (KI 13), Siman (KI 14), Zhongzhu (KI 15), Huangshu (KI 16), Shangqu (KI 17), Shiguan (KI 18), Yindu (KI 19), Futonggu (KI 20) and Youmen (KI 21).

### 3.2.4 The Belt Vessel

#### 3.2.4.1 The course of the meridian

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

#### 3.2.4.2 Main disorders of the meridian

Abdominal fullness, cold sensation of the waist like sitting in cold water.

#### 3.2.4.3 The coalescent points

Daimai (GB 26), Wushu (GB 27), and Weidao (GB 28)

### 3.2.5 The Yin link Vessel

#### 3.2.5.1 The course of the meridian

The Yin link Vessel meridian originates from the medial aspect of the leg , ascends along the medial aspect of the thigh to the abdomen ,communicates with the Spleen Meridian of Foot-Taiyin ,passes along the chest, communicates with the CV at the neck.

#### 3.2.5.2 Main disorders of the meridian

Cardiac pain and melancholia.

#### 3.2.5.3 The coalescent points

Zhubin (KI 9), Fushe (SP 13), Daheng (SP 15), Fuai(SP 16), Qimen (LR 14), Tiantu (CV 22), and Lianquan (CV 23).

### 3.2.6 The Yang Link Vessel

#### 3.2.6.1 The course of the meridian

The Yang Link Vessel meridian originates from the lateral side of the heel, emerges from the external malleo¬lus, ascends along the Gallbladder Meridian of Foot-Shaoyang to the hip region, along the posterior aspect of the hypochondriac and costal regions, posterior aspect of the axilla the shoulder, the forehead, turns backward to the back of the neck, where it communicates with the GV.

#### 3.2.6.2 Main disorders of the meridian

Aversion to cold with fever and lumbago.

#### 3.2.6.3 The coalescent points

Jinmen (BL 63), Yangjiao (GB 35), Naoshu (SI 10), Tianliao (TE 15), Jianjing (GB 21), Touwei (ST 8), 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).

### 3.2.7 The Yin Heel Vessel

#### 3.2.7.1 The course of the meridian

The Yin Heel Vessel meridian originates from the posterior aspect of the navicular bone, ascends to the upper portion of the medial malleolus, extends along the posterior border of the medial aspect of the thigh, external genitalia, ascends further along the chest, supraclavicular fossa, proceeding further upwards lateral to the Adam's apple in front of Renying (ST 9), along the zygoma, until it reaches the inner canthus and communicates with the YangHV.

#### 3.2.7.2 Main disorders of the meridian

Somnolence, dysuria.

#### 3.2.7.3The coalescent points

Zhaohai (KI 6), Jiaoxin (KI 8), and Jingming (BL 1).

### 3.2.8 The Yang Heel Vessel

#### 3.2.8.1 The course of the meridian

The Yang Heel Vessel meridian originates from the lateral side of the heel, ascends along the external malleolus passing the posterior border of the fibula, extends along the lateral aspect of the thigh posterior aspect of the hypochondrium posterior axillary cruves over the shoulder, ascends along the neck, corner of the mouth enters the inner canthus to communicate with the Yinqiao Meridian proceeds further upwards along the Bladder Meridi¬an of Foot-Taiyang to the forehead, meeting the Gallbladder Meridian of Foot¬Shaoyang at Fengchi (GB 20).

#### 3.2.8.2 Main disorders of the meridian

Eye pain starting from the inner canthus, insomnia.

#### 3.2.8.3 The coalescent points

Shenmai (BL 62), Pushen (BL 61), Fuyang (BL 59), Juliao (GB 29), Naoshu (SI 10), Jianyu (LI 15), Jugu (LI 16), Tianliao (TE 15), Jingming (BL 1).

## 3.3 The Frequently Used Extraordinary Acupoints

Extra points refer to empirical points which do not belong to the fourteen meridians. There are numerous records of the extra points in the past times. For instance, there are more than 187 extra points in Qian Jin Fang (Prescription worth a Thousand Gold ) alone, which was written in the Tang Dynasty. Among these kinds of points, some are not located on the courses of fourteen meridians; some are difficult to be categorized into one of the fourteen meridians due to there special sites or the characters that formed by several points under a term; some are extremely difficult to distinguish form the fourteen meridian points because of their location on the courses of the fourteen meridians.

***Content of courses:***

1, the pathways of the fourteen meridians

2, the locations, indications and manipulations of the acupoints on the fourteen meridians and the extraordinary points commonly used

Extraordinary acupoint:

Area of head and neck:

Sishencong\*(EX-HN1),Yuyao\*(EX-HN2),Shangming(EX-HN3),Taiyang\*(EX-HN4), Qiuhou(EX-HN5),Bitong(EX-HN6),Jinjing\*(EX-HN7),Yuye(EX-HN8), Jiachengjiang(EX-HN9),Qianzheng\* (EX-HN10),Yiming(EX-HN11),Anmian\*.

Trunk area:

Sanjiaojiu\*,Tituo\*,Zigongxue\*(EX-CA1),Dingchuanxue(EX-B1),Jiaji\*(EX-B2),Pigen, Yaoyan\*(EX-B7).

Area of four limbs:

Shixuan\*(EX-UE11),Sifeng\*(EX-UE10),Zhongkui(EX-UE4),Baxie\*(EX-UE9), Laozhenxue\*,Yaotongdian\*(EX-UE7),Erbai(EX-UE2),Zhoujian(EX-UE1),Huanzhong, Baichongwo(EX-LE3),Heding(EX-LE2),Xiyan\*(EX-LE5),Dannang\*(EX-LE6), Lanwei(EX-LE7),Bafeng(EX-LE10).

### 3.3.1 Acupoints of the Head and Neck (EX-HN)

Extra points refer to the empirical points which do not belong to the fourteen meridians. There are numerous records of extra points in the past times. For instance, there are more than 187 extra points in Qian Jin Fang (Prescriptions worth a Thousand Gold) alone, which was written in the Tang Dynasty. Among these kinds of points, some are not located on the courses of fourteen meridians; some are difficult to be categorized into one of the fourteen meridians due to their special sites or the characters that formed by several points under a term; some are extremely difficult to distinguish form the fourteen meridian points because of their location on the courses of the fourteen meridians.

Sishencong(EX-HN1)

Location: 4 points in all, grouped around Baihui (GV20), 1 cun anterior, posterior and lateral to it. (Fig.3-70)

Indications: Headache, dizziness, insomnia, amnesia, epilepsy, eye diseases.

Needling: Transverse insertion 0.5-0.8 cu

Yintang(EX-HN3)

Location: At the midpoint of the medial extremities of the eyebrows. (Fig.3-71)

Indications: Dementia, epilepsy, insomnia, amnesia, mental diseases, headache, dizziness, epistaxis, rhinorrhea, wind in children induced by fright, puerperal syncope, eclampsia gravidarum (puerperal coma and convulsions).

Needling: Transverse insertion 0.3-0.5 cun, downwards.

Yuyao(EX-HN4)

Location: At the midpoint of the eyebrow. (Fig.3-71)

Indications: Eyelid twitching, redness with swelling and pain of the eye, pytosis of the eyelid, corneal cloudiness, deviation of the eye and mouth.

Needling: Transverse insertion 0.4-0.6 cun towards the medial or lateral extremity.

Taiyang(EX-HN5)

Location: At the temple, in the depression about 1 cun posterior to the midpoint between the lateral end of the eyebrow and the outer canthus. (Fig.3-72)

Indications: Headache, eye diseases, facial paralysis.

Needling: Oblique insertion 0.3-0.5 cun inferiorly.

Erjian(EX-HN6)

Location: When you fold the auricle forward, this point lies at the apex of the ear. (Fig.49)

Indication: Eye diseases, headache, sore throat.

Needling: Perpendicular insertion 0.1-0.2 cun, or prick to bleed with a three-edged needle.

Qiuhou(EX-HN7)

Location: Along the inferior border of the orbit, at the junction of the lateral 1/4 and medial 3/4 's of the infraorbital margin. (Fig.3-71)

Indications: Eye diseases.

Needling: Push and fix the eyeball to the medial side of the orbit with your left thumb, slowly insert the needle 0.5-1.5 cun along the inferior side of the orbit.

Note: To avoid bleeding after withdrawing the needle, pressure should be applied to the acupoint for 1-3 minutes.

Shangyingxiang or Bitong(EX-HN8)

Location: In the depression at the highest point of the nasolabial groove. (Fig.3-71)

Indications: Rhinorrhea, nasal??furuncle.

Needling: Oblique insertion 0.3-0.5 cun towards the upper and medial side.

Jingbailao(EX-HN 15)

Location: 2 cun directly above Dazhui(GV 14), 1 cun lateral to the posterior midline. (Fig.50)

Indications: Asthma, whooping cough, stiff neck, fasciitis of the muscles in the neck and back, cervical spondylopathy, cervical lymphadenovarix (filariasis), neurosis.

Needling: Perpendicular insertion 0.5-1 cun.

### 3.3.2 ACUPOINTS OF THE BACK (EX-B)

Dingchuan(EX-B1)

Location: 0.5 cun lateral to Dazhui(GV 14). (Fig.3-73)

Indications: Asthma, cough, pain in shoulder and back, stiff neck.

Needling: Perpendicular insertion 0.5-0.8 cun.

Huatuojiaji(EX-B2)

Location: 0.5 cun lateral to the lower border the spinous process from the 1st thoracic vertebra (T1-T12) to the 5th lumbar vertebra (L1-5). One point on each side of the vertebra. There are 34 points in all. (Fig.3-73)

Indications: The points on the upper portion of the chest can be used to treat diseases of the lung and upper limbs (T1-4) heart diseases (T4-7); the points on the lower portion of the chest, gastrointestinal diseases (T7-10 LR/GB diseases; T10-12 SP(ST disorders); points on the lumbar region, diseases in the lumbar and abdominal regions (L1&2 kidneys; L3-5 bladder, large and small intestines, uterus) and diseases of the lower limbs. All points can treat diseases in their local area.

Needling: Perpendicular insertion 0.3-0.5 cun, or prick to bleed with a three-edged needle.

Yaoyan(EX-B7)

Location: In the depression 3-4 cun lateral to the lower border of the spinous process of the 4th lumbar vertebra(L4). (Fig.3-73)

Indication: Lumbago, irregular menstruation, leukorrhea, diseases due to visceral deficiencies.

Needling: Perpendicular insertion 1-1.5 cun.

Shiqizhui(EX-B8)

Location: Depression below the spinous process of the 5th lumbar vertebra(L5). (Fig.3-73)

Indications: Pain in the waist and lower extremities, paralysis of the lower extremity, metrorrhagia, irregular menstruation, dysuria.

Needling: Perpendicular insertion 0.5-1 cun.

### 3.3.3 Acupoints of the Upper Extremities (EX-UE)

Wailaogong or Laozhen and Luozhen(EX-UE8)

Location: On the dorsum of the hand, in the depression between the second and third metacarpo- phalangeal joint, 0.5 cun posterior to the joint. (Fig.3-74)

Indications: Stiff neck, aching of the hand and arm, neonatal tetanus.

Needling: Perpendicular insertion 0.5-0.8 cun.

Baxie(EX-UE9)

Location: In the depressions between the metacarpal heads, at the junction of the red and white skin proximal to the webs. There are 4 points on each hand.

Indications: Numbness of the fingers, swelling and numbness of the dorsum of the hand, fever accompanied with restlessness, eye pain, snake-bite.

Needling: Oblique insertion 0.5-0.8 cun towards the area between the metacarpals or prick to bleed.

Sifeng(EX-UE10)

Location: On the palmar surface, at the midpoints of the transverse creases of the proximal interphalangeal joints of the index, middle, ring and little fingers. Each hand has 4 points.

Indications: Malnutrition and indigestion syndrome in children, whooping cough.

Needling: After needling superficially, express some yellowish, viscous fluid.

Shixuan(EX-UE11)

Location: On the tips of each finger, about 0.1 cun from the nail. There are five points on each hand.

Indications: Coma, epilepsy, fever, sore throat, numbness of the fingers.

Needling: Prick to bleed with a three-edged needle.

### 3.3.4 Acupoints of the Lower Extremities (EX-LE)

Xiyan(EX-LE5)

Location: On the knee, in the depressions below the patella and bilateral to the patella ligament, when knee is bent. Each knee has 2 points, the lateral one is called WaiXiyan aka Dubi(ST35) and medial one NeiXiyan.

Indications: Knee pain, leg pain, beriberi.

Needling: Oblique insertion 0.5-1 cun toward the center of the knee or towards the opposite Xiyan.

Dannang(EX-LE6)

Location: 1~2 cun distal to Yanglingquan(GB34).

Indications: Acute or chronic cholecystitis, cholelithiasis, biliary ascariasis, anterior compartment syndrome, paraplegia.

Needling: Perpendicular insertion 1-2 cun.

Lanwei(EX-LE7)

Location: About 2 cun below Zusanli(ST36).

Indications: Acute or chronic appendicitis, dyspepsia, paraplegia.

Needling: Perpendicular insertion 1.5-2 cun.

Neihuaijian(EX-LE8)

Location: On the tip of the medial malleolus.

Indications: Toothache, tonsillitis, children aphasia, diseases characterized by acute diarrhea and vomiting, spasm.

Needling: Moxibustion. Acupuncture is contraindicated.

Bafeng(EX-LE10)

Location: On the dorsum of the foot, at the junction of the red and white skin proximal to the margins between the five toes. There are 4 points on each foot.

Indications: Swelling and pain of the dorsum of the foot, toe pain, snake-bite, beriberi.

Needling: Oblique insertion 0.5-0.8cun, upwards.