

# Atlas of Acupuncturology



Jaung-Geng Lin  
Editor

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## Preface

Acupuncture has been rising in popularity once again, nearly half a century since its international boom in the 1970s. Its research and clinical applications have been developing rapidly internationally. According to “WHO Traditional Medicine Strategy 2014-2023”, there are 103 countries that have acknowledged usage of acupuncture, 29 countries with regulations in acupuncture for providers, and 18 countries with health insurance coverage for acupuncture. With this rise in use of acupuncture, there is a need for rigorous academic acupuncture textbooks to be provided to international scholars and researchers.

Professor Jaung-Geng Lin was the first to receive a PhD in Acupuncture Science in Taiwan. With 40 years of clinical experience in acupuncture, he is internationally renowned for his clinical expertise and impact. He has engaged in academic research for acupuncture for over half a century. In particular, his leading research in the safety depth of acupuncture has made him a top leader in the international acupuncture field. Since 2012, Dr. Lin has been recognized as an expert by the WHO and UNESCO, often invited to share his expertise in acupuncture at important international academic conferences.

This textbook aims to provide an academic perspective of acupuncture based in modern medical mechanisms. Professor Lin organized a transnational team of acupuncture research associates prior to completing this work. This book’s chapters include a brief history of acupuncture, the mechanism and effect of acupuncture in the nervous system, including sleep disorders, analgesia, addiction, depression, cognitive deficits, itch, stroke, peripheral nerve regeneration, and other important clinical issues, as well as the effects of acupuncture in diabetes mellitus gastrointestinal function. They also discuss the mechanism of acupuncture techniques including electroacupuncture, laser acupuncture, and moxibustion.

Professor Lin was my acupuncture teacher during my MD and PhD program. For more than 30 years, I have admired his contribution to acupuncture research and

education. I am honored to be able to recommend *Experimental Acupuncture*, and look forward to see more of his great works published in the future.

Director of National Research Institute of Chinese Medicine,  
Ministry of Health and Welfare, Taipei, Taiwan

Yi-Chang Su

## The enhancement of Taiwan's international status in acupuncture medicine

Professor Jaung-Geng Lin is a legendary figure with enormous influence in the history of "acupuncture medicine" in Taiwan. In November 2005, I was appointed board member of China Medical University and had the good fortune to work with fellow board member Jaung-Geng Lin. Professor Lin lived a rural childhood in Xiushui Township, Changhua. Although his family was poor, he did not fear hardship and performed his schooling and various tasks in life with diligence and determination. He devoted his life to researching acupuncture and moxibustion, focusing especially on the scientific field of "acupuncture analgesia", in which he has set several world records that have been affirmed and respected by the international academic community.

The World Health Organization (WHO) has recognized the clinical efficacy of traditional Chinese acupuncture, which has emerged to be the most successful area of internationalization of Chinese medicine in Taiwan. China Medical University began as Taiwan's first acupuncture medical education and clinical research university, with a complete acupuncture medical research team. As the global leader in Chinese acupuncture academia, China Medical University is best placed to lead worldwide learning and clinical use of acupuncture.

Professor Jaung-Geng Lin has always been considered to be a shining alumnus amongst all medical graduates in Taiwan. This is recognized by his award of Outstanding Alumnus by China Medical University in 1999. Ever since qualifying with certification to practice both traditional Chinese medicine (TCM) and Western medicine, Professor Jaung-Geng Lin has been engaged in medical teaching and clinical research in TCM. Crucially, he has spearheaded Taiwan's global medical diplomacy in TCM and acupuncture. He has served as an adjunct professor at National Taiwan University, a national policy advisor to the Presidential Office, the President of the International Society of Oriental Medicine (ISOM) and is currently the Honorary Chairman of the National Union of Chinese Medical Doctors' Association, R.O.C.

Professor Jaung-Geng Lin has profound knowledge of both Chinese and Western medicine. On many occasions, he has broken through tradition, using modern Western medical methods to study the analgesic effects of TCM and acupuncture. He is the first in the history of medicine to use cadavers and computer tomography scanning to explore safe needling depths at acupuncture points, which has enriched the scientific basis of acupuncture. Not only has the safety of acupuncture needling been greatly improved, but this research has also made a major contribution to the promotion of human health. Professor Jaung-Geng Lin is internationally known as the "Father of safe needling depths of acupuncture", and his acupuncture research is ranked number one in the Chinese world. He is also recognized for pioneering the now widely-used research model of integrated Chinese and Western medicine diagnosis and treatment.

Crucially, Professor Jaung-Geng Lin willingly promotes his outstanding achievements in scientific research of TCM and acupuncture to the world. After Taiwan's withdrawal of membership from the United Nations, he was the first and only expert invited to attend a meeting hosted by United Nations Educational, Scientific and Cultural Organization (UNESCO). This is not only Professor Jaung-Geng Lin's supreme honor, but also a source of glory and pride for Taiwan.

Besides devoting his research endeavors to the study of safe needling depths of acupuncture points, Professor Jaung-Geng Lin has also attached great importance to the education of TCM and the inheritance of clinical experience. To date, he has authored 52 books, including *A Comparative Dictionary of Chinese and Western Medical Disease Names*, which is available in libraries worldwide and is deemed by UNESCO to be an important database.

Professor Jaung-Geng Lin's recent contribution, the *Newly edited color book of acupuncture and moxibustion*, serves as another important textbook on acupuncture practice in Taiwan. This work inherits wisdom from the ancestors of acupuncture that will be passed on to the next generation. Professor Lin's research of acupuncture analgesia (basic research and evaluations of clinical efficacy) has also attracted the attention of *Nature's* publishing group, who subsequently invited Professor Jaung-Geng

Lin to edit the book *Experimental Acupuncturology*, an English-language book of experimental acupuncture.

Acupuncture medicine spans ancient and modern times, and is now practiced in more than 140 countries around the world. In order to further promote acupuncture medicine and educate all students of acupuncture, Professor Jaung-Geng Lin and his acupuncture team have completed an English version of the *Newly edited color book of acupuncture and moxibustion*. The content is based mainly on modern medical research and theory; it also refers to *A Comparative Dictionary of Chinese and Western Medical Disease Names* edited by Jaung-Geng Lin, as well as other Chinese and Western medicine monographs. Chinese and Western medicine etiologies and pathogeneses are cross-referenced, providing readers with centuries of wisdom about acupuncture theory and clinical learning. This book is an essential tool book for acupuncture learners.

The English version of the *Newly edited color book of acupuncture and moxibustion* is an excellent teaching tool that can be used to promote the scientific field of acupuncture and moxibustion in Taiwan, adding greatly to Taiwan's international status in acupuncture research. This book adds to the glory of our university. As his colleague, I pay my highest respects and gratitude to Professor Jaung-Geng Lin.

President of China Medical University  
Academician of Academia Sinica

Mien-Chie Hung

June 2020



## Preface

Acupuncture originated in China over two millennia ago. It is a unique therapy derived by traditional Chinese medicine experts from thousands of years of clinical practice. It is also an eminent medical treatment in the meridian system. In 2010, the UNESCO of the United Nations defined it as an “intangible cultural heritage of humanity.” Due to its curative effect, acupuncture is now widely appreciated and researched in our modern era.

Professor Jaung-Geng Lin is an experienced medical doctor specializing in both traditional Chinese medicine and Western medicine. Professor Lin published a colossal number of academic publications, such as *A Comparative Dictionary of Chinese and Western Medical Disease* and *A Review of the History and Practice of the Needling Depth of Acupoints*. Coupled with a strong professional experience in both Chinese and Western medicine, Professor Lin had contributed lifelong efforts to upgrade the level of expertise in clinical acupuncture and research including acupuncture analgesia, needling depth for acupoints, as well as the comparison and contrasts of old and new records of medical canons. During his course of teaching acupuncture, Professor Lin noticed the scarcity of a balanced theoretical combination of traditional Chinese medicine and Western medicine. Therefore, Professor Lin amalgamated his knowledge in Sino-Western medical theories, decades-long clinical experience, research outcomes of animal experiments and clinical evaluations, and coupled with references of scholarly articles, he published *A Newly Edited Color Book of Acupuncture and Moxibustion* in 2009. This book is an influential textbook for students in acupuncture from both the academic fields of traditional Chinese medicine and Western medicine.

In our university, the number of international students demanding for English-language teaching medium has been increasing proportionately over the years. Realizing this, Professor Lin published his two books, *Newly Edited Color Book of Acupuncture and Moxibustion* and *A Comparative Dictionary of Chinese and Western Medical Disease Names*. After many years of research, he finally published *A New*

*Illustrated Edition on Acupunctureology*. This book consists of an introductory chapter, an overview of meridian and collateral, individual acupoints, treating illnesses, and so on. Envisioning this book to be an English-language textbook for students in College of Chinese Medicine, the content is simple and straightforward. I firmly believe that this book will soon offer worldwide view for readers. Therefore, I strongly recommend this book.

Chancellor, China Medical University in Taichung, Taiwan

Wen-Hwa Lee, Ph.D.

## Preface

This book is based on a book that I compiled – Newly Edited Color Book of Acupuncture and Moxibustion. It mainly integrates modern medicine study with theory. The goal of writing this book is to provide readers with modern acupuncture and moxibustion theory and methods for good clinical practice. It is indeed an essential reference book for acupuncture and moxibustion learners.

This book consists of four sections:

1. The first section, Introduction, defines acupuncture and moxibustion, their characteristics and effects, and traces the origin of acupuncture and moxibustion medicine.
2. The second section, Overview of Meridian and Collateral, depicts the channel system and theory, and gives a detailed analysis of its physiological functions, pathological reactions, and application to diagnostics and therapeutics.
3. The third section, Individual Acupoints, defines an acupuncture point and its effect, and carefully examines the locations of acupuncture points over the whole body, the important acupuncture points on fourteen channels, and the intersection points on channel vessels. This section also carefully depicts the clinical selection of points.
4. The fourth section, On Treating Illnesses, divides disease treatment into five areas: disease causes, pathomechanisms, diagnosis, treatment with a brief explanation of the formula, and cautions. The disease names are classified according to the 11 body systems: The fourth section, On Treating Illnesses, divides disease treatment into five areas: disease causes, pathomechanisms, diagnosis, treatment with a brief explanation of the formula, and cautions. The disease names are classified according to the 11 body systems: Illnesses of the Nervous System, Musculoskeletal system illnesses, Respiratory system illnesses, Heart and circulatory system illnesses, Gastrointestinal System

Illnesses, Illnesses of the Hepatobiliary System, Illnesses of the urinary and reproductive systems, Gynecological illnesses, Sense organ illnesses, Integumentary system illnesses, and Pediatric illnesses. They predominantly focus on modern medicine. Works on Chinese/Western medicine under my name, including *A Comparative Dictionary of Chinese and Western Medical Disease Names*, are referenced in the classification of the disease names. A Chinese/Western medical pathomechanism is added to provide a comparative reference. Diagnosis relies mainly on the pattern identification of Chinese medicine. The channel point features heavily in treatment, while other usable treatments, such as acupuncture and moxibustion, are introduced. Additionally, an explanation of the formula is also added to give readers a better understanding of the principles behind the treatment and selection of points.

Here, I would like to thank Yu-Chen Lee, Director of the Department of Acupuncture and Moxibustion, China Medical University, and Professor Yi-Hung Chen at the Graduate Institute of Acupuncture Science, China Medical University, who co-authored this book, Iona MacDonald who proofread the English translation, and Pei-Chi Yang at the Department of Medical Research at the China Medical University Hospital. My sincere thanks also go to Jih-Hwa Guh, Director of the National Research Institute of Chinese Medicine, Ministry of Health and Welfare, and Wen-Hwa Lee, President of China Medical University, who wrote the preface for this book. In order to carry on the legacy of traditional Chinese medicine, I have ventured, despite my limited ability, to complete the *Atlas of Acupuncture and Moxibustion (New Version)*. If there are any omissions or mistakes, I hope that experts and intellectuals at home and abroad will be generous with their criticism, and that due revisions will be made in the second edition.

Jaung-Geng Lin

## Professor Jaung-Geng Lin's Profile

Professor Jaung-Geng Lin was presently a full-time chair professor at the China Medical University. A licensed M.D. and C.M.D., he is the first Taiwanese doctoral-degree holder in Acupuncture of Chinese Medicine and also the first Professor of Chinese medicine approved by the Ministry of Education R.O.C. Professor Lin has profound academic attainments in both Chinese and Western medicine, including evidence-based medicine, acupuncture analgesia, and the safe needling depth of acupoints. A prolific scholar, he has written a total of 51 books including many eminent works and published 429 articles, of which 235 are included in the SCI (Science Citation Index).



In addition to the clinical study of acupuncture medicine, Dr. Lin is committed to the study and compilation of historical Chinese medicine works. He completed *The History of Acupuncture and Moxibustion*, *The History of Chinese Medicine in Taiwan*, *The General History of Chinese Medicine (Ancient)*, and *The General History of Chinese Medicine (Relics and Atlas)*. In 1980, Dr. Lin treated and cured a Saudi Arabian senior official with acupuncture, which won him the deep trust of Saudi Arabia. Dr. Lin received the Golden Robe Award in Saudi Arabia, which is the country's highest distinction. In 1989, the American Historical Association honored Dr. Lin by naming him one of their Men of Achievement. In 1990, he received a prize for academic contribution from the President of the Republic of El Salvador, Alfredo Cristiani. In 1991, the International Biographical Centre of Cambridge, England, included him in *The International Scholar Directory*. In 1993, the then President of the R.O.C, Teng-Hui Li, offered the Presidential Culture Award to him. In 2003, Dr. Lin was awarded the highest honor of the R.O.C., for his "Excellence in Traditional Chinese Medicine" (No. 09200-120670 of Hua-Zong II Rong Zi Di (華總二榮字第), July 11, 2003) in

recognition of Dr. Jaung-Geng Lin's great contribution to the academic development and enhancement of Traditional Chinese medicine by former President Shui-Bian Chen. In 2004, Dr. Lin was awarded the Member of Honour of the Romanian Academy of Medical Science; and an Honorary Doctorate by the Vasile Goldiș Western University of Arad, Romania.

Dr. Lin experienced positions in the following organizations and institutions: Chairman of the National Chinese Medicine Doctor Association, R.O.C. the presidential office as the Counselor for National Policy; Professor of the College of Medicine at National Taiwan University; Dean of the Research Center of Acupuncture and Moxibustion at China Medical University, and director of the China Medical Research Institute at China Medical University. He has been a visiting professor at the following institutions: the Complutense University of Madrid, Victoria University, Australia, the Royal Melbourne Institute of Technology, and Guangzhou University of Chinese Medicine. He has also been an honorary fellow at the Romanian Academy; President of the 14<sup>th</sup> International Society of Oriental Medicine, and a visiting professor and honorary fellow at other domestic and foreign universities. In 2008, he was invited to be the main guest speaker at the Annual Conference on Complementary and Alternative Medicine co-sponsored by the University of Chicago and the Mayo clinic. Dr. Lin has been a frequent guest at UN-sponsored conferences in recent years, including the 2009 WHO-organized conference held in Milan on the Principles of Traditional Medicine and Evidence-Based Medicine; the 2012 WHO-organized workshop held in Hong Kong on the Implementation of the Regional Strategy for Traditional Medicine in the Western Pacific 2011-2020.

In 2013, Dr. Lin was employed by the UNESCO (United Nations Educational, Scientific and Cultural Organization) as an expert of the WFCMS and providing advisor in the field of the TCM. He has been the UNESCO's first Taiwanese invitee since Taiwan left the United Nations. In 2013, Dr. Lin was invited to attend the 8<sup>th</sup> Session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage sponsored by the UNESCO in 2013. In 2014, Dr. Lin was invited again to attend the Session of the Intergovernmental Committee for the Safeguarding of the

Intangible Cultural Heritage held in Paris of France and sponsored by the UNESCO and delivered a speech at the ICHNGO FORUM. Dr. has been the only Taiwanese speaker in the UNESCO since Taiwan left the United Nations. In 2015, Dr. Lin was invited to attend the 10<sup>th</sup> Session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage held in Namibia, Africa and sponsored by the UNESCO. In 2015, Dr. Lin was invited to join the the 66th Session of the WHO Regional Committee for the Western Pacific, which was held in Guam, U.S.A. In 2017, Dr. Lin was invited to attend the 140th session of the WHO Executive Board in Geneva, Switzerland, where he delivered a lecture entitled “The Use of Acupuncture in Emergency Medical Services”. In 2017, Dr. Lin was elected as the President of International Society of Oriental Medicine (ISOM) to serve until December 2018.

Dr. Lin is also the Honorary President of the National Union of Chinese Medicine Doctors' Association R.O.C. and the President of the Taiwanese Association of Chinese Medical History and Literature.

# Contents

Preface / Yi-Chang Su.....	i
Preface - The enhancement of Taiwan's international status in acupuncture medicine / Mien-Chie Hung.....	iii
Preface / Wen-Hwa Lee .....	vi
Preface / Jaung-Geng Lin .....	viii
Professor Jaung-Geng Lin's Profile.....	x

## Chapter 1 Introduction

Section 1. Definition of Acupuncture and Moxibustion Therapy (針灸療法; 针灸疗法; zhēn jiǔ liáo fǎ).....	2
Section 2. Characteristics of Acupuncture and Moxibustion Therapies .....	2
Section 3. The Effects of Acupuncture and Moxibustion .....	4
Section 4. History and Evolution of the Medical Practices of Acupuncture and Moxibustion .....	6

## Chapter 2 Overview of Meridian and Collateral

Section 1. Definition of Meridian and Collateral (經絡; 经络; jīng luò).....	18
Section 2. The Meridian and Collateral System .....	18
Section 3. The Distribution of Meridian and Collateral in the Human Body .....	30
Section 4. Formulation of Meridian and Collateral Theory.....	33
Section 5. The Physiological Effect of Meridian and Collateral.....	36
Section 6. Application of Meridian and Collateral Theory in Pathology.....	41
Section 7. Application of meridian and collateral theory in Diagnosis .....	44
Section 8. Application of Meridian and Collateral theory in Acupuncture Therapy .....	47

## Chapter 3 Individual Acupoints

Section 1. Acupoints on the Taiyin Lung Meridian (LU) Channel of the Hand .....	52
Section 2. Acupoints on the Yangming Large Intestine Meridian (LI) Channel of the Hand .....	61



Section 3. Acupoints on the Yangming Stomach Meridian (ST) Channel of the Foot ...76

Section 4. Acupoints on the Taiyin Spleen Meridian (SP) Channel of the Foot.....103

Section 5. Acupoints on the Shaoyin Heart Meridian (HT) Channel of the Hand..... 118

Section 6. Acupoints on the Taiyang Small Intestine Meridian (SI) Channel  
of the Hand.....124

Section 7. The Taiyang Bladder Meridian (BL) Channel of the Foot.....138

Section 8. Acupoints on the Shaoyin Kidney Meridian (KI) Channel of the Foot .....177

Section 9. Acupoints on the Jueyin Pericardium Meridian Channel of the Hand  
pericardium meridian (PC) .....193

Section 10. Acupoints on the Shaoyang Triple Energizer Meridian Channel  
of the Hand.....200

Section 11. Acupoints on the Shaoyang Gallbladder Meridian Channel of the Foot ...217

Section 12. Acupoints on the Jueyin Liver Meridian Channel of the Foot.....251

Section 13. Acupoints on the Conception Vessel.....263

Section 14. Acupoints on the Governor Vessel.....278

Section 15. The extraordinary acupoints outside of the channels non-channel point  
(外奇穴 外奇穴 jīng wài qí xué) and new acupoints .....296

## Chapter 4 On Treating Illnesses

Section 1. Illnesses of the Nervous System .....348

Section 2. Musculoskeletal system illnesses.....367

Section 3. Respiratory system illnesses .....382

Section 4. Heart and circulatory system illnesses.....390

Section 5. Gastrointestinal System Illnesses.....398

Section 6. Illnesses of the Hepatobiliary System.....408

Section 7. Illnesses of the urinary and reproductive systems .....415

Section 8. Gynecological illnesses.....423

Section 9. Sense organ illnesses.....443

Section 10. Integumentary system illnesses.....449

Section 11. Pediatric illnesses .....461

# **【 Chapter 1 】**

## **Introduction**

## 【Chapter 1】 Introduction

### Section 1. Definition of Acupuncture and Moxibustion Therapy (針灸療法)

#### 1. Definition of Acupuncture and Moxibustion Therapy

Acupuncture and moxibustion are medical treatments that involve inserting needles and burning moxa (mugwort herb) over the body. From the perspective of modern medicine, acupuncture and moxibustion can be considered a type of physical therapy.

#### 2. The Meaning of Acupuncture

Acupuncture is the insertion of specialized metal needles, which are typically made from stainless steel containing alloys of nickel, manganese, silver, and gold, into *acupuncture points* (acupoints; 腧穴) on the human body. The needle is hand-manipulated in applications to generate stimulation. This coordinates and equalizes *qi and blood* (氣血), balances *yin and yang* (陰陽), and free the *meridian and collateral* (疏通經絡), thereby curing disease and restoring health.

#### 3. The Meaning of Moxibustion

Moxibustion is the burning of *moxa floss* (艾絨) placed at acupoints on the body or of *moxa sticks* (艾條) a short distance above the acupoints. The stimulation of the warmth and scent of the moxa is used to regulate the physical function of organs in the body, improve physical health, and cure or prevent diseases.

### Section 2. Characteristics of Acupuncture and Moxibustion Therapies

#### 1. A Wide Array of Indications

A wide range of diseases is treatable using acupuncture and moxibustion, including

all types of pains, diseases in the ear, nose, and throat area, gastrointestinal disorders, respiratory diseases, psychological disorders, neurological disorders, skin diseases, and disorders in obstetrics and gynecology. Excluding some communicable diseases, most disorders can be treated with acupuncture and moxibustion. Acupuncture and moxibustion are effective for various severe and intractable chronic diseases (i.e., strokes, *tetanic reversal* (痙厥), and *clove-sore toxin* (疔毒). Even near-fatal conditions can be treated successfully with the application of acupuncture and moxibustion. Therefore, it was said in ancient times that acupuncture and moxibustion “raise those in deep illness in one day, and save the dangerously sick in moments.” The World Health Organization (WHO) approved 43 diseases as indications for acupuncture and moxibustion in 1979. In 1996, the list of indications had increased to 64, showing the gradual acceptance of acupuncture and moxibustion treatments worldwide.

## **2. Rapidly effective**

Drug treatments must be digested and absorbed by the gastrointestinal tract and delivered to the *illness focus* (病灶) by blood vessels. Acupuncture and moxibustion therapies are immediately effective, for example, they provide immediate analgesic effects.

## **3. Convenient for application in clinical situations**

Only a number of needles and a small amount of moxa floss are required for acupuncture and moxibustion treatments. Using alcohol swabs for disinfection, treatments can be provided anytime and anywhere, and are, therefore, very convenient for clinical applications.

## **4. Safe treatment**

Unless the operator (acupuncturist) disregards anatomical positions and safe depth limits, stimulations from fine needles and moxa burnings are generally harmless. What most patients are likely to experience are painful skin sensations and minor sores where moxa was applied. Life-threatening conditions or major complications are extremely rare.

## **5. Economic cost**

Because only needles and moxa floss are required, the costs of treating diseases are minimal. Therefore, acupuncture and moxibustion can be considered the most economical treatment methods. In European countries (e.g., the United Kingdom), studies have highlighted that employing acupuncture and moxibustion therapy can significantly decrease medical expenses, reducing the burden on society.

### 6. Easy to learn

To apply acupuncture therapy, practitioners are only required to memorize the acupoint locations and channel pathways, application techniques, local anatomical structures around acupoints, and the appropriate depths for safety. Thus, the study of acupuncture and moxibustion is considered fairly easy. However, sufficient acupuncture and moxibustion knowledge and clinical experience are still required for continual improvement, allowing one to become an outstanding acupuncture and moxibustion specialist and avoiding unnecessary medical negligence.

## Section 3. The Effects of Acupuncture and Moxibustion

The effectiveness of acupuncture is based on an intimate understanding of human physiological phenomena obtained from the extensive experience of our ancestors. However, significant portions of the physiological mechanism for its effects are still not fully understood. The effects of acupuncture, according to descriptions in *Internal Classic* (內經) are explained below:

### 1. Harmonizing Qi and Blood

As written in “*Nine Needles and Twelve Source Points*” in *Miraculous Pivot*, “(靈樞·九針十二原) *Huangdi* (黃帝) said to *Qi Bo* (岐伯), ‘If I wish to not treat my people with drugs and *stone needle* (砭石), and instead wish to harmonize their blood and qi through manipulating the flow in their *meridian vessel* (經脈) with fine needles’, to work and regulate the reverse and forward flows, the out and in, and the meeting of qi... the *Classic of Acupuncture* must first be written down.’” This passage indicates that acupuncture can harmonize the qi and blood in the human body.

## 2. Balancing Yin and Yang

As written in “Treatise on Bone Hollow” in *Plain Questions* (素問·骨空論), “cure with needles...harmonize the yin and yang, *supplement* (補) when deficient, and *drain* (瀉) when excessive.” This indicates that acupuncture balances yin and yang.

## 3. Directional supplementation and draining (迎隨補瀉)

As written in “Nine Needles and Twelve Source Points” in *Miraculous Pivot*, “when one uses needles, *supplement* (補) that which is void, *drain* (瀉) that which is full, remove that which is stagnant, and deflate or reduce that which is evil,” and “keys of deficiency and excess, the nine needles are best; reinforce and reduce, work with the needles.” This indicates that acupuncture can be used to reinforce or reduce. “End and Beginning” in *Miraculous Pivot* (靈樞·終始) states that “to reduce, move against the flow of qi in the channel, or to reinforce, move along the flow of qi in the channel; once going against, reducing, going along, and reinforcing are known, qi can be pacified and regulated.” Thus, acupuncture also incorporates functions for moving along and against the channels and for reinforcing and reducing conditions in the body.

## 4. Curing from Distant Parts of the Body (Distal Acupuncture)

“Great Treatise on the Correspondences and Manifestations of Yin and Yang” in *Plain Questions* (素問·陰陽應像大論) states that “he who uses a needle well to treat illnesses, treats the yang illnesses using the yin channels, and treats the yin illnesses using the yang channels. The left is cured from the right, and the right is cured from the left.” As written in “Official Needling Techniques” in *Miraculous Pivot*, “one that uses a needle from afar, cures illnesses in the upper body by choosing points on the lower body.” In “End and Beginning” in *Miraculous Pivot*, it is said that “when an illness is in the head, use the points on the leg to treat it; when the illness is in the lumbar, use the points on the back of the knee (膕) to treat it.” This explains that acupuncture is capable of curing from distant parts of the body.

## 5. Relieving Pain

Internal Classic recommends that practitioners “use painful spots as acupoints.” The

ouch point (阿是穴)(the method is recorded in Thousand Ducat Formulas (千金方), which states that when patients are ill or in pain, practitioners can apply pressure to their body without worrying about acupoints, asking only whether the area is sore. If the patient answers with “Ah Shi!” (literally translated = Ah! yes!), then acupuncture and moxibustion can be applied to the area to relieve pain. These sources describe the pain relieving effect of acupuncture.

## 6. Preserving Health

“*On Channel Vessels*” in *Miraculous Pivot* (靈樞·經脈) recommends that practitioners “treat that which is sunken and depressed with moxibustion.” This is because the moxa leaves used for moxibustion have the effect of “coursing through the *twelve meridians* (十二經脈), balancing and smoothing the blood and qi, expelling the *cold-dampness* (寒濕), *warming the uterus* (暖子宮), and restoring the depleted and dying yang.” As written in *The Great Compendium of Acupuncture and Moxibustion*, (針灸大成) “what cannot be done by acupuncture is suitable for moxibustion. For those deficient in both yin and yang, the fire will cure.” This shows that moxibustion is good for *supplementing deficiencies* (補虛). The Thousand Ducat Formulas from the Tang dynasty states that “for officials traveling to take office in the Wu and Shu areas, moxibustion is often required on two or three points of the body to ensure pus or sores are not allowed to stagnate. Thus, the infections (malaria-related diseases and pestilence) and poisonous qi cannot harm the person.” This shows that moxibustion can improve resistance to disease and preserve health.

## Section 4. History and Evolution of the Medical Practices of Acupuncture and Moxibustion

### 1. The Invention Phase of Acupuncture

*Huangdi's Internal Classic* (黃帝內經) is the oldest text on acupuncture and moxibustion. Records of medical applications of acupuncture and moxibustion first appeared in Huangdi Internal Classic. Internal Classic is divided into the nine volumes of Plain Questions, and the nine volumes of *Miraculous Pivot*. Acupuncture and

moxibustion are discussed in substantial detail in *Miraculous Pivot*; therefore, it is also called the *Classic of Acupuncture*. During the Tang dynasty, *Wang Bing* (王冰; wáng bīng) annotated *Plain Questions*, which marked the time when the *Classic of Acupuncture* began to be called *Miraculous Pivot*.

### **i. Ancient Uses of Stones Needles and Moxa Leaves in Healing**

As written in “Treatise on the Appropriateness of Different Methods According to Locality” in *Plain Questions*, “(素問·異法方宜論)...in the land of the east...where fish and salt is abundant, and the land is close to the sea and by the water. The people there eat fish and enjoy the taste of salt...the illnesses they suffer are mostly welling-abscesses and sores. Such diseases can be effectively treated with stone needles. Thus, the stone needle treatment method originates from the east...in northern lands...the people live in high, mountainous abodes, the wind is cold and ice is chilly. The people enjoy eating the meat of wild animals and consuming the milk of cows and goats. Their organs suffer from cold, and they are prone to the illness of the cold. These ailments are cured by burning moxa. Thus, the burning moxa treatment method originates from the north.” The stone needle refers to the stone needles used in healing, and burning moxa refers to moxibustion. Consequently, stone needles and moxibustion are inferred to have been invented in the Neolithic age, which was approximately 10,000 years ago. This shows how ancient people adapted to the natural environment by inventing stone needles and moxibustion to cure diseases.

### **ii. The Invention of Fine Needles**

Based on the discovery of many bronze ware relics created during the Shang Dynasty and the large amount of iron employed during the Zhou Dynasty, archeologists have inferred that fine needles were developed during either the Shang or Zhou dynasties approximately 3,500 years ago.

People shifted from stone needles to using fine metal needles for two reasons: stone needles were clumsy and unwieldy.

As written in “The Nine Needles and Twelve Sources” in *Miraculous Pivot*, “Huangdi said to Qi Bo, ‘I love all people and raise them as my children. Therefore, I receive their tributes and taxes. I grieve that they are sometimes unable to support



themselves and often fall ill. If I wish to not treat my people with drugs and sharp stone needles, and instead wish to harmonize their blood and qi through manipulating the flow in their channels with fine needles, to work and regulate the reverse and forward flows, the out and in, and the meeting of qi. If I could pass this method down to future generations... the Classic of Acupuncture must first be written down.’ ” Fine needles are called filiform needles. They are made from metal and are extremely thin. Inserting these needles into the body causes minimal pain and bleeding, which is not possible using the clumsy stone needles.

### iii. A Lack of Material for Stone Needles

As written in *Classic of the Mountains and Seas* (山海經), “on the Gao family’s mountain, there lie stones like jade, which can be made into needles.” Annotations in *Fu Qian’s Zuo Commentaries* (漢·服虔左傳), written during the Han Dynasty, also stated that “the method of stoning refers to the use of stone needles. In the subsequent or last generations, the good stones were not available. Thus, they were replaced by iron needles.” This indicates that using stone materials was not as convenient as making needles from iron. Thus, iron needles replaced stone needles.

## 2. The Advancing Phase of Acupuncture

### i. The Spring and Autumn Period and the Warring States Period (771 to 221 BC)

The treatment methods used at that time were discussed in Internal Classic and included fine needles, moxibustion, and herbs. Although stone needle treatment had not disappeared completely, acupuncture and moxibustion were predominant. This is demonstrated clearly in the ancient saying, “First acupuncture, second moxibustion, and third herbs.”

### ii. The *Classic of Difficult Issues* (難經) was written by Qin Yueren, who was regarded as the “founder of acupuncture.”

The Classic of Difficult Issues contains 81 difficulties and one third of the content is related to acupuncture. The meridian channels are discussed from Difficulties 22 to 29, the acupoints are discussed from Difficulties 62 to 68, and the principles of treatments

and acupuncture methods are discussed from Difficulties 69 to 81. The work explains much of what was not included or was incomplete in the Internal Classic. The work is central to the uses of acupuncture and moxibustion in medicine and contributed substantially to the development of acupuncturology in subsequent generations.

### **iii. During the Han Dynasty, Physicians Primarily Used Herbal Formulas to Treat Diseases**

During the Han Dynasty, *Zhang Zhongjing* (張仲景) wrote the Treatise on *Cold Damage Diseases* (傷寒論), which collated all of the prescriptions from before the Han Dynasty. At that time, therapies using herbal medicine were thriving and physicians primarily treated diseases using herb prescriptions. Acupuncture was still employed in combination as an aid to these treatments.

### **iv. During the Jin Dynasty, *Huangfu Mi* (皇甫謐) compiled the acupoints in *The A-B Classic of Acupuncture and Moxibustion* (甲乙經).**

Numerous innovative acupuncture experiences and acupuncture points were identified and developed during the Warring States Period and until the Han and Jin dynasties. Regrettably, only the names of most books written during that time remain. However, the precious knowledge in these texts was preserved for subsequent generations in *The A-B Classic of Acupuncture and Moxibustion* compiled by Huangfu Mi. This earned Huangfu Mi a place as a great hero in the history of acupuncture.

### **v. During the Sui and Tang dynasties, the *bright hall chart* (明堂圖) of Acupuncture Points was published.**

The bright hall chart was used to explain the meridian channels and showed the acupoints on the human body. An outline of the chart was provided in the *Thousand Ducat Formulas*, written by *Sun Simiao* (孫思邈) during the Tang Dynasty. It could be used in practice and clinical instruction.

### **vi. Acupuncture was established as a separate medical specialty during the Tang Dynasty.**

From the Tang Dynasty, the specialization “acupuncturist” began to appear in the

roster of official medical physicians. This marked the beginning of acupuncture being established as a separate specialty.

### 3. The Golden Age of Acupuncture

The government during the Song Dynasty considered medicine to be important. Numerous major advancements in medical treatises, medical administration and governance, and herbal medicine policies and management were achieved.

*Wang Weiyi* (王惟一) textual criticism a list of the *fourteen meridians* (十四經穴).

*Emperor Renzong* (宋仁宗) of the Song dynasty commanded the academician physician Wang Weiyi to research and correct errors found in versions of the bright hall chart throughout generations and compile the *Illustrated Manual of Acupuncture Points of the Bronze Figure* (銅人腧穴針灸圖經), which was three volumes. Two bronze men were cast, and the channel and acupoints charts etched in stone to ensure they could be viewed and copied accurately. These three grand works compiled a system of 14 meridians based on the 354 acupoints identified at the time, organizing them according to the channel pathways. This standardized and unified the acupoints developed since antiquity, significantly affecting the academic development of acupuncture in later generations.

### 4. The Declining Phase of Acupuncture

#### i. Medical Acupuncture and Moxibustion was Divided into Two Schools in the Yuan and Ming Dynasties

Since the Tang Dynasty, acupuncture had become an independent specialty. Common acupuncturists only knew to emphasize technique and pass their experiences on; they did not have the capacity to further study the academics of acupuncture. Therefore, the Yuan, Ming, and Qing dynasties and the early Republican period is considered the stage of decline for medical acupuncture.

The book *On the Origin and Development of Medicine* (醫學源流論) written by *Xie Liheng* (謝利恆) stated that in the Yuan and Ming dynasties, acupuncture physicians were classified into two schools, “scholar physicians” and “itinerant physicians.” Scholar physicians were scholar-bureaucrats who were involved in the study of acupuncture.

Their medical books were mostly clearly written and lucid. The “itinerant physicians” were not exposed to advance medical learning, but were familiar with acupuncture techniques. They used experience to treat illnesses, and their teachings emphasized orally memorized instructions and were mostly imbued with a sense of the mystic. Although not conforming entirely to the ancient texts, their techniques used a small number of acupoints and provided rapid effects, proving their clinical value.

**ii. The Great Compendium of Acupuncture and Moxibustion is an important source of information for acupuncture studies.**

During the Ming Dynasty, Yang Jizhou compiled the major works of various people, from Internal Classic and The Classic of Difficult Issues until the Yuan and Ming dynasties, into the Great Compendium of Acupuncture and Moxibustion. This book compiled over 20 works on acupuncture throughout the ages and was encyclopedic in content. However, an inability to classify categories, resolve difficult or dubious sections, and draw different works together is one of the disadvantages of this book.

**iii. People in the Qing Dynasty to the early Republican period mainly followed acupuncture works from the Yuan and Ming Dynasty.**

In the 300 years from the Qing Dynasty to the early Republican period, acupuncture physicians mainly held to the principles in the books written in the Yuan and Ming dynasties. During the Qianlong reign in the Qing Dynasty, Confucian scholar *Xu Lingtai* (徐靈胎) (original name: Dazhuang) was astounded by the poor needling skills of physicians who did not follow the ancient techniques of the Internal Classic and in anger wrote *On the Loss of Acupuncture* (針灸失傳論).

## **5. Renaissance of Acupuncture**

**i. The influence of Western medical theories on acupunturology**

In the Xianfeng reign of the Qing dynasty, the Englishman Benjamin Hobson wrote five medical books, including *First Lines of the Practice of Surgery in the West* (西醫論略) and *A New Theory of the Body* (全體新論). The American John Glasgow Kerr also translated the books *Anatomy Details*(全體闡微) and *Overview of Anatomy* (全體通考).

Furthermore, *Zhao Yuanyi* (趙元益) translated the book *The Medical Handbook* (儒門醫學). This was the beginning of the influx of Western medical theories to China. Beginning in that era, medical circles in China gradually began to associate acupuncture with the nervous system.

## ii. Stimulation from the International Society of Acupuncture

In 1945, French nationals started the French Society of Acupuncture in Paris, with members visiting from over 30 countries, gaining worldwide attention. The China Association of Acupuncture and Moxibustion (CAAM) was officially established in September 1957. On the tenth annual meeting of the International Society of Acupuncture in Paris, the CAAM sent delegates to attend the meeting and applied to become a member nation.

## iii. Glimmers of Hope for the Revival of Acupuncture

In October 1957, the Ministry of Education in Taiwan established a preparatory office for the NRICM (National Research Institute of Chinese Medicine). One of the three central missions of the institute was to “promote acupuncture.” In June 1958, the private China Medical College (now China Medical University, CMU) was founded. Acupuncture science was included in the required courses and the official education system, hinting at a possible revival in the use of acupuncture.

## iv. The Development of Acupuncture in Taiwan

Acupuncture development in Taiwan is world renowned because of the support from the *Department of Chinese Medicine and Pharmacy, Ministry of Health and Welfare* (衛生福利部中醫藥司) and the *Ministry of Science and Technology* (科技部) in Chinese medicine and acupuncture studies.

Currently, Chinese Medicine departments at the China Medical University Hospital, Chang Gung Memorial Hospital and other major public or private hospitals all provide acupuncture treatments and are important centers for training clinical acupuncture doctors. After this development, acupuncture treatments were officially included in the medical education system, showing the significant developmental achievements of acupuncture education in Taiwan.

## **v. Medical Associations of Acupuncture Established in Taiwan**

The China Medical Association of Acupuncture was founded in 1955 with the objectives of researching studies and academics for Chinese acupuncture, promoting Chinese traditional culture, and improving human health.

The Chinese Medical Association of Acupuncture was founded in 1998 with the objective of encouraging medical acupuncture research and the aim of prompting academic interchange for work on medical acupuncture and promoting Traditional Chinese Medicine. The association also publishes the *Journal of Chinese Medical Association of Acupuncture* (中華針灸醫學會雜誌).

## **vi. Training of Acupuncture Physicians**

In 1972, the Acupuncture Research Center of China Medical University was founded. The Department of Health, Executive Yuan commissioned the center to establish acupuncture training classes and cultivate acupuncture physicians. Besides graduates of the School of Chinese Medicine (Bachelor Program) and the School of Post-Baccalaureate Chinese Medicine, only graduates of medical and dentistry departments with physician licenses were allowed to enroll in the training course. Since the formation of the course in 1973, the Acupuncture Research Center of China Medical University has also trained foreign physicians from numerous countries, such as France, Japan, the U.S., Canada, Singapore, Korea, and Germany. The course material emphasizes a balance between essential and clinical studies, providing the students with ample techniques and clinical experience. Currently, the center is a professional organization recognized by the Ministry of Education and the Department of Health as a center for training acupuncture physicians.

## **vii. The Establishment of Acupuncture Departments in Related Public and Private Hospitals**

To train acupuncture physicians and provide them with knowledge in both Chinese and Western medicine so as to encourage research, international acupuncture interchanges, and promote traditional medicine through the international trend for acupuncture, Chinese medicine departments were established in many hospitals. Private

hospitals include China Medical University Hospital and Chang Gung Memorial Hospital. Public hospitals include the Taipei Municipal Chinese Medicine Hospital, Kaohsiung Municipal Chinese Medical Hospital, Taipei Veterans General Hospital, Taichung Veterans General Hospital, Taipei City Hospital, Zhongxiao Branch, Taipei City Hospital, Heping Branch, Taipei City Hospital, Renai Branch, Taipei City Hospital, Zhongxing Branch, Taipei City Hospital, Wangfang Branch, Keelung General Hospital, Hua-lien Hospital, and Miao-li General Hospital, which all contain acupuncture clinics or sections in their Chinese Medicine departments. The establishment of acupuncture clinics and sections in public hospitals and private Chinese Medical hospitals provided clinical acupuncture services. Therefore, traditional acupuncture is promoted for the treatment of the citizenry and plays an important role in the medical system.

#### **viii. The Inclusion of Acupuncture in National Health Insurance Coverage in Taiwan**

National Health Insurance was implemented on March 1, 1995, and included acupuncture in the treatments covered. This not only affirmed acupuncture as a suitable treatment method, but also indicated the medical value of acupuncture. In 2001, Professor *Lin, Jaung Geng* (林昭庚) wrote and edited research on guides for *clinical treatment with acupuncture* (針灸臨床治療指引之研究) and a manual on the evaluation principles for acupuncture/moxibustion and traumatologic care of *Chinese Medicine in the global budget system of National Health Insurance (NHI)* (全民健保中醫門診總額針傷科審查手冊). In 2004, he wrote and edited, *standardized operating procedures* (針灸科安全作業指引), and *clinical safety operational guides for acupuncture* (針灸標準作業程式). This assisted in ensuring the quality of acupuncture treatments.

#### **ix. Research and Development of Acupuncture in Taiwan**

Supported by the Department of Chinese Medicine and Pharmacy, Ministry of Health and Welfare and the Ministry of Science and Technology, the development of acupuncture in Taiwan has been significant. The China Medical College was founded in 1958, officially incorporating acupuncture into formal medical education courses. The Acupuncture Research Center was established at the school in 1972, training talents in acupuncture, establishing Ph.D. and master programs in Chinese Medicine, as well as the Graduate Institute of Integrated Medicine. The Graduate Institute of Acupuncture Science

was established in 2005, led by Professor *Li, Tema* (李德茂) as the director, and with the aim of cultivating TCM and acupuncture research talents. The National Research Institute of Chinese Medicine (NRICM) was founded in 1963 for the study of Chinese medicine and pharmacology and acupuncture. Currently, this is the only public research institute for Chinese Medicine and pharmacology and acupuncture.

Following the great success achieved by acupuncture anesthesia in Mainland China, in 1972, the NSC proposed studying medical acupuncture using scientific methods. A research team was recruited from various medical facilities, such as the Veterans General Hospital, Tri-service General Hospital, National Taiwan University, College of Medicine, and the National Defense Medical Center. The Traditional Medicine Research Center at Taipei Veterans General Hospital treats clinical patients using acupuncture in addition to conducting research and teaching. In 1982, the Institute of Traditional Medicine was established at National Yang-Ming University. In 2001, the Graduate Institute of Traditional Chinese Medicine was established at Chang Gung University to promote scientific Chinese Medicine, listing acupuncture research as one of its focuses for development.

Prominent figures in the field of acupuncture in Taiwan are Professor *Huang, Weisan* (黃維三) and Professor Lin, Jaung Geng. Professor Huang, Weisan was the pioneer of acupuncture in Taiwan. Most of the acupuncture students in Taiwan have studied under his instruction at one time. He was the instructor of the first acupuncture courses when acupuncture was included in official medical education. His book *Acupuncture Science* (針灸科學) is used as the officially approved reference book in the professional qualification tests for doctors of TCM by the Ministry of Examination.

Professor Lin, Jaung Geng has dedicated his career to acupuncture research, publishing numerous books, including *New Great Compendium of Acupuncture and Moxibustion* (新針灸大成), *New Treatise on Acupuncture and Moxibustion* (針灸學新論), and *The History of Acupuncture & Moxibustion* (針灸醫學史). He has made significant contributions to the safe needling depth of acupuncture, depths for the arrival of qi, and acupuncture analgesia. He was also the first to receive a PhD in Chinese Medicine and acupuncture in Taiwan.

In Taiwan currently, acupuncture is well integrated with western medicine. Not only



is acupuncture integrated into the modern medical system, but the Chinese Medical Association of Acupuncture has over 1,700 members. Among them, more than 800 are qualified Western medicine doctors or dentists. The association has certified over 400 acupuncture specialists and regularly organizes international acupuncture exchanges. We believe that acupuncture scholarship in Taiwan will receive international acclaim in the field of acupuncture research in the near future.

**【 Chapter 2 】**  
**Overview of Meridian  
and Collateral**

## 【Chapter 2】 Overview of Meridian and Collateral

### Section 1. Definition of Meridian and Collateral (經絡)

According to “*The Viscera*” in *Miraculous Pivot*, (靈樞·本藏) “the meridian vessel allows the passage of blood and qi. They allow blood and qi to travel through the yin and yang channels, moisten and nourish the tendons and bones, and facilitate the facet joint.” As written in “*On Seas*” in *Miraculous Pivot*, (靈樞·海論) “the twelve meridians belong to the *Viscera and Bowels* (臟腑) within and connect to the limbs and joints without.” In “Difficulty 23” of the *Classic of Difficult Issues* (難經), it is stated that the “meridian vessel transport the blood and qi, communicate the yin and yang, and nourish the body.” Meridian and collateral is the term used to refer to both the *jing main channels and the collateral vessel* (絡脈). Jing literally means “pathway.” Jing channels comprise the main trunk of the channel system and primarily run along the depths of the human body. Luo literally means “meshwork.” Luo collateral vessels are the collateral branches from the jing channels that connect the entire body similar to a network and are located in the shallower layers. meridian and collateral are the passages for the movement of qi, blood, and *fluid and humor* (津液) that connect and facilitate communication between the Viscera and Bowels, pores and orifices, skin and hair, muscles, bones, and all other organs and tissues in the body. The channels tightly link these parts of the body into a unified whole.

### Section 2. The Meridian and Collateral System

The Meridian and Collateral system is divided into three parts: meridian vessel, collateral vessels, and *meridian sinew* (經筋) and *cutaneous region* (皮部) of the 12 channels.

#### A. meridian vessel

Meridian vessels are the main transporters of qi and blood traffic. Ancient practitioners considered the straight flowing pathways to be channels, which were submerged in parted flesh, deep and unseen. The meridian vessel can also be further divided into three systems: the *twelve meridians* (十二正經), the *eight extra meridians* (奇經八脈), and the *twelve meridian divergences* (十二經別).

## B. collateral vessels

Collateral vessels are the branches of all the meridian vessels. Ancient practitioners considered sideways or lateral flowing pathways to be collateral vessels; those that float and are visible also constitute collateral vessels. Additionally, the number of collaterals is beyond counting, and they are distributed throughout the body.

## C. meridian sinew and cutaneous regions

The channels are linked with Viscera and Bowels internally and contact muscle and skin externally. Therefore, all the muscle and skin of the body is nourished by the qi and blood of the channels. The portions nourished by the channels are the twelve meridian sinews and the cutaneous regions of the twelve meridians. They belong to the twelve meridians.

## A. meridian vessel

### 1. The eight extra meridians

#### i. Meaning and Function of the eight extra meridians

The course and distribution of the eight extra meridians overlap the twelve meridians. However, the extraordinary vessels are not directly linked with the Viscera and Bowels. The paired relationships between yin and yang channels and the interior and exterior channels do not apply to them. In addition to the twelve meridians, ancient practitioners discovered another eight jing meridians, which were called the “eight extra meridians.”

The eight extra meridians control, collect, and regulate qi and blood for the twelve meridians. The governor vessel (GV) is located in the middle of the spine and controls all the *yang pulse* (陽脈) of the body; therefore, it is called “*sea of*

*the yang vessels* (陽脈之海).” The conception vessel (CV) runs through the chest and abdomen, controlling the *yin vessel* (陰脈) of the body; therefore, it is called the “*sea of the yin vessels* (陰脈之海)” The *thoroughfare vessel* (衝脈) begins at the *Qi Thoroughfare* (ST-30) (氣衝) and follows the *stomach meridian* (ST) (足陽明胃經) and *kidney meridian* (KI) (足少陰腎經) channels of the foot upward. It commands the *innate natural source qi* (原氣) and the acquired nourished grain (gu) qi; therefore, it is called “*sea of the channels* (經脈之海)” The *belt vessel* (帶脈) encircles the body like a girdle and primarily restrains the channels. The *yang heel* (陽蹻) starts at the exterior ankle of the foot and belongs to the divergent channel of the *bladder meridian* (BL) (足太陽膀胱經) of the foot. It controls the *yang meridians* (陽經) on the left or right side of the body. The *yin heel* (陰蹻) begins at the inner ankle on the foot and belongs to the divergent channel of the *kidney meridian* (KI) of the foot. It controls the *yin meridians* on the left or right side of the body. The *yang linking* (陽維) supports and connects all the yang pulse, dominating the exterior channels of the body. The *yin linking* (陰維) supports and connects all the yin vessels, dominating the interior channels of the body.

The eight extra meridians function as storage for qi and blood and regulate the meridian vessel. As Li Shizhen stated in his book *Exposition on the Eight Extraordinary Vessels*, “The *main meridian* (正經) are similar to ravines and ditches, whereas the *extra meridian* (奇經) are similar to lakes and swamps. If the main meridian are strong and flushed, they overflow into the extra meridian. Therefore, Qin Yueren compares the relationship of the flows to the conditions immediately after rainfall. Ravines and ditches are filled to the brim, excesses flow sideways without control, and drains into lakes and swamps. This is a secret not spoken of in *Spiritual Pivot and Basic Questions*.” If the qi and blooding the twelve meridians are in excess, they overflow into the extra meridian. Of the eight extra meridians, the governor (CV) and conception vessels course through the midline of the front and back of the torso, with their own affiliated acupuncture point. Therefore, they are occasionally combined with the twelve meridians, which are referred to as fourteen meridians. The other *six pulses* (六脈), thoroughfare vessel, belt vessel, yin heel, yang heel, yin linking, and yang linking,

have no affiliated acupuncture point; instead, they use acupuncture point controlled by the twelve meridians.

## ii. The Pathways of the eight extra meridians

The pathways of the eight extra meridians are described below:

- (i) The governor vessel (GV) starts from the acupoint on *Lower Extreme (CV-1)* (下極), joins the interior of the spine, extends to acupoint, *Wind House (GV-16)* (風府), and enters the brain.
- (ii) The conception vessel (CV) starts from below *Central Pole (CV-3)* (中極) and extends up to the *pubic hair region* (毛際). Following the inside of the abdomen, reaching *acupoint Pass Head (CV-4)* (關元), passing through the throat and jaw, traveling across the face into the eye, and connecting to the tongue.
- (iii) The thoroughfare vessel starts at acupoint *Qi Thoroughfare (ST-30)*, joins the stomach meridian (ST), travels upward alongside the navel, and disperses in the chest.
- (iv) The belt vessel starts at the *Free Ribs (LV-13)* (季脅) and encircles the body.
- (v) The yang heel vessel starts at the center of the heel and follows the exterior ankle upward to the acupoint *Wind Pool (GB-20)* (風池).
- (vi) The yin heel vessel also starts from the center of a heel, following the inner ankle upward until it reaches the throat, joining the thoroughfare vessel.
- (vii) The yang linking and yin linking vessels surround the body, storing any excess that does not circulate and irrigate the channels. Therefore, the yang linking vessel begins at the meeting point of the yang channels, and the yin linking vessel begins at the meeting point of the *Yin Intersection (CV-7)* (陰交).

## iii. Clinical Expressions of Diseases by the Eight Extra Meridians

- (i) If a disease occurs in the governor vessel (GV), the spine becomes stiff and reversal occurs.
- (ii) If a disease occurs in the conception vessel (CV), the interior becomes bitter and knotted or bound. In male patients, the *seven mountings* (七疝)

condition occurs, whereas in female patients *conglomerations and gatherings* (癥聚) occur. If a disease occurs in the yang heel, yin is slowed and yang is increased.

- (iii) If a disease occurs in the yin heel, yang is slowed and yin is increased.
- (iv) If disease occurs in the yang linking vessel, the illness involves bitterness, cold, and heat (寒熱).
- (v) If a disease occurs in the yin linking vessel, the illness involves bitter, heart pain. If the yin, and yang cannot be linked together, patients will be bitter and frustrated as if losing their spirit, becoming slow and weak and unable to restrain or control themselves.
- (vi) If disease occurs in the thoroughfare vessel, the *counterflow qi* (逆氣) occurs and abdominal urgency occurs *abdominal urgency* (裏急).
- (vii) If disease occurs in the belt vessel, the abdominal fullness (腹滿) and there is the sensation of water around the waist.

In addition, if the disease develops in the belt vessel, the patient experiences *edema* (水氣) below the waist or lumbar in addition to back pain, *lumbago* (腰痛) that *traction* (牽引) pain in the *lower abdomen* (少腹) and Free Ribs (LV-13), abdominal distention and fullness or pain, *genital disease* (疝氣), *multicolored leukorrhagia* (赤白帶下), and *white ooze* (白淫). If the disease develops in the conception vessel (CV), deficiency and weakness occur in the source qi. If the disease develops in the governor's vessel (GV), disorders of the nerves or CNS as well as the brain and spine occur. Disease in the two motility vessels causes insomnia, epilepsy, and mania. Disease in the thoroughfare vessel manifests as lower abdominal pain, *conglomerations and mountings*, (癥疝) and gynecological conditions, such as *infertility* (絕孕). Diseases in the yin and yang linking vessels manifest as waist or lumbago.

## 2. The Twelve Meridian Divergences

### i. The Meaning of the twelve meridian divergences

The meridian divergence is also called the “main meridian on alternative routes.” They form alternative pathways beyond the major pathway for circulation

throughout the body formed by the twelve meridians. They differ from the path of the meridian vessel that travels in the deep layers and move straight and up and down and the collateral vessel in the shallow layers that extend from the twelve meridians. The main function of the twelve meridian divergences is to provide passages for communication between the yin and yang meridians that are reciprocal to each other as *exterior and interior* (表裏). They also enhance the reciprocal relationship of yin and yang and exterior and interior existing between the viscera and bowels and the head and face, and the links between yin and yang are maintained by the divergent channels. Because each meridian vessel branches off one of the twelve meridians, they are called the twelve meridian divergences.

## ii. The Pathways of the Twelve Meridian Divergences

The twelve meridian divergences all extend from the twelve meridians in the limbs, entering deep into the internal organs before reappearing in the head and neck region. The six divergent yang channels rejoin the originating main channels after diverging. By contrast, the six divergent yin channels do not return to the originating main channels after diverging; instead, they join the divergent yang meridians according to exterior and interior for their originating main channel. Therefore, the twelve meridians can be divided into six pairs and are known as the “six divergent channel combinations.”

- (i) Combination 1: The meridian divergence of the bladder meridian (BL) and kidney meridian (KI) of the foot.
- (ii) Combination 2: The meridian divergence of the *gallbladder meridian (GB)* (足少陽膽經) and *liver meridian (LR)* (足厥陰肝經) of the foot.
- (iii) Combination 3: The meridian divergence of the stomach meridian (ST) and *spleen meridian (SP)* (足太陰脾經) of the foot.
- (iv) Combination 4: The meridian divergence of the *small intestine meridian (SI)* (手太陽小腸經) and *heart meridian (HT)* (手少陰心經) of the hand.
- (v) Combination 5: The meridian divergence of the *triple energizer meridian (TE)* (手少陽三焦經) and *pericardium meridian (PC)* (手厥陰心包經) of the hand.
- (vi) Combination 6: The meridian divergence of the *large intestine meridian*



(LI) (手陽明大腸經) and lung meridian (LU) (手太陰肺經) of the hand.

## B. Collateral Vessels

### 1. Collaterals and Tertiary Collateral Vessel (孫絡)

According to “*Miraculous Pivot, Vessel Measurement Standards* (靈樞·脈度) “The meridian vessel flow in the interior. Those that branch out sideways are collateral vessels, and those that branch out from the collaterals are the tertiary collateral vessel.” Meridian and collateral vessels comprise the entire circulatory system of blood and qi. The main trunks are the meridian vessel, and the smaller branches are the collateral vessels. The miniscule branches extending from the collaterals are the tertiary collateral vessels. The collaterals and tertiary collateral vessel. facilitate intercommunication between the viscera and bowels, meridian vessel, and between the viscera and bowels and cutaneous region. They are distributed throughout the entire body, reaching everywhere. Nevertheless, they still belong to the meridian vessel and are controlled by the meridian vessel as separate systems. Because their distribution is so extensive, besides the 15 *diverging network vessel* (別絡), no obvious pathways that are similar to other channel systems are observed.

### 2. The 15 Diverging Network Vessel

#### i. The Meaning and Function of the 15 Diverging Network Vessel

The 15 diverging networks vessel are the larger collateral vessels in the human body. Every collateral extends from one of the twelve meridians and connects the exterior and interior. Thus, they are called divergent Luo collateral vessels. Each of the twelve meridians has a diverging network vessel. The collaterals of the conception (CV) and governor vessels (GV) and the greater collateral from the spleen channel are added to the 12 collaterals from the primary channels to form “the 15 diverging network vessel.”

#### ii. Pathways and *manifestations of disease* (病候) for the 15 diverging network vessels

Each of the 15 diverging network vessels has a name, a defined pathway, as well as related clinical manifestations of the disease. Descriptions are provided

below:

- (i) The collateral of the lung meridian (LU) diverging network vessel of the hand is called *LU-7* (列缺). This begins at the interstices above the wrist, flows alongside the *greater yin* (太陰) into the *Center of the Palm* (掌中), and spreads through the *fish's margin* (魚際). Excesses render the high bone posterior to the wrist and the palms hot, and deficiencies render a person prone to yawning and frequent urination. When treating illnesses, this collateral is measured at one and a half cun from the wrist, and diverts into the *yang brightness* (陽明) of the hand.
- (ii) The collateral of the heart meridian (HT) diverging network vessel of the hand is called *HT-5* (通里). This collateral begins at one cun from the wrist, diverges and travels upward alongside the channel to the heart, connects with the base of the *root of the tongue* (舌本), and then connects with the *eye connector* (目系). Excesses cause a propping and discomfort *propped diaphragm* (支膈), and deficiencies render a person unable to speak. During treatment of illnesses, this collateral is measured at one cun behind the palm, and diverts into the *greater yang* (太陽).
- (iii) The collateral of the pericardium meridian (PC) diverging network vessel of the hand is called *PC-6* (內關). This collateral begins at two cun above the wrist and diverts between two muscles; it then diverts into the triple energizer meridian (TE) channel of the hand. It follows the *main pericardium* (心包) channel upward to connect to the pericardium, and then connects to the heart. Excesses cause the heart pain, and deficiencies cause *stiff nape* (項強). When treating illnesses, this collateral is measured at the space between muscle.
- (iv) The collateral of the small intestine meridian (SI) diverging network vessel of the hand is called *SI-7* (支正). Beginning at five cun above the wrist, it flows inside toward the lesser yin of the hand. Another path of the collateral diverges and travels up at the elbow and connects to the shoulders (jianyu). If in excess, the *joints loose joints* (節弛); deficiencies lead to the development of warts on the skin. The smaller warts resemble

finger scabs. These afflictions can be cured by administering acupuncture at the diverging point.

- (v) The collateral of the large intestine meridian (LI) diverging network vessel of the hand is called *LI-6* (偏歷). It begins at three cun from the wrist and diverts into the greater yin. One path of the collateral flows upward along the arm, through the shoulders (*jianyu*), past the neck, and to the cheeks and the roots of the teeth. Another diverging path enters the ear and joins the gathering place of the *ancestral vessels* (宗脈). If in excess, cavities or tooth decay and deafness occur. If deficient, tooth cold and the chest and diaphragm are painfully obstructed (*bi-syndrome pain*). These symptoms can be cured at the diverging point.
- (vi) The collateral of the triple energizer meridian (TE) triple energizer diverging network vessel of the hand is called *TE-5* (外關). It begins at two cun from the wrist, travels up the outer arm, and flows into the chest to join the pericardium channel. If in excess, the elbow joint feels cramped; if deficient, the elbow joint becomes loose and cannot be controlled or used. These symptoms can be cured at the diverging point.
- (vii) The collateral of the bladder meridian (BL) bladder diverging network vessel of the foot is called *BL-58* (飛揚). It begins seven cun from the external ankle and diverts into the lesser yin kidney meridian channel of the foot. When in *sniveling and nosebleed* (鼽衄), the nose feels blocked and head and back pain is experienced. When deficient, nose bleeds occur or clear substances are expressed from the nose. These symptoms can be cured at the diverging acupoint.
- (viii) The collateral of the gallbladder meridian (GB) gall bladder diverging network vessel of the foot is called *GB-37* (光明). It begins at five cun from the external ankle and diverts into the *reverting yin* (厥陰) liver meridian channel of the foot. This *dorsum of the foot* (足跗) and connects with the instep of the foot. When in excess, the legs feel cold or experience reversal cold. When deficient, *leg flaccidity* (痿躄) a person experiences weakness in the legs, and cannot stand from a sitting position. These

symptoms can be cured at the diverging point.

- (ix) The collateral of the stomach meridian (ST) stomach diverging network vessel of the foot is called *ST-40* (豐隆). It begins at eight cun from the external ankle and diverts into the greater yin spleen meridian channel of the foot. One of the collateral paths travels up the outer side of the *lower leg bone* (脛骨) *outer face* (外廉) to the nape and neck, joining with the qi from all channels in the head, and then moving down to connect with *the pharynx* (喉嚨). If, during illness, its qi flows in reverse, the throat is swollen and painful and the sudden *loss of voice* (卒瘖). If in excess, a person becomes mentally unstable and deranged. If deficient, a person's legs become loose and cannot be controlled and atrophy of the calf muscles or muscles along the tibia occurs. These symptoms can be cured at the diverging point.
- (x) The collateral of the spleen meridian (SP) spleen diverging network vessel of the foot is called *SP-4* (公孫). It begins *knuckle* (本節) at one cun from the base of the big toe and diverts into the yang brightness stomach meridian channel of the foot. One of the collateral paths travels upward into the abdomen, intestines, and stomach. If the *reverse qi* (厥氣) flows in counterflow ascent during illness, cholera develops. When excessive, slicing pain is experienced in the abdomen. When deficient, *drum distention* (臑脹) the abdomen becomes distended like a drum. These symptoms can be cured at the diverging point.
- (xi) The collateral of the kidney meridian (KI) kidney diverging network vessel of the foot is called *KI4* (大鍾). It begins behind the inner ankle and curves around the heel, diverting into the greater yang bladder diverging network vessel of the foot. One of the collateral paths joins the shaoyin kidney diverging network vessel of the foot and travels up to the pericardium before flowing down to the *outer lumbar spine* (腰脊). If during illness, qi flows in reverse, a person feels vexation and oppression. Excess causes *difficult urination* (癃閉) and deficiency causes pain in the waist or lumbar area. These symptoms can be cured at the diverging point.

- (xii) The collateral of the liver meridian (LR) liver diverging network vessel of the foot is called *LV-5* (蠡溝). It begins five cun from the inner ankle and diverts into the *lesser yang* (少陽) gall bladder meridian channel of the foot. One of the collateral paths travels up to the testicles along the tibia and concentrates in the penis. If during illness, qi flows in reverse, the testicles become bloated and herniation pain may occur. When in excess, the penis is prone to erection and may not return to its normal state. If deficient, sudden itching in the groin area is experienced. These symptoms can be cured at the diverging point.
- (xiii) The collateral of the conception vessels (CV) is called *CV-15* (尾翳). It begins at the lower portion of the *coccyx turtledove's tail* (鳩尾) and spreads throughout the abdomen. If in excess, aches of the abdomen skin are experienced. If deficient, itching of the abdomen is experienced. These symptoms can be cured at the diverging point.
- (xiv) The collateral of the governor vessel (GV) is called *GV-1* (長強). It travels alongside the spine upward to the nape of the neck and spreads across the top of the head. At the shoulders, this collateral joins the greater yang bladder meridian channel of the foot, threading through the spine. If in excess, the spine becomes stiff with a loss of the ability to bend back and forth. If deficient, the heaviness of the head is experienced, and the head will shake. This is because of sickness in the channel flowing at either side of the spine. These symptoms can be cured at the diverging point.
- (xv) The *great collateral vessel of the spleen* (脾之大絡) is called *SP-21* (大包). It begins at three cun below the armpit (the *yuanye* acupoint) and spreads throughout the chest and *rib-side* (胸脅). If in excess, *generalized pain* (身盡痛). If deficient, the *hundred joints* (百節) become loose and weak. This collateral accumulates all their collaterals; if blood stasis occurs, these symptoms can be cured at the diverging point.

Both the collateral vessels and meridian divergence enhance the interaction between exterior and interior channel pairs. They differ in that the collateral vessels are located in the limbs and dominate the external portions of the body,

whereas the divergent channels are located in the head, face, chest, and abdominal cavities, dominating the internal portions of the body.

## C. meridian sinew of the cutaneous region

### 1. The twelve meridian sinews

#### i. The meaning and function of the twelve meridian sinews

The twelve meridian sinews refer to the muscles along the twelve meridians. They are nourished by the qi of the twelve meridians and *connect skeleton* (百骸) various parts throughout the entire body. Because the parts of the body irrigated by meridian and collateral have definite regions, the muscles of the body are also divided into multiple systems that belong to the twelve meridians. The twelve meridians were named after their corresponding meridian vessel. For example, the meridian vessel of the bladder meridian (BL) meridian sinew of the foot refers to the muscle system of the bladder meridian (BL) bladder meridian sinew of the foot. A similar rule applies to the other channels.

#### ii. Pathways of the twelve meridian sinews

The pathways of the twelve meridian sinews generally correspond to those of the twelve meridians. Each pathway has a unique starting, ending, branching, and diversion point. However, their distribution always begins in the fingernails at the ends of the hands and feet and travels through the wrists, elbows, armpits, ankles, knees, and hip joints. After twisting around and throughout the body, these channels terminate in the nape and neck, head, and facial region, but are not linked to the internal viscera and bowels.

#### iii. Symptoms of illness in the twelve meridian sinew

Illness in the twelve meridian sinew can generally be classified as caused by either cold or heat. Illnesses that result from cold are primarily exhibited as muscle contracture, tightness, and pain and can be cured by using red-hot needling. Illnesses that result from heat are primarily exhibited as loose and flaccid muscles that cannot be controlled or used. Limited mobility due to muscular tightness or looseness from-meridian sinew diseases can be treated with direct acupuncture to the pain site. Miraculous Pivot, The *Channel Sinews* (靈樞·經筋) includes

records of “sites of pain used as acupoints.”

## 2. Cutaneous region of the twelve meridians

The collateral vessels of the twelve meridians travel through the superficial layer of the skin. Every collateral has defined distribution ranges, which are collectively known as the twelve cutaneous regions. These twelve cutaneous regions are also nourished by the qi and blood in the meridian vessel. Most divisions of the twelve cutaneous regions correspond to the pathways of the twelve meridians. Therefore, as stated in “*Plain Questions, Treatise on Cutaneous Regions* (素問·皮部論), “To know the cutaneous region, mark the meridian vessel. This is the same for all channels.”

## Section 3. The Distribution of Meridian and Collateral in the Human Body

The meridian and collateral in system is the pathway of qi and blood circulation in the human body; its flow resembles a continuous ring. The meridian and collateral in all pass through the tissues and organs of the internal viscera and bowels and through those of the external skin, muscles, and bones. The meridian and collateral in system comprises the twelve meridians, twelve meridian divergences, eight extra meridians, fifteen collateral vessels, twelve meridian sinews, and twelve cutaneous regions.

### 1. The distribution of meridian and collateral in into distinct systems

The meridian and collateral in system centers around five visceral and six bowels, and the pericardium. Each viscera and bowels are connected to a meridian vessel, which forms the twelve meridians. Each meridian vessel governs several branching and diverging paths, collateral vessels, and numerous other tertiary collateral vessels. These all connect to a specific sinew channel meridian sinew and cutaneous region, forming relevant systems.

### 2. The meridian and collateral in systems connected into one system

Aside from the systems of the twelve meridians, the eight extra meridians flow within the body. The exterior and interior paired meridian vessels are also connected by

the diverging network vessel and twelve meridian divergences. Between the zang and fu, the internal and the external, the yin meridians and the yang meridians, and the hand and the foot channels exist additional collateral vessel and tertiary collateral vessel that connect them. The various meridian and collateral in systems are joined together in a communication network. Therefore, when illness occurs in a meridian and collateral in, other linked meridian and collateral in are typically affected. Acupuncture treatment on a single acupoint can also be used to cure illnesses in other parts of the body that are related to the acupoint.

### 3. Meridian vessel Pathways Contain Uneven Twists and Turns

The meridian vessel pathways are typically bent and twisting. A number of channels flow from the lower body to the upper body (called upward channels), some flow from the upper body to the lower body (called downward channels), and some travel through the tissues and organs (called penetrating channels). Additionally, some channels flow alongside tissues (called pincer/clamp channels), some flow in all areas (called encircling channels), some flow out and return again (called returning channels), some flow straight, some flow sideways, some flow obliquely, and some flow in bending or curved patterns.

### 4. Meridian vessel Courses Vary in Depth

The meridian vessel in the human body occasionally flows deep into the internal zang organs and occasionally flows outward on the skin and flesh. The depth of the channel varies from the source until the end. As stated in “Miraculous Pivot, A Separate Treatise on the *Channel Vessels* (靈樞·經脈), “outbound” refers to the channels that begin in the internal and travel to the external skin, and “inbound” refers to channels that begin in the external skin and travel into the internal depths.

### 5. Separations and Convergences Exist Within a Single Channel

The meridian vessel pathways are not limited to single courses. Branches often form along the trunk, which may recombine after diverging. The “branched” in the descriptions of Miraculous Pivot, A Separate Treatise on the Channel Vessels refer to the branch



channels diverging from the meridian vessel. The “branched and diverged” refers to a single branch with two paths. The “joined” means the merging of two branch channels.

## 6. The Links Between Channels

Although the meridian vessel pathways form distinct systems, where two channels are close to each other, at their beginning and ending points, the branches or the divergent channels from two meridian vessel join together, forming continuous circles or cycles. For example, the large intestine meridian (LI) large intestine diverging network vessel of the hand ends at the nostrils, and the stomach meridian (ST) stomach diverging network vessel of the foot begins at the dip along the ridge of the nose. These two channels are linked at the *LI-20* (迎香) right beside the nostrils. The stomach meridian (ST) channel of the foot ends at the outside of the middle toe, with a branch leading into the tip of the big toe or hallux. The spleen meridian (SP) spleen diverging network vessel of the foot begins at the tip of the hallux, and the stomach meridian (ST) and taiyin channels join at the tip of the big toe.

## 7. The Meeting of the Meridian Vessel

When the pathways of two or more channels intersect, needling these points can affect two or more of the channels simultaneously. These intersections are known as the meeting points of the channels. Acupoints in these locations are called “acupuncture points.” Channels meet in two manners.

### i. The Converging of the Meridian Vessel

The converging of channels means that the pathways of two or more channels are capable of reaching a specific location without passing through each other before returning to their respective sides. Consider the *SP-6* (三陰交) along the spleen meridian (SP) of the foot as an example. This is the meeting point of the *three yin meridians of the foot* (足三陰經); thus, the three yin meridians of the foot “converge” here. Therefore, the *SP-6* can control diseases of the liver, spleen, and kidney. The *GV-14* (大椎) on the governor vessel (GV) is the meeting point of the *three yang meridians of the hand* (手三陽經), the *three yang meridians of the foot* (足三陽經), and the governor vessel (GV). All the yang meridians

converge with the governor vessel (GV) at this point; thus, acupuncture to the GV-14 can reduce excessive heat from all overactive *yang exuberance* (陽盛).

## ii. The crossing of meridian vessel

The term “crossing” means to traverse one another. Two or more channels that meet and pass through each other, traversing from left to right and right to left, are described as a crossing. Channels cross in two manners.

Occasionally, two channels meet and cross each other on different planes. Thus, they have no meeting point. An example of this is the liver meridian (LR) of the foot, which crosses over the spleen meridian (SP) of the foot at eight cun above the *inner ankle bone* (內踝) and has no meeting point.

Where two channels cross each other on the same plane, meeting acupoints can be observed. Examples include the large intestine meridian (LI) large intestine meridian and collateral of the hand originating from both the left and right sides. These channels flow outward from the lower teeth, traveling upward along the mouth to meet at the *GV-26* (人中) on the governor vessel (GV). The left channel flows into the right channel and the right flows into the left. Therefore, GV-26 is the meeting acupoint of the governor vessel (GV) and the left and right large intestine meridian (LI) large intestine meridian and collateral of the hand. Another example is the crossing of the left and right stomach meridian (ST) stomach meridian and collateral of the foot at the *CV-24* (承漿) on the conception vessel (CV). Thus, Sauce Receptacle is the meeting point of four channels, namely, the conception (CV), governor (GV), and the left and right stomach meridian (ST) channels of the foot.

## Section 4. Formulation of Meridian and Collateral Theory

The Moxibustion Classic of the 11 Channels of the Legs and Arms and Moxibustion Classic on the 11 Yin and Yang Channels, which were discovered the Mawangdui tomb in Changsha, Hunan, detailed the meridian vessel pathways and distributions and relevant signs of illness. In the Huangdi’s Internal Classic, the composition of the meridian and collateral systems is described. The pathways and distribution areas of the meridian

vessel, collateral vessels, extra meridian, meridian divergence, meridian sinew, and cutaneous region, as well as the physiological functions of the meridian and collateral systems and pathological changes of the various parts of these systems are also explained. Additionally, the concept of channels is linked with the concepts of yin and yang, the five elements, correspondence between heaven and mankind, the theory of visceral manifestation theory, and etiology and pathogenesis. Thus, the fundamental principles of Chinese medicine were formed. Ancient peoples gradually developed and integrated their experiments, observations, and thoughts into a complete theory of channels. The foundations of their inferences were as follows:

### 1. The Extent of the Needle Sensation

Inserting needles into acupuncture point causes a sensation of soreness and numbness, almost an electric tingling, which propagates upward and downward from the insertion point. This is called “the traveling or circulating of ”move qi or “needle sensation.” This phenomenon of propagated sensation is the most prominent for acupuncture point below the elbows and knees in the limbs. For example, when acupuncture is performed on the *ST-36* (足三里), the needle sensation either extends down to the dorsum of the foot or up through the abdominal area. Needle insertion into the *GB-34* (陽陵泉) stimulates a needle sensation either down to the toes or up to the rib-side area. Needling the *GB-41* (足臨泣) sends a needle sensation up to the side of the ear, and needling the *LI-4* (合谷) stimulates a needle sensation that travels up to the shoulder. This knowledge was recorded and categorized by the ancients, who inferred that qi must be connected between the limbs and in the head, face, chest, and abdomen. Thus, the idea of twelve meridians flowing through the limbs was formulated. The pathways that the needle sensations propagated along became the basis of the meridian vessel pathways. Although less than 20% of people experience significant PSC, those who are sensitive to needle sensations indicate courses that match the channel pathways from Chinese Medicine classics almost exactly in repeated applications of acupuncture, regardless of nationality or location.

### 2. Pathological Reflections

Through lengthy observations, the ancients found that when the viscera and bowels developed the disease, the corresponding locations on the limbs were affected. Similarly, diseases in the hands and feet also affected the corresponding viscera and bowels. Needling acupuncture points on the limbs not only cures diseases in the limbs but also diseases in the viscera and bowels. Therefore, connections of qi were believed to exist between the limbs and the viscera and bowels. Through detailed observations, the relationships between them were identified, forming the theoretical foundation of the correlation link between the twelve meridians, the five visceral and six bowels, and the pericardium.

### 3. The Functions of the acupuncture point

Based on the curative effects of acupuncture, the function of each acupuncture point was determined. Not only can stimulating acupuncture point cure diseases in the vicinity, but it can also cure diseases distal to the acupuncture point, diseases in the internal viscera and bowels, and diseases in areas governed by internal viscera and bowels. For example, acupuncture on the LI-4 of the hand treats toothache in the lower jaw, and acupuncture on the *ST-44* (内庭) on the back of the foot treats toothache in the upper jaw. Acupuncture on the *BL-67* (至阴) of the small toe treats headaches, and acupuncture on the *ST-36* below the knee treats various stomach diseases. Acupuncture of the *PC-7* (大陵) and *PC-6* on the back of the hand treats conditions in the chest. Although the location of the illness is distal from the acupoints, acupuncture remains an effective treatment. Although the examples provided above are not as perceptible or exact compared to those for needle sensation propagations, they cannot be explained simply by the connections of nerves and blood vessels in anatomical studies. Therefore, the ancients deduced that the various points (e.g., one point and other affected points) must be connected by channels.

By observing the functions of acupuncture, the ancients found that acupuncture points in two channels or multiple channels can treat diseases in the same area. Additionally, the effect of a single acupuncture point can treat diseases in two or more channels or viscera and bowels connected to multiple channels. This indicates that meetings, crossings, and links between channels should exist.

#### **4. Revelations Derived Through the Holistic Concept**

The ancients considered the physiological functions of various parts of the body as part of the organic whole. Not only are the parts of the human body part a whole, but the concept of heaven and earth in nature, yin and yang, the four seasons, and the five parts of the earth also comprise a whole. The viscera and bowels and tissue coordinate with each other in precise detail and conduct normal physiological activities in a balanced and coordinated state. Meridian and collateral manage the communication and regulations for this coordination. Thus, regardless of whether each meridian and collateral has its own system, the systems and channels are connected and coordinated with each other. This facilitates the constant circulation of the nutrient and defense in the continuous circle. Based on the holistic concept, the relationships between channel running courses and channel exterior and interior pairs were established.

The above discussion indicates that the formulation of meridian and collateral theory resulted from both findings regarding the phenomenon of propagated needle sensation and clinical observations of the functions and pathological reflections of the acupuncture point.

### **Section 5. The Physiological Effect of Meridian and Collateral**

Meridian and collateral theory can be clarified into the following two physiological effects:

#### **1. Communicating the upward and the downward and the internal and external.**

“Miraculous Pivot, On Seas” in *Spiritual Pivot* states that “the twelve meridians belong within to the viscera and bowels and connect without to the limbs and joints.” This indicates that the channels connect internally between the five visceral and six bowels, and spread externally across the body. The channels exist within the head, face, torso, limbs, facial organs, body orifices, skin, flesh, muscles, bones, and various other organs and tissues. They are responsible for connecting the top and the bottom and the internal

and external. The Classic of Difficult Issues further compared the twelve meridians to rivers and the eight extra meridians to lakes and swamps. The branches and collateral vessels are equivalent to irrigation channels that spread throughout the land, and the flesh, muscles, and skin are the areas to be irrigated by the river. Thus, the organism is coordinated and unified into a comprehensive whole.

## 2. The Passage of Qi and Blood, and the Nutrient and Defense

Meridian and collateral are the pathways for the circulation of qi and blood throughout the body. Two sources of qi and blood exist in the human body. One is the innate moving qi (dong qi) between the kidneys, also called “source qi” (yuan qi). The other is the essence of acquired food and drinks, which is called “grain qi” (gu qi). Innate source qi and acquired grain qi combine and complement each other to maintain the physiological function of all parts of the human body. Qi that passes through the five zang and six fu is called “visceral qi” or “bowel qi.” Qi that affects the meridian vessel and collateral vessels are called “channel qi” (jing qi) or “collateral qi” (luo qi). “nutrient qi and defense qi distribute the qi and blood in the channels throughout the internal and external body, nourish the tissues of each area, defend against external pathogens, and maintain a healthy body. Aside from a portion of meridian and collateral qi and blood that act within the meridian and collateral themselves, most of the qi and blood circulating in the channels are comprised of nutrient qi and defense qi. Their circulation is described as “encircling continuously similar to a ring without end.”

### i. The Flow of meridian qi

The term “meridian qi” refers to the qi in the meridian vessels. The meridian qi of each channel acts only within that channel. The meridian qi of all twelve meridians from innate source qi and acquired nutrient and defense qi. This qi emanates from the good point of each channel, glides in the brook point, pours into the transport point, flows over the meridian point, and travels inward at the sea point. Subsequently, the qi follows the meridian vessel and joins the viscera and bowels. Thus, the meridian qi in the twelve meridians all flow from the tips of the fingers or toes and toward the viscera and bowels. As stated in the chapter titled “*Plain Questions, Qi and Blood [of the Channels] and Body and Mind* (素

問·血氣形志篇)” in Basic Questions, “The greater yang often has more blood and less qi, the lesser yang often has less blood and more qi, the yang brightness often has more blood and more qi, the lesser yin often has less blood and more qi, the reverting yin often has more blood and less qi, and the greater yin often has more qi and less blood.” Because the yin meridians are paired with the yang meridians in exterior and interior relationships, the distributions of qi and blood are coordinated and become balanced. Therefore, greater yang has more blood and less qi, whereas lesser yin has less blood and more qi; lesser yang has less blood and more qi, whereas reverting yin has more blood and less qi; and yang brightness has a greater amount of qi and blood because both are generated in yang brightness. The amount of qi and blood affects the application of treatments because channels with a shortage of qi should not be overstimulated with acupuncture to avoid harming the original qi, and channels with less blood should not be overstimulated with moxibustion to avoid scorching the yin-blood.

## ii. The Spreading of Collateral Qi

The term “collateral qi” refers to the qi in the collateral vessels. Collaterals are not the main pathways of qi and blood traffic; instead, they are the remaining channel qi from the meridian vessel, which densely cover the entire body. However, the flow of collateral qi in the diverging network vessel is more obvious because of their role in facilitating communication between the exterior and interior paired channels. As stated in “Difficulty 23” of The Classic of Difficulties, “The diverging network vessel extends from and along with their sources in a continuous ring, irrigating each other.” This indicates that the collateral qi of the diverging network vessel comes from the meridian vessel, diverts from the collateral vessels connecting or connecting point in the external channels, and follow the collateral vessels to the internal channels before diverting again from the collateral connecting or connecting point of the internal channels and returning along the collateral vessels to the external channels. Thus, reciprocal irrigation forms similar to a continuous ring.

## iii. The Flow of Nutrient Qi

Nutrient qi is the body’s nutritional essence of and emanates from the

zhongjiao (middle energizer). Although the twelve meridians form their own systems, the meridian vessel is interconnected, causing blood and qi to flow in a continuous ring. The course of nutrient qi and defense qi differs.

#### iv. Refined and Concentrated Nutrient Qi

Refined and concentrated nutrient qi flows through the twelve meridians. It begins in the lung meridian (LU) of the hand and travels through the large intestine meridian (LI) of the hand, the stomach meridian (ST) of the foot, the spleen meridian (SP) of the foot, the heart meridian (HT) of the hand, the small intestine meridian (SI) of the hand, the bladder meridian (BL) of the foot, the kidney meridian (KI) of the foot, the pericardium meridian (PC) of the hand, the triple energizer meridian (TE) of the hand, the gallbladder meridian (GB) of the foot, to the liver meridian (LR) of the foot; after which, it returns to the lung meridian (LU) of the hand, completing a full cycle of the body. Nutrient qi requires an entire day and night to travel through the entire body. Every day, this qi remains in each channel for a single shichen (traditional unit of time equal to 2 hours). Within this two-hour period, refined and concentrated Nutrient qi interacts with and reinforces the meridian qi of the channel. This is the time of the day when the qi is strongest in that specific channel. Refined and concentrated nutritive qi flows through the twelve meridians from the chest to the three yin meridians of the hand, from the hands to the three yang meridians of the hand, from the head to the three yang meridians of the foot, and from the foot to the abdomen in the three yin meridians of the foot. Qi travels on the same channel on both sides of the body at the same time. Additionally, these courses are the same in males and females.

#### v. Gathering, Nutrient qi, and Defense Qi Flowing Together

Ancestral qi (zong), nutrient qi, and defense qi flow together. This is because nutrient qi (the essence of nourishment), defense qi (substantiates between the skin, hair, and flesh interstices and fortifies and defends against the external), and ancestral qi (accumulates in the middle of the chest, penetrates through the heart channel, and governs breathing functions) all result from water and food qi in the middle energizer. Nutrient qi flows within the channels, whereas defense qi travels outside the channels. Both are controlled by ancestral qi; thus, all three travel



together. However, both the direction of flow and the pathway differs from that of the perfect and concentrated nutrient qi. In *Miraculous Pivot*, this is called “the Fifty Cycles.” The flow of the fifty cycles follows the 28 channels (twelve meridians on each side, yang heel vessel for men and yin heel vessel for women, and the governor (GV) and conception vessels (CV) that flow through the middle). At each exhalation, the qi travels three cun in the channel, and for each inhalation, the qi travels another three cun. Exhalation and inhalation controls the breathing, which drives qi six cun along the channels. Thus, 270 breaths are required for the qi to flow throughout the entire body, traveling 16 zhang and 2 chi (which are both measurements of length; chi = 10 cun and zhang = 10 chi) along the entirety of all the channels in the body; this is known as one du. According to “*Magic Pivot, Vessel Measurement Standards* (靈樞·脈度), for a person with a length of 8 chi, the 28 channels in both the left and right sides amount to 16 zhang and 2 chi, as shown in the table below.

### 3. meridian vessel lengths

During a single day and night, the average person takes 13,500 breaths. Nutrient and defense travel together around the body for 50 du, which is known as one zhou or a grand cycle. In the yin hours of each day (between 3 and 5 AM), the joint nutrient and defense converges with the perfect and concentrated nutrient qi in the lung meridian (LU) of the hand. The fifty cycles flow through the 28 channels in the following sequence: For men before noon, qi flows through the meridian vessel on the left side of the body in a forward direction before traveling in the meridian vessel on the right side in the opposite direction, totaling 25 du. For men after noon, qi first travels in the forward direction through the meridian vessel on the right side of the body and then travels the meridian vessel on the left side in the opposite direction, totaling 25 du. For women, the course before noon is the same as that for men after noon, and the course after noon is the same as that for men before noon. In summary, the course of the fifty cycles in the meridian vessel differs between men and women, before and after noon, in the yin and yang meridians, on the left and right sides, and in the hand and foot channels.

## 4. The Course of Defense Qi

The main function of defense qi is to regulate body temperature, nourish the skin, and resist external pathogens. Although the pathway of defense qi does not follow the sequence of the twelve meridians explained previously, it differs between day and night. During the day, defense qi travels the six yang channels for 25 grand cycles, beginning at the side of the eye. It flows through the external parts of the six yang channels to support the skin and flesh interstices (the membranes underneath the skin known as interstices). During the night, defense qi travels the yin of the five visceral for 25 grand cycles (the membrane covering the internal organs of the five visceral and six bowels, which connects to the membrane for the interstices on the fleshy exterior and is controlled by the triple energizers, or the triple energizer). Therefore, defense qi emerges during the day from the side of the eyes as people open their eyes and wake. During the night, defense qi burrows into the internal organs as people close their eyes and sleep.

## Section 6. Application of Meridian and Collateral Theory in Pathology

“*Magic Pivot, Inquiry About Statements* (靈樞 · 口問) “as the 100 illnesses emerge, they emerge from the wind, rain, cold, heat, yin, yang, joy, anger, drink, food, housing, and living. Great fear causes terror, which separates the qi and blood, disperses the yin and yang, closes the meridian and collateral, stops the vessels, places the yin and yang against each other, renders defense qi stagnant, empties the meridian vessel, disturbs the sequence of blood and qi; thus, normalcy is lost.” This indicates that under normal conditions for the meridian and collateral, nutrient and defense should follow each other, qi and blood should be equal and balanced, and flow should be circular, similar to a continuous ring. If the six excesses invade from the outside of the seven emotions harm from the inside, the normalcy of the qi and blood in the meridian and collateral will be destroyed and various types of illnesses will develop. These illnesses are classified as either meridian and collateral self-incurred illnesses or channel-zang communicated or interacting illnesses and explained below.

## 1. The Pathology of meridian and collateral Self-Incurred Illnesses

The “Miraculous Pivot, Channel Vessels classified meridian and collateral self-incurred illnesses into eight types, namely, deficiency, excess, cold, heat, stasis and knots or binds, depression, reversal, and termination, which are explained below:

### **i. Excess pattern / syndrome**

Meridian and collateral are the pathways of qi and blood circulation in the body. If pathogen invades either by internal or external causes, circulation is affected. The meridian and collateral depression, and qi cannot flow smoothly. This is the excess pattern / syndrome. A symptom of this excess pattern / syndrome is swelling pain in the areas that meridian vessels pass through.

### **ii. Deficiency pattern / syndrome**

When the qi and blood in nutrient and defense are insufficient, the meridian vessel loses their nourishing ability, resulting in the areas around the meridian vessel becoming numb and atrophied. This is the deficiency pattern / syndrome.

### **iii. Heat pattern / syndrome**

In meridian vessel where the yin and yang are excessive, if the yang hyperactivity, areas along with the meridian vessel show signs of heat. This is the heat pattern / syndrome.

### **iv. Cold pattern / syndrome**

When yin is strong and yang is weak, areas related to the meridian vessel show signs of a cold. This is the cold pattern / syndrome.

### **v. Stasis Bind**

When the meridian and collateral exhibits red and purple lines, blood does not flow smoothly and is halted. This is known as a stasis bind (yujie). This illness can be caused by excessive qi and blood overflowing out of the meridian and collateral or an inability of meridian qi to circulate. Serious stasis bind can be pricked with a stone needle.

### **vi. Depression**

If the skin and flesh are not nourished, over time the muscles grow thin, and the skin becomes crumpled and sunken; this is called depression. This illness may be caused by insufficient qi and blood in the meridian and collateral or blockages

to the flow of qi and blood. Depression illnesses are better treated with moxibustion.

### **vii. Syncope**

Syncope is caused by the loss of normal rhythm in the flow of qi and blood through the meridian vessel. The direction of the flow is reversed, causing significant mismatches in qi and blood, leading to disharmony between nutrient and defense, and resulting in the loss of agility in local muscles and bones. This is the syncope. Examples include reversal cold in the arm of the lung meridian (LU), ankle reversal of the bladder meridian (BL), and shin reversal of the stomach meridian (ST).

### **viii. Illnesses of Termination**

Regardless of whether the cause of an illness is deficiency or excess, if the meridian vessel has remained stagnant for too long, the qi that flows through the meridian vessel is most likely weak and depleted. Because meridian vessels are linked to viscera and bowels, termination of qi in meridian vessel causes failure in the viscera and bowels linked to that meridian vessel, leading to death. If the meridian qi of the yin or yang meridians is blocked, the balance of yin and yang will be lost and the connection cannot be maintained, causing a fatal condition known as the severance of yin and yang.

## **2. The Pathology of Channel-Zang Communicated or Interacting Illnesses**

Meridian and collateral are the pathways of communication between viscera and bowels and the skin and flesh. If one becomes ill, the other is affected. The development of illness is closely related to the meridian and collateral.

As written in “Plain Questions, Treatise on Cutaneous Regions, “The collateral vessels and the twelve meridians all have corresponding skin regions. All diseases begin at the skin level. When pathogens invade the skin, forcing the interstices to open, they enter and lodge in the collateral vessels. If they are not removed, they pass into the meridian vessel. If again not removed, they pass into the fu, where they accumulate in the stomach and intestines. ... When pathogens attack the skin, they force the interstices to

open and invade the collateral vessels. Once the collaterals are filled, they overflow into the meridian vessel. When the meridian vessel is filled, they lodge in the viscera and bowels.” This illustrates the invasion of pathogens from the surface of the body. Pathogens always invade the collateral vessels before reaching the meridian vessel and finally entering along the meridian vessel into the linked viscera and bowels, causing illness. Conversely, if illnesses develop in the viscera and bowels, the linked meridian and collateral will be affected, developing the illness. Therefore, illnesses in the twelve meridians often include viscera and bowels, symptoms, and viscera and bowels, illnesses often include meridian vessel symptoms. For example, illnesses in the lung meridian (LU) are typically accompanied by swelling of the lungs, difficulty breathing, and a cough. When illnesses develop in the heart meridian (HT), pain in the heart is typically experienced. In addition, liver illnesses exhibit as pain in the lateral coastal area, and heart disease exhibits middle chest pain, lateral coastal pain, and inner arm pain. Symptoms of small intestine illnesses often include heat in front of the ears, and bladder illnesses often exhibit as heat on the top of the shoulders.

Both the potency of pathogens and the strength of the human body vary. If the constitution of people’s bodies remains strong or their health is well-maintained, even when the pathogenic factor is powerful, signs of illness may develop in the meridian and collateral without entering the viscera and bowels. If the pathogenic factor is extremely severe or the internal zang is seriously deficient, the pathogen may invade the viscera and bowels directly from the start. Pathogens do not always follow the sequence from the external to the internal. In the Treatise on Cold Damage Diseases, when wind stroke reaches the “central zang,” they are described as moving “direct strike/stroke.”

## **Section 7. Application of meridian and collateral theory in Diagnosis**

As stated in “*Magic Pivot, Channel Divergences* (靈樞·經別), “The twelve meridians govern how people live, how illnesses develop, how people are cured, and how illnesses are eliminated. This is where learning begins, and where those who delve in the art of healing toil until the end. The careless consider it easy, but the brightest consider it

difficult.” This idea is expressed with even greater clarity in “Miraculous Pivot, Channel Vessels, “the meridian vessel determine life and death, manage a hundred diseases, and adjust deficiencies and excesses. They must not be left unlearned.” These passages demonstrate the importance of meridian and collateral theory in TCM. Furthermore, the phrase “to determine life and death” refers to the application of meridian and collateral theory for diagnostics, which is explained below.

## **1. meridian and collateral theory and Palpation**

### **i. Determining suitable locations to measure Palpation**

TCM employs four diagnostic methods, namely, inspection, listening and smelling examination, inquiry, and palpation. Among these, take the pulse are the most important. The principles of sphygmology are closely related to the physiology of meridian and collateral. The first difficulty in the Classic of Difficult Issues introduced the standard practice of Palpation at the radial arteries along the wrist. This was based on the theory from the Internal Classic that nutrient and defense traveling throughout the body merge at the lung meridian (LU). The twelve meridians were diagnosed and observed using the cun, guan, and chi locations on the fingers of the left and right hands (the forefinger is cun, the middle finger guan, and the ring finger chi when they are used to measure the wrist). Each location controls the channel of one zang and one fu. In Pulse Classic, Wang Shuhe also employed this theory to diagnose diseases in the zang and fu.

### **ii. Deficiency and Excess of the twelve meridians from Palpation**

Internal Classic compared the amplitude of palpation in the carotid pulsation (carotid artery) and wrist pulse (radial artery) as the basis of pulse diagnosis. For excess pattern / syndrome in yin meridians, the palpation in the wrist pulse were stronger than those in the carotid pulsation. For deficiency pattern / syndrome in yin meridians, the palpation in the wrist pulse were weaker than those in the carotid pulsation. For excess pattern / syndrome in the yang meridians, carotid pulsation palpation was greater than those in the wrist pulse. For deficiency pattern / syndrome in yang meridians, the palpation in the-carotid pulsation was weaker than those in the wrist pulse.

## 2. meridian and collateral theory and diagnosis

### i. The diagnosis of meridian and collateral illness symptoms

Symptoms in the meridian vessel and collateral vessels generally correspond to the pathways of each meridian vessel or the linked viscera and bowels.

### ii. Delineating similar symptoms

For identical symptoms or illnesses, TCM typically recommends different treatment methods because of the various meridian vessel that are connected to it. The method of acupuncture diagnosis is based on meridian and collateral theory.

Identical symptoms or illnesses at different illness locations can be diagnosed by following the channel meridian and collateral pathways to identify which meridian vessel the symptom or illness originates from. Consider headaches for example, they can occur in the front, back, or the sides of the head. Headaches at the back of the head originate from the bladder meridian (BL), whereas headaches in the forehead originate from the stomach meridian (ST). Pain on either side of the head originates from the triple energizer meridian (TE) and gallbladder meridian (GB) channels of the hand and foot. These are delineated by considering the distribution of the three yang meridians in the head.

For identical symptoms or illnesses in the same illness location, the illness symptoms (syndromes) that should be produced by each meridian vessel can be used to determine the meridian vessel the illness originates from. For example, both the lung meridian (LU) and the kidney meridian (KI) exhibit illness through cough and panting. Clinical diagnosis can be made based on other symptoms that differ between the channels. Coughs and difficulty breathing originating from the lung meridian (LU) are often accompanied by symptoms such as swelling of the lungs, fullness of the chest, and pain in the supraclavicular fossa. Coughs and difficulty breathing originating from the kidney meridian (KI) are accompanied by symptoms such as a feeling of the heart being suspended with great hunger and being easily frightened.

### iii. Determining Difficult to Diagnose Symptoms

Clinically, symptoms or illnesses that cannot be clearly diagnosed by

inspection, listening and smelling examination, inquiry, and palpation can be assessed using meridian and collateral theory. For example, the palpitation method can be employed to identify painful areas on the patient's body. These areas can then be correlated to appropriate meridian and collateral, and pressure can be exerted on points along the appropriate meridian vessel. If pressure pain also occurs along the chosen meridian vessel the illness originates from can be identified. This reasoning is described clearly in "Each According to His Ability" in *Spiritual Pivot*, "From observing where the pain dwells and its symptoms, its coldness and warmth can be determined and the location of the meridian vessel the sickness is located in will be revealed."

## **Section 8. Application of Meridian and Collateral theory in Acupuncture Therapy**

The theoretical foundation of acupuncture is meridian and collateral theory. Therefore, meridian and collateral theory must be well-learned to exploit the full effectiveness of acupuncture treatments. This concept is written clearly in *"Miraculous Pivot, Channel Vessels"*, "the meridian vessel determine life and death, manage a hundred diseases, and adjust deficiencies and excesses." This demonstrates the importance of meridian and collateral theory in actual treatments. A common Chinese saying states "if you know not the twelve meridians, you talk and act befuddled." The key determinant of the effectiveness of acupuncture is the selection of the appropriate acupoint, the precise positioning of acupoints, and the correct application of techniques. These three conditions are closely linked to-meridian and collateral theory and explained below.

### **1. The principles of selection of points by the affected channel**

In clinical treatments of acupuncture, once the location of the viscera and bowels and meridian and collateral of the illness is determined, the illness characteristics, including whether the source is exterior and interior, yin or yang, cold or heat, and a deficiency or excess, are then determined according to the Eight Principle Pattern Identification/ Syndrome Differentiation of differentiating diseases. Then, the acupoint is



selected by the classifications of the meridian and collateral systems. This process is known as “selection of points by the affected channel,” and the principle is explained below:

**i. Selecting acupoints on the relevant meridian vessel**

When symptoms of illness for a meridian vessel are observed, acupoints in that channel should be selected, such as the good point, brook point, transport point, meridian point, sea point, source point, connecting point connecting or diverging points, and... acupoints.

**ii. Selecting points on the meridian vessel linked to the viscera and bowels**

When symptoms of illness in the viscera and bowels are exhibited, if the illness is related to the zang system (including the viscera and bowels and the tissues it governs, such as the five offices organs and nine orifices), acupoints should be selected on the meridian vessel linked to the viscera and bowels. If the disease originates from the physical property of the viscera and bowels, then the mu (front) and shu acupoints of each zang are selected.

Selecting acupoints on channels with mother-son or exterior and interior relationships with the zang and meridian vessel involved.

When symptoms of illness in viscera and bowels or meridian vessel are displayed, and the etiology is linked to other zang and channels, the acupoints on the meridian vessel related to this zang and channels should be selected, such as the mother-son or internal-external paired channel.

For illnesses in the eight extra meridians vessels, the crossing point of these vessels with the twelve meridians or the eight methods point should be selected.

When illness is present in the eight extra meridians channels, because only the conception (CV) and governor vessels (GV) have specialized acupoints that the other six pulses lack, meeting acupoints between the twelve meridians and the eight extra meridians, or the eight methods point linked to the eight extra meridians should be selected.

For illnesses in the diverging network vessel, a connecting point connecting or connecting point should be selected. For illnesses in minute channels, the blood vessels in the tertiary collateral vessels should be pricked with a needle.

When illness is present in the collateral vessels, the collateral connecting and connecting point should be selected if the illness is located in one of the diverging network vessels. If the illness is present in regular collateral or tertiary collateral vessel, simply pricking the blood vessels of the small collaterals is sufficient.

For illnesses in the meridian sinew, acupoints in the pain sites should be selected.

The selection of points by the affected channel means selecting acupoints on the channel with the illness or on other related channels.

## **2. An inaccurate acupoint is preferable to an incorrect channel**

Whether clinical acupoint selection is accurate often affects the treatment effects of acupuncture. Even if the acupoint selected is incorrect, inserting a needle into the meridian vessel still provides the expected results. In *Internal Classic*, numerous passages record only the channel to be treated with acupuncture, without specifying the acupoint. This emphasizes the principle “An inaccurate acupoint is preferable to an incorrect channel.”

## **3. The principles of directional supplementation and draining**

The effect of acupuncture is to harmonize the qi and blood; thus, principles of directional supplementation and draining must be implemented during applications. As written in “Difficulty 72” of *The Classic of Difficulties*, “that which is called directional supplementation knows the flow of the nutrient and defense, and the forward and returning travel of the meridian vessel. Considering the points either in reverse or in accordance with the direction is called directional supplementation.” “Difficulty 79” of *The Classic of Difficulties* also states that “if one goes against and plunders, how can it be not deficient? If one goes along and helps, how can it be not in excess?” Using two opposing maneuvering techniques during acupuncture can stimulate the qi and blood flows in the meridian vessel and induce opposing effects. When the qi and blood are in excess, the restriction exerted by needling can weaken the flow of the qi and blood. When the qi and blood are insufficient, the pushing force during needling can strengthen the circulation of qi and blood. The first method goes against and decreases, whereas the

second method goes along and strengthens.

Three methods of moving directional supplementation and draining exist:

**i. The son and mother method of moving directional supplementation and draining**

Using the good point, brook point, transport point, meridian point, and sea point acupoints and the five element attributes of the meridian vessel, the mother and son channels can be identified. If a channel is deficient, reinforcing it from its mother acupoint is known as “moving along.” If a channel is in excess, reducing it from the son acupoint is known as “going against.” Therefore, these techniques are called “going directional supplementation.”

**ii. Supplementation and drainage according to needle direction**

The direction of the needle direction relative to the meridian vessel during acupuncture constitutes agreement and inversion. Going against the direction the meridian vessel flows reduces, whereas going along the meridian vessel in the direction of flow reinforces.

**iii. Needle rotation method of going directional supplementation and draining**

Left and right needle manipulation during acupuncture reinforces the qi and blood in the meridian vessel flow; this is called “going along and reinforcing.” Weakening the circulation in the channel through twirling is called “going against and reducing.” In principle, turning the needle to the left reinforces, and turning the needle to the right reduces. However, because the qi and blood flowing in the meridian vessel include, meridian qi, nutrient qi, and the fifty cycles, acupuncturists performing this technique should consider the differences in the left and right sides, hands and feet, yin and yang meridians, back and abdomen, whether the patient is male or female, and whether the time is before or after noon.

Going directional supplementation and draining methods in acupuncture determine inversion and agreement according to the meridian vessel flow. Therefore, in clinical applications, the principle of “knows the flow of the nutrient and defense, and the forward and returning travel of the meridian vessel” should be understood well for these techniques to be effective.

# **【 Chapter 3 】**

## **Individual Acupoints**

## 【Chapter 3】 Individual Acupoints

### Section 1. Acupoints on the Taiyin Lung Meridian (LU) Channel of the Hand

The taiyin lung meridian channel of the hand (LU) contains 11 acupoints, which total 22 acupoints for both sides of the body. Nine of the acupoints are located on the radial side of the upper limbs, and two are located on the upper chest. This channel begins at the zhongfu acupoint *Central Treasury (LU-1)* (中府) and ends at *shaoshang Lesser Shang (LU-11)* (少商). The main indications involve the respiratory system and areas along the channel meridian vessel course.

#### Contemporary Chart 1 of the Taiyin Lung Meridian (LU) Channel of the Hand

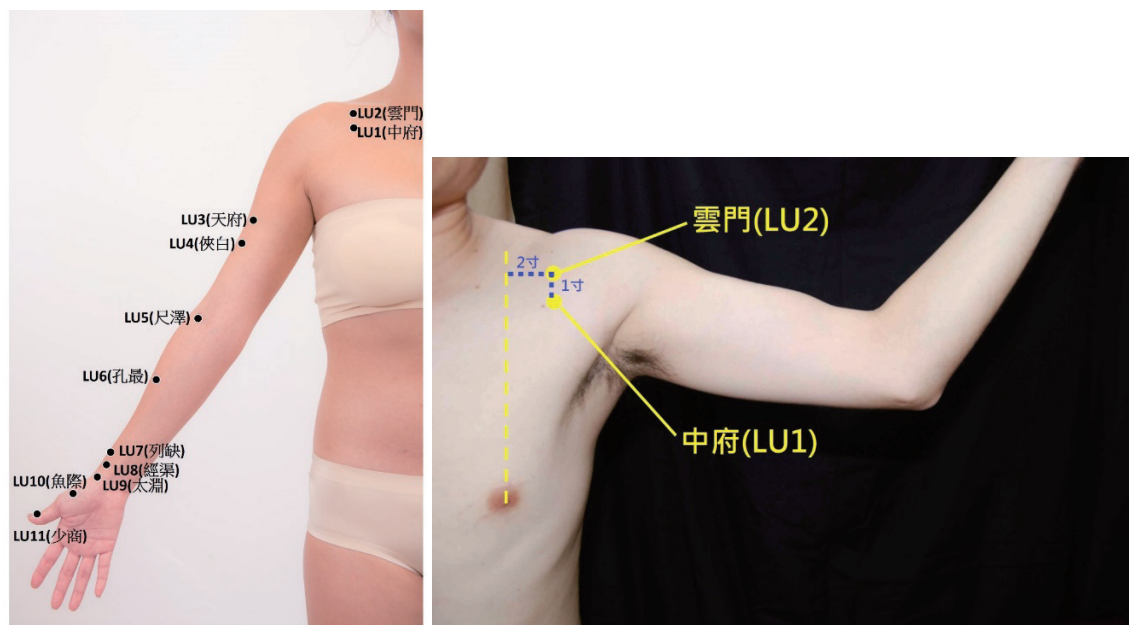


Figure 1

## 1. LU1 Zhongfu Central Treasury (中府)(Figure 1)

**Location:** On the lateral superior aspect of the chest, 6 cun from the conception vessel (CV), and in the first intercostal space.

**Acupoint anatomy:** Skin – subcutaneous tissue – branch of the supraclavicular nerve – pectoralis major – thoracoacromial artery - cephalic vein - lateral pectoral nerve – lateral intercostal muscle.

**Dermatome:** C5

**Locating the acupoint:** With the patient lying in a supine position, locate the clavicle, moving downward seek the first intercostal space between the first and second ribs. Measuring 6 cun lateral to the anterior midline, the acupoint is located in the intercostal space.

**Indications:** Wheezing and panting, coughing, chronic bronchitis, bronchial asthma, pneumonia, pleurisy, and intercostal neuralgia.

## 2. LU2 Yunmen Cloud Gate (雲門) (Figure 1)

**Location:** On the lateral superior aspect of the chest, above the coracoid process of the scapula, and in the depression of the infraclavicular fossa at 6 cun from the conception vessel.

**Acupoint anatomy:** Skin - subcutaneous tissue – anterior deltoid – subclavius

**Dermatome:** C5

**Locating the acupoint:** With the patient lying in a supine position, locate the depression between the lateral and inferior edge of the clavicle and the rib. The acupoint is 1 cun and 6 fens above the zhongfu acupoint Central Treasury (LU-1), and 6 cun lateral to the anterior midline of the chest. With the patient is sitting upright, raise one arm to shoulder level to locate the acupoint.

**Indications:** Coughing, panting with an inability to catch one’s breath, shoulder pain with an inability to raise the arm, back pain, wheezing and panting, shoulder and back pain, bronchitis, intercostal neuralgia, and periarthrititis of the shoulder.

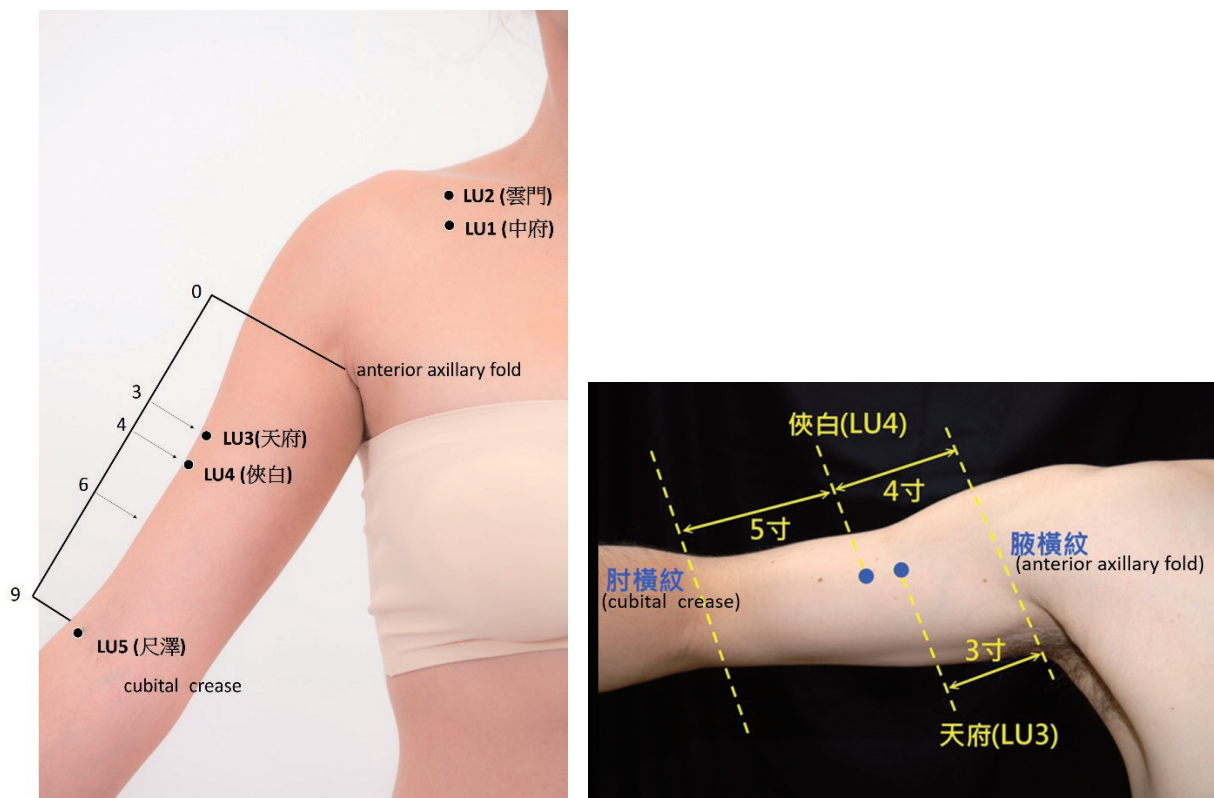


Figure 2

### 3. LU3 Tianfu Celestial Storehouse (天府) (Figure 2)

**Location:** On the anterolateral aspect of the upper arm, along the radial border of the biceps brachii, 3 cun below the head of the axillary crease (underarm crease).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral antebrachial cutaneous nerve - cephalic vein - biceps brachii - brachialis - radial collateral artery.

**Dermatome:** C6.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, and both arms hanging straight down, the acupoint is level with the nipple.

**Indications:** Wheezing and panting, coughing, throat swelling, nose and mouth bleeding, shoulder and arm pain, bronchitis, bronchial asthma, and acute or chronic rhinitis.

#### 4. LU4 Xiabai Guarding White (俠白) (Figure 2)

**Location:** On the inside of the upper arm, along the radial border of the biceps brachii, 5 cun above the cubital crease or 4 cun below the axillary crease (underarm crease).

**Acupoint anatomy:** Skin - subcutaneous tissue - inferior lateral antebrachial cutaneous nerve - cephalic vein - biceps brachii - brachialis - radial collateral artery.

**Dermatome:** C6.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, and the arms hanging down and the elbow bent, locate the acupoint.

**Indications:** Stomach pain, heart pain, retching counterflow, vexation and fullness, coughing, wheezing and panting, pain along the inside of the upper arms, bronchitis, gastritis, and tachycardia.

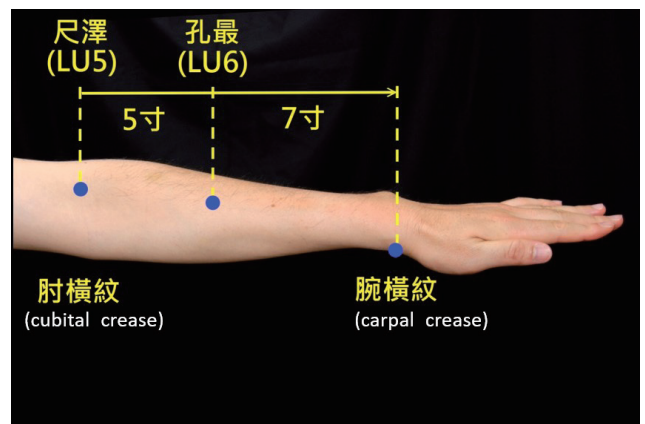
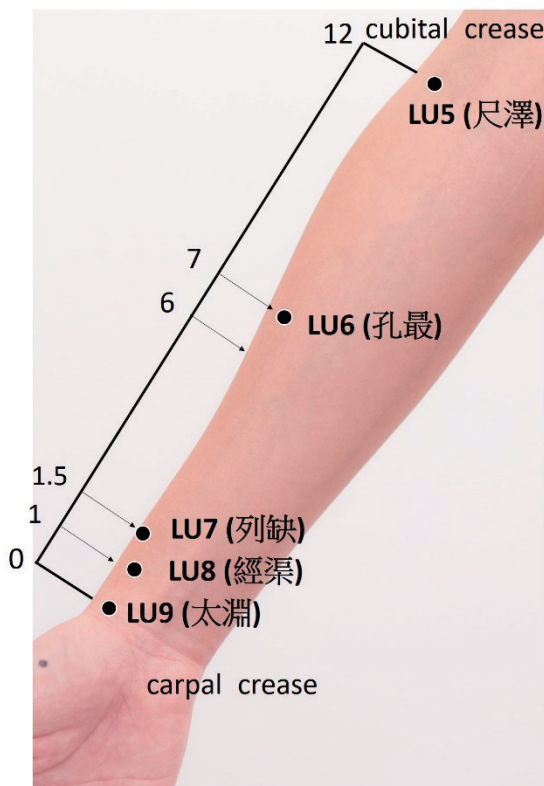


Figure 3



### 5. *LU5 Chize Cubit Marsh (尺澤) (Figure 3)*

**Location:** On the radial side of the elbow at the radial end of the cubital crease, in the radial depression of the tendon of the biceps brachii.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein - the lateral cutaneous nerve of the forearm - brachialis – radial nerve and the radial recurrent branch of the brachial artery – edge of the pronator.

**Dermatome:** C6.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, elbows slightly bent, and palms facing upward, press and locate the transverse crease in the bent elbow. In the space between the muscle and bone, locate the depression on the radial side. Pinch the acupoint and instruct the patient to flex and extend their elbow, they should feel definite soreness.

**Indications:** Wheezing and panting, coughing up phlegm, sweating and wind stroke, inflammation of the throat, shoulder and arm swelling and pain, with an inability to raise the arm, bi-syndrome caused by preponderant wind and spasms of the elbow, acute vomiting and diarrhea, tidal fever, bronchitis, pneumonia, pleurisy, tonsillitis, pharyngitis, acute gastroenteritis, and inflammation of the elbow joint and surrounding soft tissues.

### 6. *LU6 Kongzui Collection Hole (孔最) (Figure 3)*

**Location:** On the radial side of the back of the forearm, along the line connecting chize Cubit Marsh(LU-5) and taiyuan Great Abyss(LU-9), approximately 7 cun above the transverse crease of the wrist.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein - the branch of lateral cutaneous nerve of the forearm - brachioradialis - a radial artery and superficial branch of the radial nerve - supinator teres - flexor digitorum superficialis - flexor hallucis longus.

**Dermatome:** C6

**Locating the acupoint:** Instruct the patient to raise an arm with the palm upward until it is in line with the chize Cubit Marsh (LU-5) acupoint. The kongzui Collection Hole (LU-6) is 5 cun below the chize Cubit Marsh (LU-5) to the radial side. Alternatively, measure 7 cun up from the radial side of the end of the transverse crease of the wrist.

**Indications:** Coughing, wheezing and panting, sore throat, loss of voice, elbow and

arm pain, difficulty bending and extending, wrist pain, headache, bronchitis, and tonsillitis.

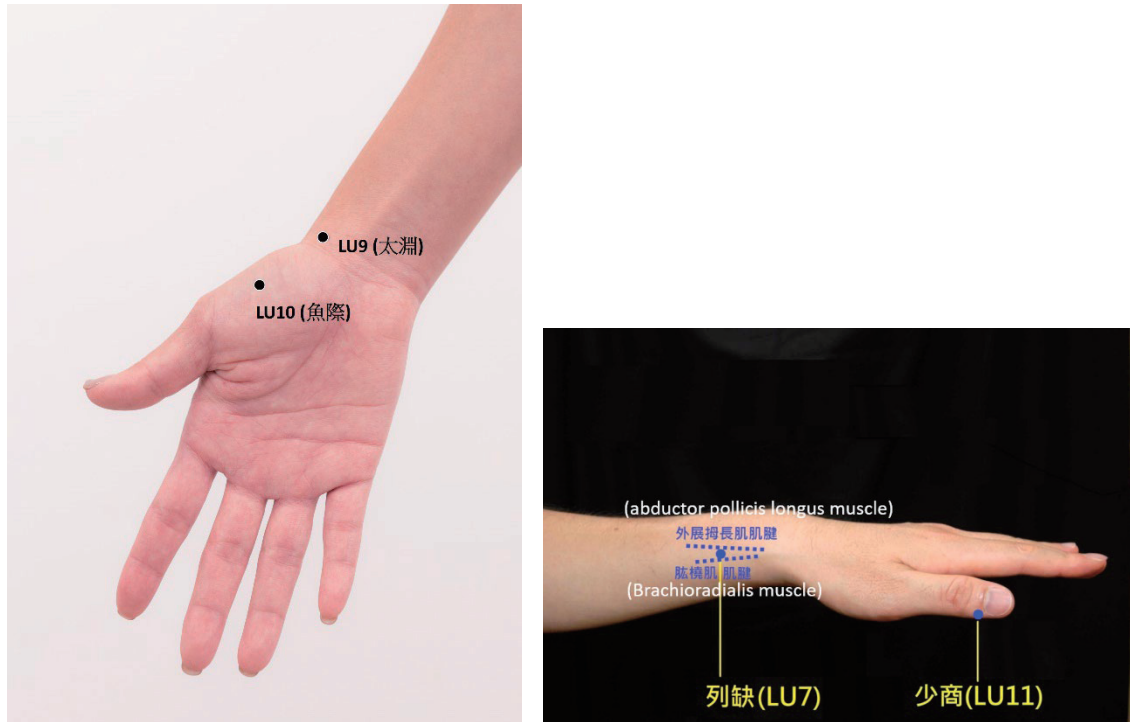


Figure 4

### 7. LU7 *Lieque Broken Sequence* (列缺) (Figure 4)

**Location:** On the radial side of the forearm, above the radial styloid process, 1 cun and 5 fen diagonally up from taiyuan Great Abyss (LU-5).

**Acupoint anatomy:** Skin - subcutaneous tissue - a superficial branch of the radial nerve – brachioradialis – between the extensor carpi longus, the extensor carpi brevis, and the tendon of abductor pollicis longus – radial artery – supinator.

**Dermatome:** C6.

**Locating the acupoint:** Place one of the patient’s arms sideways with the radial side facing upward and first locate the lateral, superior, and radial side of the transverse crease of the inner wrist. The acupoint yangxi Yang Ravine (LI-5) of the hand yangming large intestine meridian (LI) channel is located in the depression between the two muscles.

Measure 1 cun and 5 fens up from yangxi Yang Ravine (LI-5). An alternative method for locating lieque is to instruct the patient to stretch the thumbs and forefingers of both hands, before overlapping their hands. The interstice between the bone and the muscle can be located with the tip of the forefinger. Lieque is located inside the border between the red and white flesh.

**Indications:** Hemilateral headaches, coughing, wheezing and panting, hemiplegia, deviation of the mouth and eyes, weakness or swelling and pain in the elbow and wrist, bi-syndrome, bronchitis, pharyngitis, common cold, neck stiffness, facial nerve palsy, neurovascular spasm and pain, and wrist joint or soft tissue injuries.



Figure 5

### 8. LU8 Jingqu Channel Ditch (經渠) (Figure 5)

**Location:** On the back of the radial side of the forearm, 1 cun above the transverse crease of the wrist (1 cun above Taiyuan Great Abyss (LU-9)) where the radial artery

pulse pulses, which is the depression between the radial styloid process and radial artery.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial branch of the radial nerve - brachioradialis - superficial palmar branch of the radial artery.

**Dermatome:** C6.

**Locating the acupoint:** With patients crossing the forefingers of both hands, the tip of their forefinger should rest on lieque Broken Sequence (LU-7). The corner of the fingernail rests on the jingqu Channel Ditch (LU-8) acupoint (the depression of cunkou).

**Indications:** Inflammation of the throat with coughing and counterflow, qi ascent, wheezing and panting, epigastric pain, heat in the palms, wrist pain, bronchitis, tonsillitis, esophageal spasms, and soft tissue injury in the wrist.

## 9. LU9 Taiyuan Great Abyss (太淵) (Figure 5)

**Location:** The middle point on the radial third of the dorsal transverse crease of the wrist, where the pulse of the radial artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial branch of the radial nerve – between the flexor carpi radialis and abductor pollicis longus - superficial palmar branch of the radial artery.

**Dermatome:** C6.

**Locating the acupoint:** Instruct the patient to sit upright or lie in a supine position, with their palms and wrists level and facing upwards. Behind the palm bone that connects to the thumb in the depression at the start of the transverse crease of the wrist, directly below the jingqu Channel Ditch (LU-8) acupoint, palpate to locate the artery (the cun point for pulse diagnosis). The patient should experience soreness when this is pressed.

**Indications:** Distention in the lungs and shortness of breath, coughing, reversed the flow of qi, pain in the quepen acupoint area, pain in the shoulder and back with induced pain in the arms, bronchitis, and pulseless syndrome.

## 10. LU10 Yuji Fish Border (魚際) (Figure 5)

**Location:** On the radial boundary of the thenar eminence (along the border between the red and white flesh), at approximately the middle point on the radial side of the first metacarpal bone.

**Acupoint anatomy:** Skin - subcutaneous tissue – lateral branch of the superficial branch of the radial nerve - palmar branch of the cephalic vein - abductor pollicis brevis - superficial palmar branch of the radial artery – opponens pollicis – branch of the median nerve.

**Dermatome:** C6.

**Locating the acupoint:** Instruct the patient to gently form a fist, with the radial side pointing upwards. The acupoint is located along the border between the red and white flesh, at the midpoint of the first metacarpal bone.

**Indications:** Headache, wheezing and panting, coughing, dry throat, swelling fingers, heat in the palm, wrist and palm pain, and wrist tendinitis.

## 11. *LU11 Shaoshang Lesser Shang* (少商) (Figure 4)

**Location:** On the radial side of the tip of the thumb, at the midpoint between the radial corner of the nail and the radial border of the finger pulp, and approximately 1 fen from the lower corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral branch of the superficial branch of the radial nerve – proper palmar digital nerve and artery (from the median nerve and radial artery).

**Dermatome:** C6.

**Locating the acupoint:** Instruct the patient to form a loose grip, with the radial side facing upward. Make a straight line from the inside upper border of the thumbnail to the end of the transverse crease in the first thumb joint, and another line extending from the base of the nail outward. Locate the intersection point between these two lines and feel with the hand. The acupoint is located in the small depression and the patient should feel soreness and distention when pressed. All other jing acupoints can be located using this method.

**Indications:** Loss of consciousness, stupor, wind stroke, inflammation of the throat with tonsillitis, swollen throat with throat block, swollen jaw, coughing and counterflow, fever, vomiting, restlessness (restless organ disorder), finger spasms and pain, summerheat stroke and vomiting, acute pharyngitis, tonsillitis, shock, loss of consciousness, seasonal febrile diseases, and schizophrenia.

## Section 2. Acupoints on the Yangming Large Intestine Meridian (LI) Channel of the Hand

The yangming large intestine meridian channel of the hand (LI) contains 20 acupoints on one side, which total 40 acupoints for both sides of the body. Among these acupoints, 16 are located on the dorsal and radial side of the upper limbs, and four are located in the neck and face. This channel begins at the shangyang acupoint Shāng Yang (LI-1) and ends at yingxiang Welcome Fragrance (LI-20). The main indications are gastrointestinal illnesses, nervous and psychological illnesses, febrile diseases, illnesses of the eyes, ears, nose, mouth, teeth, and throat, and illnesses in the areas along the channel course.

### Contemporary Chart 2. The Yangming Large Intestine Meridian (LI) Channel of the Hand

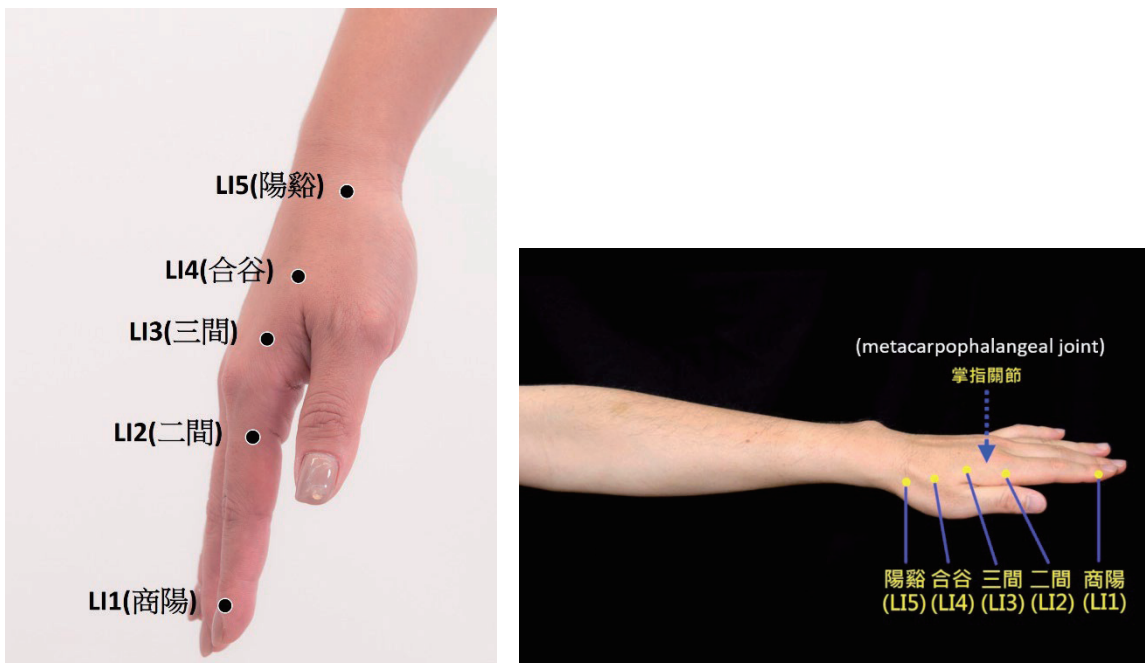


Figure 6

### 1. *LI1 Shangyang Shāng Yang* (商陽) (Figure 6)

**Location:** On the radial side of the tip of the forefinger, at the midpoint on the line between the corner of the fingernail on the radial side and the radial border of the finger pulp, and approximately 1 fen from the lower corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerves and veins - dorsal branches of proper palmar digital arteries and nerves - distal interphalangeal joints.

**Dermatome:** C7.

**Locating the acupoint:** Place the patient's palm sideways with the radial side facing upward. The acupoint is located approximately 1 cun from the lower corner of the fingernail of the forefinger, on the border between the red and white flesh.

**Indications:** Febrile diseases, wind stroke, stupors, tinnitus, deafness, cold-induced febrile diseases without sweating, numbness in the fingers, toothache, swollen jaw, mumps, dry mouth, tonsillitis, pharyngitis, and acute tonsillitis.

### 2. *LI2 Erjian Second Space* (二間) (Figure 6)

**Location:** On the radial side of the forefinger, in the depression anterior and inferior to the second metacarpophalangeal joint when the hand is in a fist. The depression at the radial end of the palmar digital transverse crease of the forefinger is the acupoint.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerves and veins - dorsal digital artery - dorsal branches of proper palmar digital arteries and nerves - lumbrical muscle – enters along the medial border of the second proximal phalanx.

**Dermatome:** C7.

**Locating the acupoint:** Place the patient's hand sideways in a fist, with the radial side pointing upwards. Press the anterior head of the crease for the metacarpophalangeal joint of the forefinger to locate the acupoint in the depression beside the bone.

**Indications:** Swollen jaw, inflammation of the throat, choking sensation in the throat, nosebleeds, pain in the lower teeth, deviation of the mouth and eyes, shoulder and back pain, tonsillitis, and pharyngitis.

### 3. *LI3 Sanjian Third Space* (三間) (Figure 6)

**Location:** In the radial depression behind the second metacarpophalangeal joint.

**Acupoint anatomy:** Skin - subcutaneous tissue – dorsal metacarpal vein and dorsal digital nerve - radialis indicis artery and proper palmar digital nerve of the index finger - lumbrical muscle and first dorsal interosseous muscle - enters along the medial border of the second proximal phalanx.

**Dermatome:** C7.

**Locating the acupoint:** Place the patient’s hand sideways in a fist, with the radial side pointing upwards. Press the metacarpophalangeal joint of the forefinger to locate the acupoint in the depression at the end of the inside transverse crease.

**Indications:** Abdominal fullness and borborygmus, diarrhea, scorched lips and dry mouth, lower teeth pain, inflammation of the throat, choking sensation in the throat, shoulder and back pain, painful and swollen fingers and backs of hands, ocular pain, swollen and painful throat, toothaches, nosebleeds, tonsillitis, and enteritis.

#### 4. *LI4 Hegu Union Valley* (合谷) (Figure 6)

**Location:** At the midpoint of the first metacarpal bone of the palm on the radial side.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal metacarpal vein and superficial branch of the radial nerve – first dorsal interosseous muscle - Princeps pollicis artery – adductor pollicis – branch of the proper palmar digital nerve of the median nerve.

**Dermatome:** C7.

**Locating the acupoint:** Place the patient’s hand sideways with the fingers extended and the radial side pointing upwards. Open and extend the thumb and forefinger to locate the acupoint in a small depression to the front of the bone juncture. This should be unbearably sore and distended when pressed slightly to the forefinger side.

**Indications:** All illnesses of the head and face, including those of the eyes, ears, mouth, nose, and throat. Migraines and general headaches; wind injury, coughing; wheezing and panting; nasal congestion; deep-source nasal congestion; ocular pain; tinnitus; deafness; wind stroke; deviation of the mouth and eyes; lockjaw; loss of consciousness; toothaches; redness, swelling, and pain in the eyes; hemiplegia; stomach pain; abdominal pain; amenorrhea; urticaria; spasms of the fingers; influenza; tonsillitis; gingivitis; trigeminal neuralgia; facial nerve palsy; mumps; hypertension; and urticaria.



## 5. *LI5 Yangxi Yang Ravine* (陽谿) (Figure 6)

**Location:** On the radial transverse crease of the wrist, in the depression formed by the extensor pollicis brevis, extensor pollicis longus, and distal end of the radius when the thumb is extended upward.

**Acupoint Anatomy:** Skin - subcutaneous tissue – superficial branch of the radial nerve and the cephalic vein – in the space between the abductor pollicis longus, extensor pollicis brevis, and extensor pollicis longus – contains the radial artery – scaphoid.

**Dermatome:** C6 and C7.

**Locating the acupoint:** Place the patient's hand sideways in a fist, with the radial side pointing upwards. Locate the depression at 1 cun and 2 fens straight up from hegu. Or instruct the patient to extend the thumb and forefinger, with the thumb pointing upward, the acupoint is located in the depression behind the bone juncture at the back of the first metacarpal bone. This should be extremely sore when pressed.

**Indications:** Difficulty raising the arms or elbows, weakness and pain in the wrist, heat in the palm, spasm and tension of the five fingers, diseases of the wrist joint and surrounding soft tissues, and wind stroke with hemiplegia.

## 6. *LI6 Pianli Veering Passageway* (偏歷) (Figure 7)

**Location:** On the radial side of the back of the forearm, in the lower quarter along the line from yangxi Yang Ravine (LI-5) to quchi Pool at the Bend (LI-11), or 3 cun above yangxi Yang Ravine (LI-5).

**Acupoint anatomy:** Skin - subcutaneous tissue – cephalic vein and the posterior branch of the lateral antebrachial cutaneous nerve – extensor retinaculum - abductor pollicis longus, extensor pollicis longus, extensor carpi radialis longus, and extensor carpi radialis brevis – radius.

**Dermatome:** C6 and C7.

**Locating the acupoint:** With the patient's elbows slightly bent and placed sideways, along the line between yangxi Yang Ravine (LI-5) and quchi Pool at the Bend (LI-11), locate the acupoint at 3 cun above yangxi Yang Ravine (LI-5). Alternatively, locate it following the same method used for lieque Broken Sequence (LU-7); that is, press the spaces between the thumb and forefinger of both hands together to lock the hands and

locate the acupoint at the tip of the middle finger.

**Indications:** Pain in the wrists, forearms, elbows, arms, and shoulders; nosebleeds; deafness; tinnitus; inflammation of the throat; dry throat; toothache; urinary difficulty; tonsillitis; and neuralgia in the forearms.

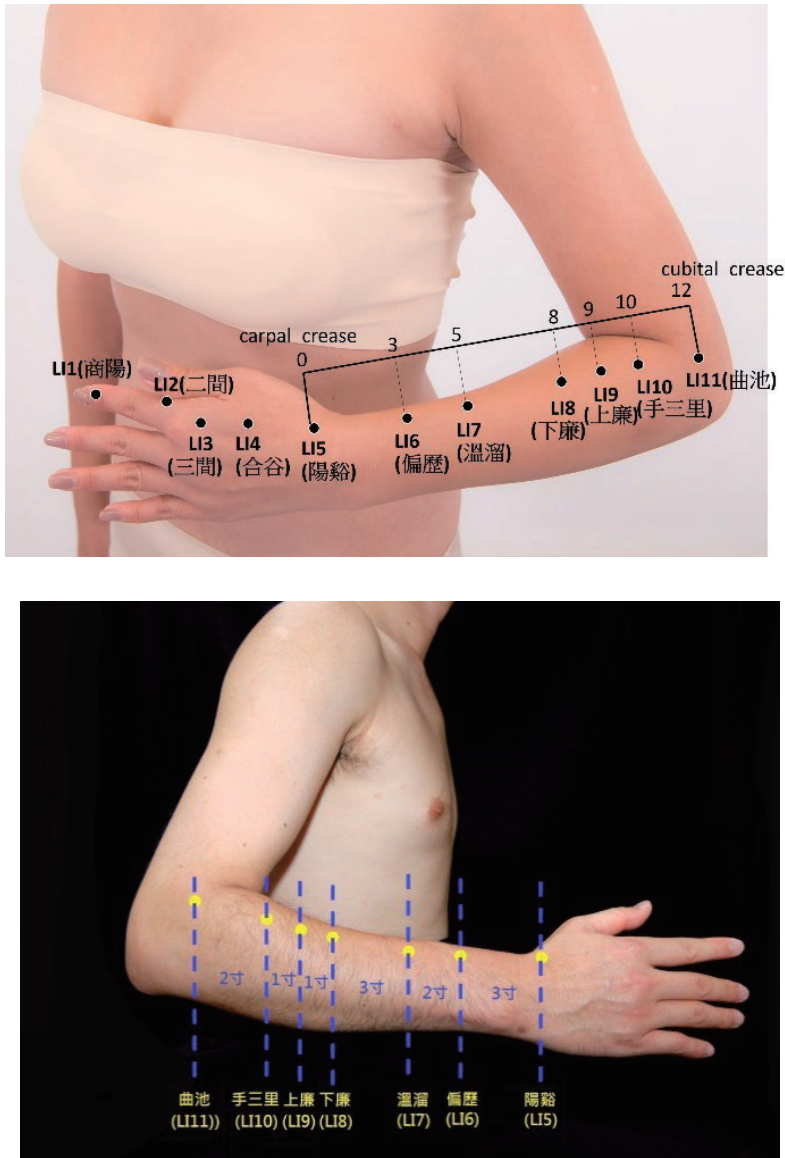


Figure 7

## 7. LI7 *Wenliu Warm Dwelling* (溫溜) (Figure 7)

**Location:** On the radial side of the back of the forearm, along the line from yangxi Yang Ravine (LI-5) to quchi Pool at the Bend (LI-11), at 5 cun above yangxi Yang Ravine (LI-5).

**Acupoint Anatomy:** Skin - subcutaneous tissue - cephalic vein and the posterior branch of the lateral antebrachial cutaneous nerve - abductor pollicis longus, extensor pollicis longus, extensor carpi radialis longus, and extensor carpi radialis brevis – radius.

**Dermatome:** C6 and C7.

**Locating the acupoint:** Place the patient's hand sideways with the elbow bent, along the line between yangxi Yang Ravine (LI-5) and quchi Pool at the Bend (LI-11), locate the acupoint 5 cun above yangxi Yang Ravine (LI-5). If the patient's fingers are clenched tightly when the forearm is under exertion, the muscles rise. The acupoint is located at the lower end. The edge of the bone under the muscle should be extremely sore when pressed.

**Indications:** Swollen face, pain and swelling in the mouth and tongue, inflammation of the throat, headaches, elbow and wrist pain, inability to raise the shoulders, tonsillitis, mumps, and stomatitis.

## 8. LI8 *Xialian Lower Ridge* (下廉) (Figure 7)

**Location:** On the radial side of the back of the forearm, along the line from yangxi Yang Ravine (LI-5) to quchi Pool at the Bend (LI-11), at 8 cun above yangxi Yang Ravine (LI-5) or 4 cun below quchi Pool at the Bend (LI-11).

**Acupoint anatomy:** Skin - subcutaneous tissue – accessory cephalic vein and a posterior branch of the lateral antebrachial cutaneous nerve - extensor carpi radialis longus and extensor carpi radialis brevis – radius.

**Dermatome:** C6 and C7.

**Locating the acupoint:** This point is located at 4 cun below quchi Pool at the Bend (LI-11) or 1 cun below shanglian Upper Ridge (LI-9) in the interstice of the flesh.

**Indications:** Head-wind, diarrhea containing undigested food, lower abdominal distention, abdominal pain, abdominal distention, numbness in the upper limbs, and elbow and arm pain.

### 9. *LI9 Shanglian Upper Ridge (上廉) (Figure 7)*

**Location:** On the radial side of the back of the forearm, along the line from yangxi Yang Ravine (LI-5) to quchi Pool at the Bend (LI-11), at 3 cun below quchi Pool at the Bend (LI-11).

**Acupoint anatomy:** Skin - subcutaneous tissue – accessory cephalic vein and posterior branch of the lateral antebrachial cutaneous nerve - extensor carpi radialis longus and extensor carpi radialis brevis – radius.

**Dermatome:** C6 and C7.

**Locating the acupoint:** Follow the same method used for xialian Lower Ridge (LI-8). This acupoint is located at 1 cun above xialian Lower Ridge (LI-8), or on the bulge on the inside of the forearm at 1 cun below shousanli Arm Three Li (LI-10).

**Indications:** Soreness and pain in the shoulders, arms, and elbows; headaches; indigestion; borborygmus; abdominal pain; qi stagnation in the large intestines; hemiplegia; enteritis; paralysis; and neuralgia in the shoulders and arms.

### 10. *LI10 Shousanli Arm Three Li (手三里) (Figure 7)*

**Location:** On the radial side of the back of the forearm, along the line from yangxi Yang Ravine (LI-5) to quchi Pool at the Bend (LI-11), at 2 cun below quchi Pool at the Bend (LI-11) or 10 cun above yangxi Yang Ravine (LI-5).

**Acupoint anatomy:** Skin - subcutaneous tissue - accessory cephalic vein and posterior branch of the lateral antebrachial cutaneous nerve - brachioradialis, extensor carpi radialis longus, and extensor carpi radialis brevis – superficial branch of the radial nerve and branch of the radial artery – radius.

**Dermatome:** C6 and C7.

**Locating the acupoint:** Bend the patient's elbow and place it sideways, with the radial side pointing upwards. This acupoint is located at 2 cun below quchi Pool at the Bend (LI-11) and should be sore and distended when pressed.

**Indications:** Shoulder and back pain, toothaches, swollen jaw, stomach pain, abdominal pain, diarrhea, spasms and inflexibility of the elbow, paralysis of the arms and legs, paralysis and numbness of the arms, pharyngitis, and neuralgia in the arms.

## 11. LI11 *Quchi Pool at the Bend* (曲池) (Figure 7)

**Location:** On the radial side of the elbow at the end of the cubital crease.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein and a branch of the posterior antebrachial cutaneous nerve - branch of the lateral antebrachial cutaneous nerve - brachioradialis, extensor carpi radialis longus, and brachialis – deep and superficial branch of the radial nerve and radial recurrent artery.

**Dermatome:** C6.

**Locating the acupoint:** Instruct the patient to hug their chest with their arms. Locate the radial end of the cubital crease, and select the acupoint closest to the edge of the bone.

**Indications:** Vomiting and diarrhea, dysentery, swelling-abscesses in the intestines, constipation, edema, hemiplegia, pain in the elbows and upper arms, scabies, urticaria, dry skin, eczema, urticaria, menstrual disorders, febrile diseases, swollen and painful throat, toothaches, hypertension, influenza, post-polio syndrome, tonsillitis, and pain in the shoulder and elbow joints.

## 12. LI12 *Zhouliao Elbow Bone-Hole* (肘髎) (Figure 8)

**Location:** On the radial side of the arm, 1 cun above quchi Pool at the Bend (LI-11) with the elbow bent, and along the edge of the humerus.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein and a branch of the posterior antebrachial cutaneous nerve - brachioradialis, extensor carpi radialis longus, brachialis, and the triceps brachii - lateral intermuscular septum - deep and superficial branches of the radial nerve and radial recurrent artery - branch of the medial branch of the profunda brachii artery – humerus.

**Dermatome:** C6.

**Locating the acupoint:** Bend the patient's elbow and search the space between the upper end of the radius and the lower end of the humerus; this acupoint is located a little over 1 cun from the lateral epicondyle.

**Indications:** Spasms and tension, paralysis of the upper limbs, pain and immobility of the arms, numbness preventing extending and bending, soreness and pain in the elbows and arms, and neuralgia in the arms, and inflammation of the lateral epicondyle of the humerus.

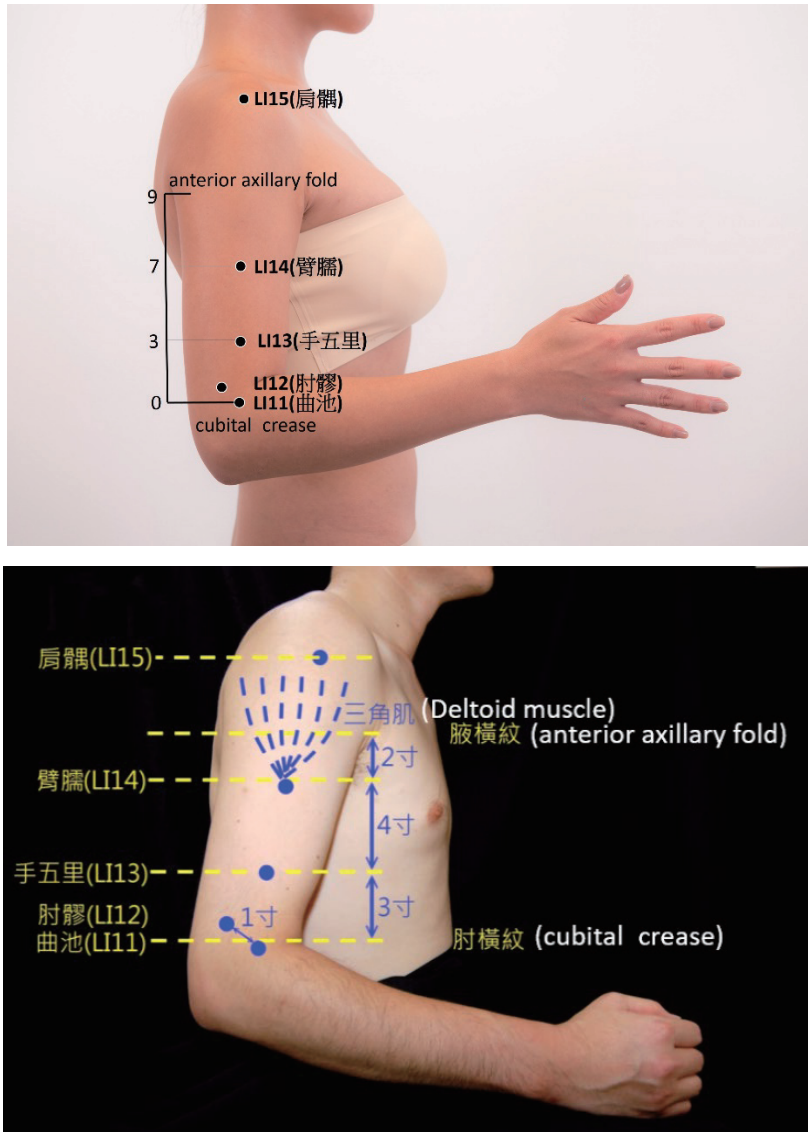


Figure 8

### 13. LI13 Shouwuli Arm Five Li (手五里) (Figure 8)

**Location:** On the radial side of the arm, 3 cun above quchi Pool at the Bend (LI-11).

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein and a branch of the posterior antebrachial cutaneous nerve – brachialis and the triceps brachii - lateral intermuscular septum - radial collateral artery, inferior lateral brachial cutaneous nerve,

and the posterior antebrachial cutaneous nerve – humerus.

**Dermatome:** C6.

**Locating the acupoint:** With the patient's elbow in a bent position, this acupoint can be found at 3 cun above the end of the cubital crease.

**Indications:** Pain and immobility in the elbows and arms, and spasms, tension, and pain in elbows and arms.

#### 14. *LI14 Binao Upper Arm* (臂臑) (Figure 8)

**Location:** On the lateral posterior side of the upper arm, along the line between quchi Pool at the Bend (LI-11) and jianyu Shoulder Bone (LI-15), at 7 cun above quchi Pool at the Bend (LI-11), at the inferior posterior border of the deltoid.

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the cephalic vein and a branch of the posterior antebrachial cutaneous nerve - inferior lateral brachial cutaneous nerve, posterior antebrachial cutaneous nerve, and the radial nerve – triceps brachii – between profunda brachii and the posterior humeral circumflex branch – humerus.

**Dermatome:** C6

**Locating the acupoint:** With the patient bending the elbows and their arms hanging down, locate this acupoint along toward the inside of the inferior border of the deltoid.

**Indications:** Shoulder and back pain, weakness and pain in the arm, neck contracture, and periarthritis of the shoulder.

#### 15. *LI15 Jianyu Shoulder Bone* (肩髃) (Figure 8)

**Location:** In the depression between the acromion of the scapula and the greater tubercle of the humerus. This acupoint can be found in the obvious depression inferior to the acromion when the patient's arm is extended outward so that it is horizontal.

**Acupoint anatomy:** Skin - subcutaneous tissue – the thoracoacromial vein – the supraclavicular nerve (median branch) – deltoid – subdeltoid bursa – the thoracoacromial artery (acromial branch, deltoid branch, and anterior circumflex humeral artery) - axillary nerve - subscapularis tendon – the greater trochanter of the humerus.

**Locating the acupoint:** When the patient's arm is raised horizontally, the acupoint can be located in the depression on the shoulder, in the crevice between the two bones at

the end of the shoulder bone, at a little over 1 cun from the tip of the shoulder.

**Indications:** Inability to turn the head to look behind; inability to raise the arms toward the head; swelling and pain in the shoulders, back, and arms; hemiplegia; peri-arthritis of the shoulders; upper limb paralysis; and neuralgia in the arms.

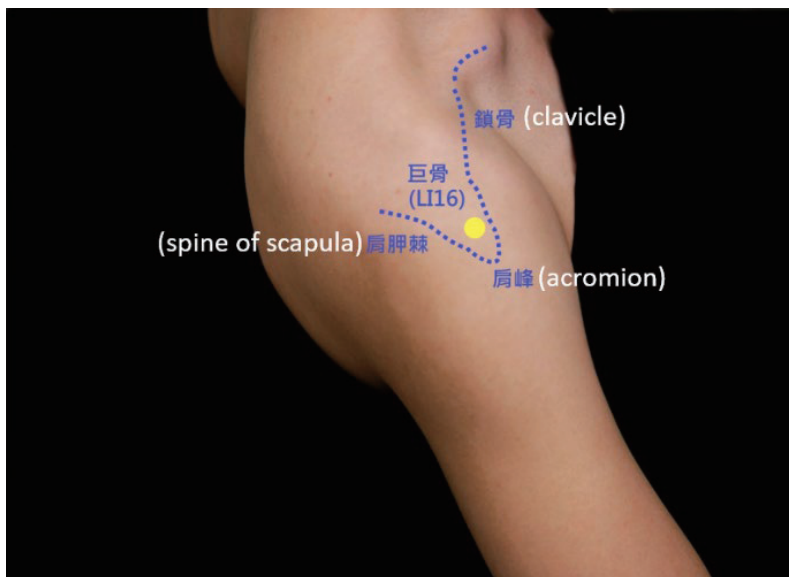
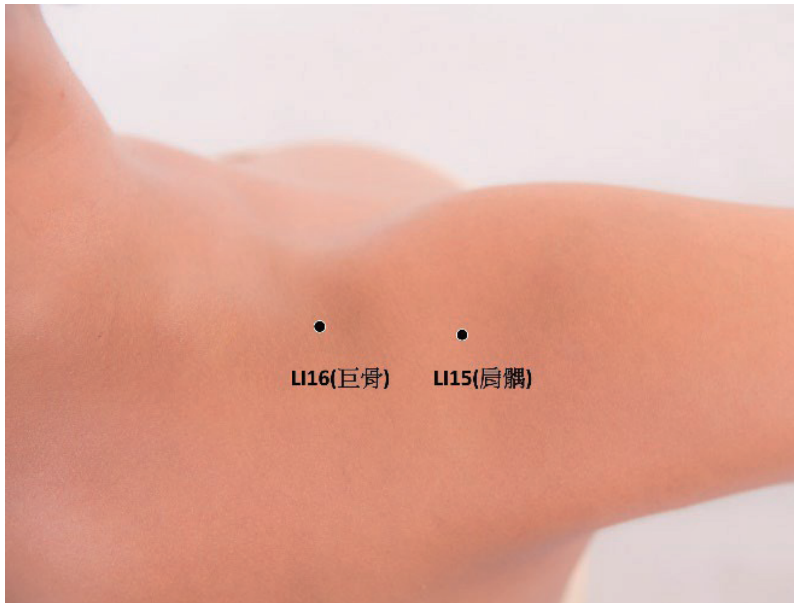


Figure 9



## 16. LI16 *Jugu Great Bone* (巨骨) (Figure 9)

**Location:** On the upper aspect of the shoulder, at the midpoint of the outer half, along the line from the seventh cervical spinous process and jianyu Shoulder Bone (LI-15).

**Acupoint anatomy:** Skin - subcutaneous tissue – thoracoacromial vein – supraclavicular nerve (lateral branch) - trapezius - supraspinatus – suprascapular nerve and artery – scapula.

**Locating the acupoint:** With the patient sitting upright with their arms hanging down, palpate to locate the depression between the clavicle and the spine of the scapula.

**Indications:** Pain in the shoulders, back, and arms; difficulty bending and extending the shoulders and arms; difficulty extending and raising the arms; and hemiplegia.

## 17. LI17 *Tianding Celestial Tripod* (天鼎) (Figure 10)

**Location:** On the lateral side of the neck, along the posterior border of the sternocleidomastoid muscle (the side of the laryngeal prominence) at 1 cun inferior to futu Protuberance Assistant (LI-18).

**Acupoint anatomy:** Skin - subcutaneous tissue - platysma - cervical fascia - posterior of the sternocleidomastoid muscle – lateral border of the external jugular vein – supraclavicular nerve (C3 and C4), transverse cervical nerve (C2 and C3), and transverse cervical artery - levator scapulae muscle and scalene muscle – cervical plexus - common carotid artery must be avoided.

**Locating the acupoint:** With the patient sitting upright, locate renying Man's Prognosis (ST-9) at 1 cun and 5 fens laterally level with the laryngeal prominence, where the artery can be located. Find futu Protuberance Assistant (LI-17) at 1 cun and 5 fens laterally from renying Man's Prognosis (ST-9) and proceed 1 cun inferior to the posterior border of the large muscle in the neck, the quepen Empty Basin (ST-12) acupoint is located directly below.

**Indications:** Sudden loss of voice with qi obstruction, difficulty consuming food and drink, swollen and painful throat, tonsillitis, and paralysis of the muscles of the hyoid bone.



Figure 10

**18. LI18 Futu Protuberance Assistant (扶突) (Figure 10)**

**Location:** On the lateral side of the neck, straight down from the temporomandibular joint, level with the laryngeal prominence, and between the anterior and posterior borders

of the sternocleidomastoid muscle.

**Acupoint anatomy:** Skin - subcutaneous tissue - platysma – cervical fascia – posterior border of the sternocleidomastoid muscle – lateral border of the external jugular vein – supraclavicular nerve (C3 and C4), transverse cervical nerve (C2 and C3), transverse cervical artery – levator scapulae muscle and scalene – cervical plexus – common carotid artery must be avoided.

**Locating the acupoint:** With the patient sitting upright, locate renying Man's Prognosis (ST-9) at 1 cun and 5 fens laterally level with the laryngeal prominence, where the artery can be found. Futu is located at 1 cun and 5 fens laterally from renying Man's Prognosis (ST-9).

**Indications:** Colloid goiter, sudden loss of voice with qi obstruction, coughing and panting, pharyngitis, acute tonsillitis, and a hoarse voice.

### 19. LI19 Kouheliao Mouth Grain Crevice (口禾膠) (Figure 11)

**Location:** Above the upper lip, straight down from the lateral border of the nostril, and at the intersection of the horizontal line extending from shuigou Water Trough (GV-26) (also known as renzhong Human Center (GV-26) (人中)).

**Acupoint Anatomy:** Skin - subcutaneous tissue – second branch of the trigeminal nerve - orbicularis oris – branches of the facial arteries and veins – mandible.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint below the lateral border of the nostril, at two-thirds of the distance from the nose and one-third of the distance from the lip, approximately 5 fens lateral from renzhong Human Center (GV-26) in the root of the canine fossa of the maxilla.

**Indications:** Nasal congestion without the ability to smell, incessant nosebleeds, nasal sores and polyps, loss of consciousness (dead syncope), lockjaw, rhinitis, and facial nerve palsy or spasms.



Figure 11

## 20. LI20 *Yingxiang Welcome Fragrance* (迎香) (Figure 11)

**Location:** On the outer border of the ala nasi, in the nasolabial groove.

**Acupoint anatomy:** Skin - subcutaneous tissue – second branch of the trigeminal nerve – nasalis and levator labii superioris - branches of the facial arteries and veins – mandible.

**Locating the acupoint:** Instruct the patient to sit upright, with their eyes looking directly forward. Straight down from jingming Bright Eyes (BL-1), locate the acupoint at 5 fens lateral to the nostril in the intersection between the lateral line extending from the nostril and the nasolabial groove. The patient should experience soreness and distention extending into the nose when this acupoint is pressed. Insert a needle in a medial and superior direction (diagonally) along the skin.

**Indications:** Deviation of the mouth and eyes, edema, nasal polyps with profuse nasal discharge, nosebleeds, nasal congestion without the ability to smell, acute and chronic rhinitis, and facial nerve palsy.

### Section 3. Acupoints on the Yangming Stomach Meridian (ST) Channel of the Foot

The yangming stomach meridian channel of the foot (ST) contains 45 acupoints on one side, which total 90 acupoints on both sides of the body. Of these acupoints, 15 are located on the anterolateral side of the lower limbs, and 30 are located in the abdomen, chest, head, and face. The channel begins at the chengqi Tear Container (ST-1) acupoint and ends at lidui Severe Mouth (ST-45). The main indications are illnesses of the gastrointestinal and digestive system, circulatory system, respiratory system, nervous system, head, face, mouth, teeth, nose, throat, and illnesses in areas along the channel course.

#### Contemporary Chart 3. The Yangming Stomach Meridian (ST) Channel of the Foot

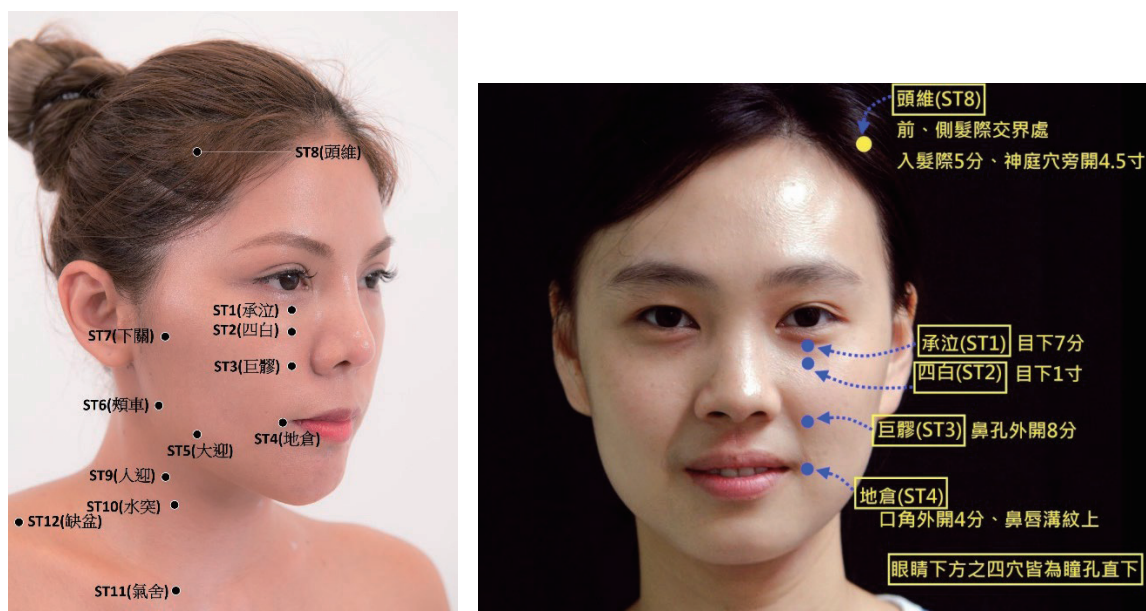


Figure 13

### 1. *ST1 Chengqi Tear Container* (承泣)(Figure 13)

**Location:** At 7 fens below the eye directly aligned with the pupil, in the depression above the orbital bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - orbicularis oculi muscle – second branch of the trigeminal nerve (infraorbital nerve) - infraorbital artery and vein – the maxilla.

**Locating the acupoint:** Instruct the patient to sit upright, with their eyes looking directly forward. Locate the acupoint on the line straight down from the pupil, inside the depression of the orbital bone, at 7 fens from the lower eyelid.

**Indications:** Itching of the pupils, cold tears, nearsightedness, astigmatism, and wind stroke with deviated eyes and mouth.

### 2. *ST2 Sibai Four Whites* (四白) (Figure 13)

**Location:** At 1 cun directly below the eye directly aligned with the pupil and inside the infraorbital foramen.

**Acupoint anatomy:** Skin - subcutaneous tissue - orbicularis oculi muscle – second branch of the trigeminal nerve (infraorbital nerve) - infraorbital artery and vein – maxilla and close to the exit point of the infraorbital nerve.

**Locating the acupoint:** Instruct the patient to sit upright or lie in a supine position, with their eyes looking directly forward. Then, palpate the infraorbital foramen.

**Indications:** Headaches, trigeminal neuralgia, rhinitis, sinusitis, twitching of the eyes with tearing, redness and pain in the eyes, superficial visual obstruction, itching of the eyes, and wind stroke with deviated eyes and mouth.

### 3. *ST3 Juliao Great Bone-Hole* (巨髎) (Figure 13)

**Location:** At 8 fens lateral from the nostrils and straight down from the pupils.

**Acupoint anatomy:** Skin - subcutaneous tissue – levator labii superioris and zygomaticus minor muscle - second branch of the trigeminal nerve (infraorbital nerve) and the buccal branch of the facial nerve - branches of facial arteries and veins – in the depression at the inferior border of the maxilla.

**Locating the acupoint:** With the patient looking straight forward, locate the

acupoint directly below the pupil under the zygomatic bone, at 8 fens laterally from the nostril, and 3 fens from yingxing Welcome Fragrance (LI-20).

**Indications:** Visual obstructions, blue blindness (optic atrophy), sightlessness, farsightedness, head wind, nasal congestion, pain and swelling of the lips and cheeks, wind stroke with a deviation of the mouth and eyes, trigeminal neuralgia, and facial nerve palsy.

#### 4. *ST4 Dicang Earth Granary* (地倉) (Figure 13)

**Location:** At 4 fens lateral to the corner of the mouth.

**Acupoint anatomy:** Skin - subcutaneous tissue – border where the orbicularis oris, risorius, and zygomaticus major meet – second and third branches of the trigeminal nerve and the buccal branch of the facial nerve - branches of facial arteries and veins – the edges or borders of the teeth.

**Locating the acupoint:** Instruct the patient to sit upright and open their mouth slightly, then locate the acupoint at 4 fen lateral to the corner of the mouth. This point should be directly below the eye when the patient is looking straight forward, crossing with the continuation or extension line of the nasolabial groove.

**Indications:** Inability to close the eyelids completely, twitching of the eyelids, trigeminal neuralgia, facial nerve palsy, wind stroke with deviated mouth and eyes, drooling, toothache and swollen cheeks, and trismus.

#### 5. *ST5 Daying Great Reception* (大迎) (Figure 14)

**Location:** At 1 cun and 3 fen anterior to the mandibular angle and in a depression at the border of the bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - platysma– third branch of the trigeminal nerve, marginal mandibular branch of the facial nerve - facial artery and vein – anterior border of the masseter – mandible.

**Locating the acupoint:** Palpate for the acupoint at 1 cun and 3 fen anterior to the mandible where the artery is located.

**Indications:** Fever with an aversion to cold, edema of the face, swelling of the cheeks and jaw, toothache, pain in the neck, wind stroke with lockjaw or clenched jaw,

twitching of the lips, stiffness of the tongue with an inability to speak, deviation of the mouth, and an inability to close the eyes completely.

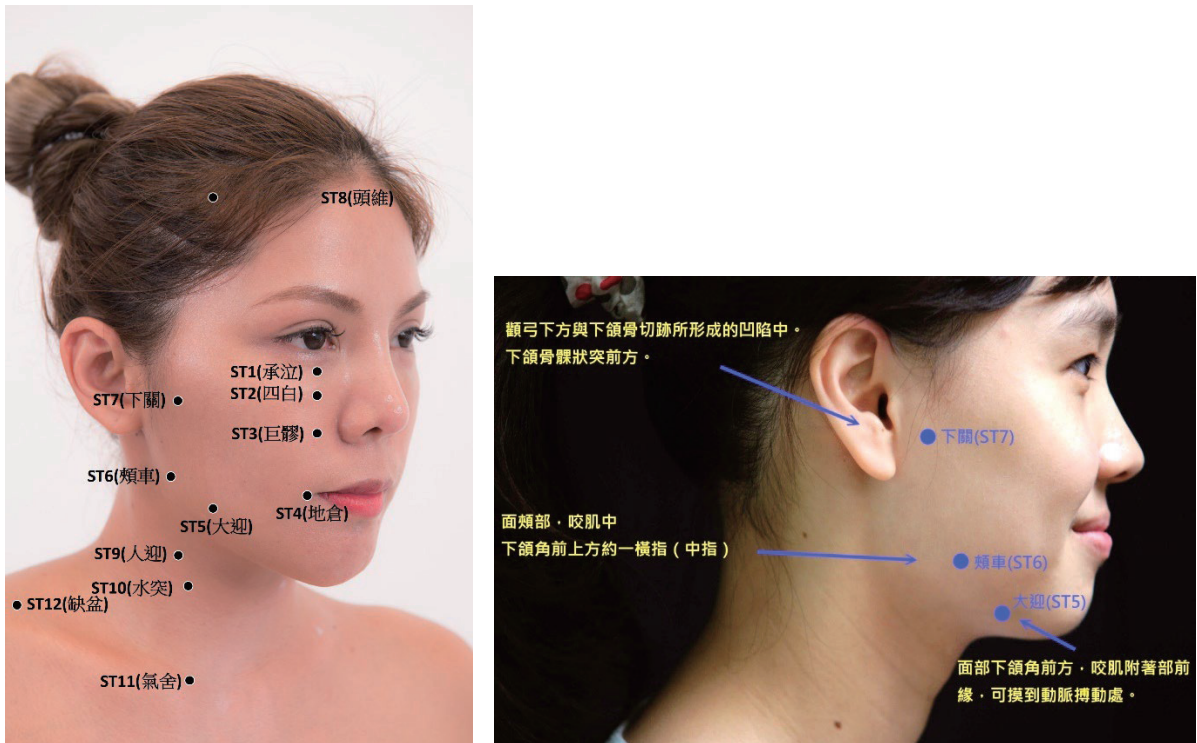


Figure 14

## 6. *ST6 Jiache Cheek Carriage (頰車) (Figure 14)*

**Location:** At 8 fens below the ear and in the depression anterior to the mandibular angle.

**Acupoint anatomy:** Skin - subcutaneous tissue - platysma - third branch of the trigeminal nerve, marginal mandibular branch of the facial nerve, branches of the cervical nerve from C2 and C3 - facial artery and vein - submandibular gland - masseter – near the position of the mandibular angle.

**Locating the acupoint:** With the patient sitting upright or lying on their side, locate the acupoint at 8 fens inferior to the earlobe, and anterior and superior to the mandibular angle. Instruct the patient to open their mouth to show the depression. When their teeth are clenched, the masseter will be prominent.



**Indications:** Wind stroke with deviated mouth and eyes, trismus, neck stiffness with an inability to turn the head, swelling and pain in the cheeks and jaw, trigeminal neuralgia, and facial nerve palsy.

## 7. *ST7 Xiaguan Below the Joint* (下關) (Figure 14)

**Location:** At the inferior border of the zygomatic arch and in the depression anterior to the condyloid process of the mandible. The depression forms when the jaw is closed.

**Acupoint anatomy:** Skin - subcutaneous tissue – fascia layer of the submandibular gland - submandibular gland - submandibular duct - zygomatic branches of the facial nerve and third branch of the trigeminal nerve - transverse facial artery and vein – superior posterior border of the masseter – depression between the inferior border of the zygomatic arch and the mandibular notch, which is the point anterior to the temporomandibular joint - contains the trigeminal ganglion and the middle meningeal artery branch of the maxillary artery.

**Locating the acupoint:** With the patient sitting upright or lying on their side, palpate and press on the point at 7 or 8 fens anterior to the earlobe, along the inferior border of the zygomatic arch, where a triangular depression is located. When the patient opens their mouth, a bone rises up. Upon closing the mouth, the depression shows again. Instruct the patient to lie on their side and locate the point with their mouth closed.

**Indications:** Wind stroke with deviated mouth and eyes, deafness, tinnitus, toothache, trigeminal neuralgia, facial nerve palsy, and temporomandibular joint dysfunction.

## 8. *ST8 Touwei Head Corner* (頭維) (Figure 13)

**Location:** At the corner of the forehead along the anterior hairline, 1 cun and 5 fens lateral to benshen Root Spirit (GB-13), and 4 cun and 5 fens lateral to shenting Spirit Court (GV-24).

**Acupoint anatomy:** Skin - subcutaneous tissue - second and third branches of the trigeminal nerve and the temporal branch of the facial nerve - branches of the superficial temporal artery and vein - temporalis - temporal bone and sphenoid.

**Locating the acupoint:** Instruct the patient to lie back, proceed upwards from the

center of the brows, which is the *yingtang Hall of Impression* (印堂;yìn táng) acupoint, reaching 5 fens into the hairline at shenting Spirit Court (GV-24). This acupoint is 4 cun and 5 fens lateral from shenting Spirit Court (GV-24) and at the corners on both sides of the forehead along the border of the hairline.

**Indications:** Bursting eye pain, dimness of vision, head wind with pain as if broken, lacrimation upon exposure to wind, and incessant twitching of the eyelids.

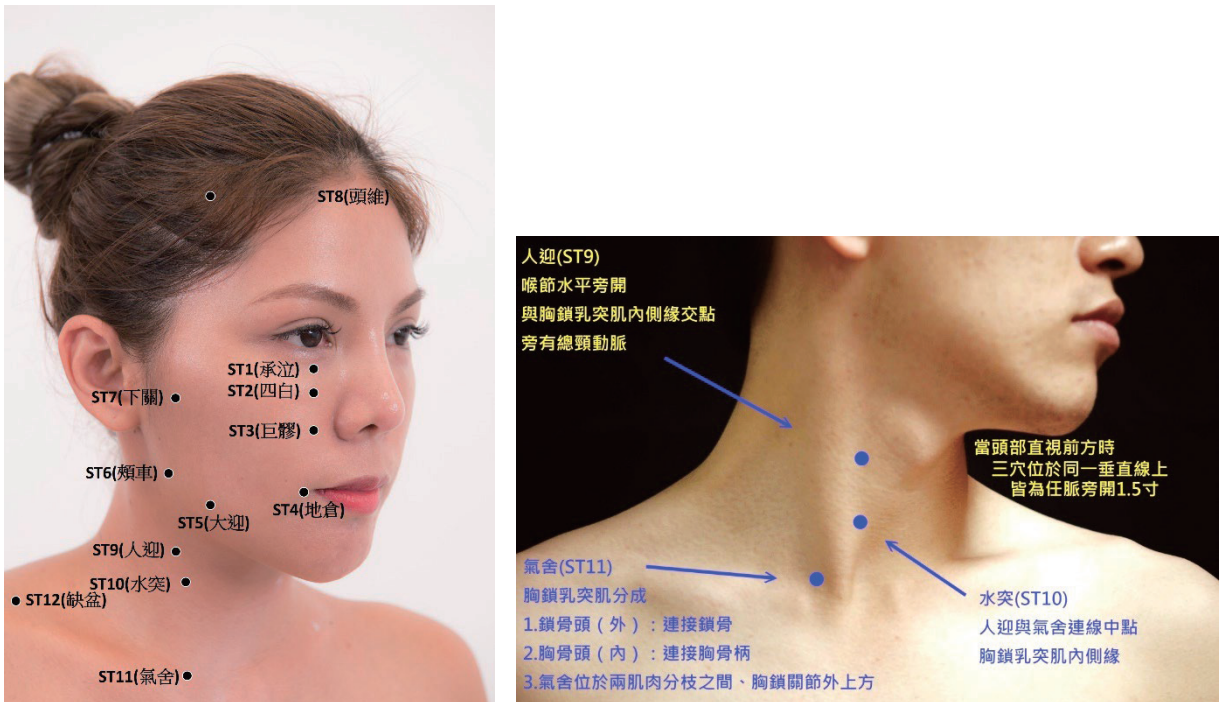


Figure 15

### 9. *ST9 Renying Man's Prognosis* (人迎) (Figure 15)

**Location:** In the anterior aspect of the neck and at 1 cun and 5 fens lateral from the laryngeal prominence, where the large artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - second and third branches of the cervical nerve - platysma - cervical branch of the facial nerve - anterior border of the sternocleidomastoid muscle – ansa cervicalis – branching point of the common carotid artery (branches into the internal and external carotid artery) and the internal jugular vein - branches of the vagus nerve.

**Locating the acupoint:** Instruct the patient to place their neck sideways, and starting from the laryngeal prominence, locate the acupoint at 1 cun and 5 fens laterally, where the artery can be palpated, or at the inner border of the common carotid artery. Insert the needle here.

**Indications:** Swollen welling-abscesses in the throat, panting with an inability to catch one's breath, the fullness of the chest, dry cholera, and vomiting.

### 10. *ST10 Shuitu Water Prominence* (水突) (Figure 15)

**Location:** On the front of the neck along the anterior border of the sternocleidomastoid muscle next to the laryngeal prominence and directly below renying Man's Prognosis (ST-9); in front of the large muscle in the neck.

**Acupoint anatomy:** Skin - subcutaneous tissue - second and third branches of the cervical nerve – platysma - sternocleidomastoid muscle and superior belly of the omohyoid and sternohyoid – ansa cervicalis – perforating branch between the external jugular vein and internal jugular vein – common carotid artery and internal jugular vein - branches of the vagus nerve.

**Locating the acupoint:** On the outside of the laryngeal nodule, along the medial border of the sternocleidomastoid muscle, or the midpoint along the line from renying Man's Prognosis (ST-9) to qishe Qi Abode (ST-11).

**Indications:** Swollen welling-abscesses of the throat, coughing and counterflow with qi ascent, shortness of breath, and shortness of breath with sleeplessness.

### 11. *ST11 Qishe Qi Abode* (氣舍) (Figure 15)

**Location:** At the lesser supraclavicular fossa in the neck, which is the depression formed by the sternal head of the sternocleidomastoid muscle and clavicle.

**Acupoint anatomy:** Skin - subcutaneous tissue - second and third branches of the cervical nerve - platysma– the border where the sternal head and the clavicular head of the sternocleidomastoid muscle meet and the sternohyoid – ansa cervicalis - common carotid artery and internal jugular vein - branches of the vagus nerve.

**Locating the acupoint:** Locate the lateral superior corner of the right sternoclavicular joint using the starting point of the sternocleidomastoid muscle (between

the superior border of the sternum and the medial border of the clavicle), at approximately 1 cun and 5 fens lateral to the tiantu Celestial Chimney (CV-22) acupoint of the conception vessel (CV).

**Indications:** Shortness of breath, coughing and counterflow with qi ascent, persistent throat swelling, inflammation of the throat, choking, and neck stiffness with an inability to turn the head.

## 12. *ST12 Quepen Empty Basin* (缺盆) (Figure 16)

**Location:** At the center of the depression in the supraclavicular fossa, in which the tip of the lung is located.

**Acupoint anatomy:** Skin - subcutaneous tissue - second and third branches of the cervical nerve - platysma – at the posterior aspect of the sternocleidomastoid muscle along the inferior belly of the omohyoid - subclavian artery, suprascapular artery, and external jugular vein - brachial plexus – anterior scalene.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 4 cun lateral to tiantu Celestial Chimney (CV-22), 2 cun and 5 fens lateral to qishe Qi Abode (ST-11), and in the center of the depression on the superior border of the clavicle directly upward of the nipple. This acupoint was named quepen Empty Basin (ST-12) because of its shape, which depresses similarly to a basin (pen).

**Indications:** Coughing with fullness in the chest, shortness of breath with rushing respiration, incessant cold damage and heat in the chest, coughing, shortness of breath, inflammation of the throat, and swelling and pain in quepen Empty Basin (ST-12).

## 13. *ST13 Qihu Qi Door* (氣戶) (Figure 16)

**Location:** In the chest, 1 cun below the clavicle, and 4 cun lateral to the acupoint xuanji Jade Swivel (CV-21) along the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue – the inferior border of the midpoint of the sternum - perforating branches of the internal thoracic artery and anterior cutaneous branches of the intercostal nerves - cephalic vein - pectoralis major and pectoralis minor – lateral pectoral nerve and thoracoacromial artery - intercostal muscle – excessive insertion depths can penetrate the lungs and cause pneumothorax.

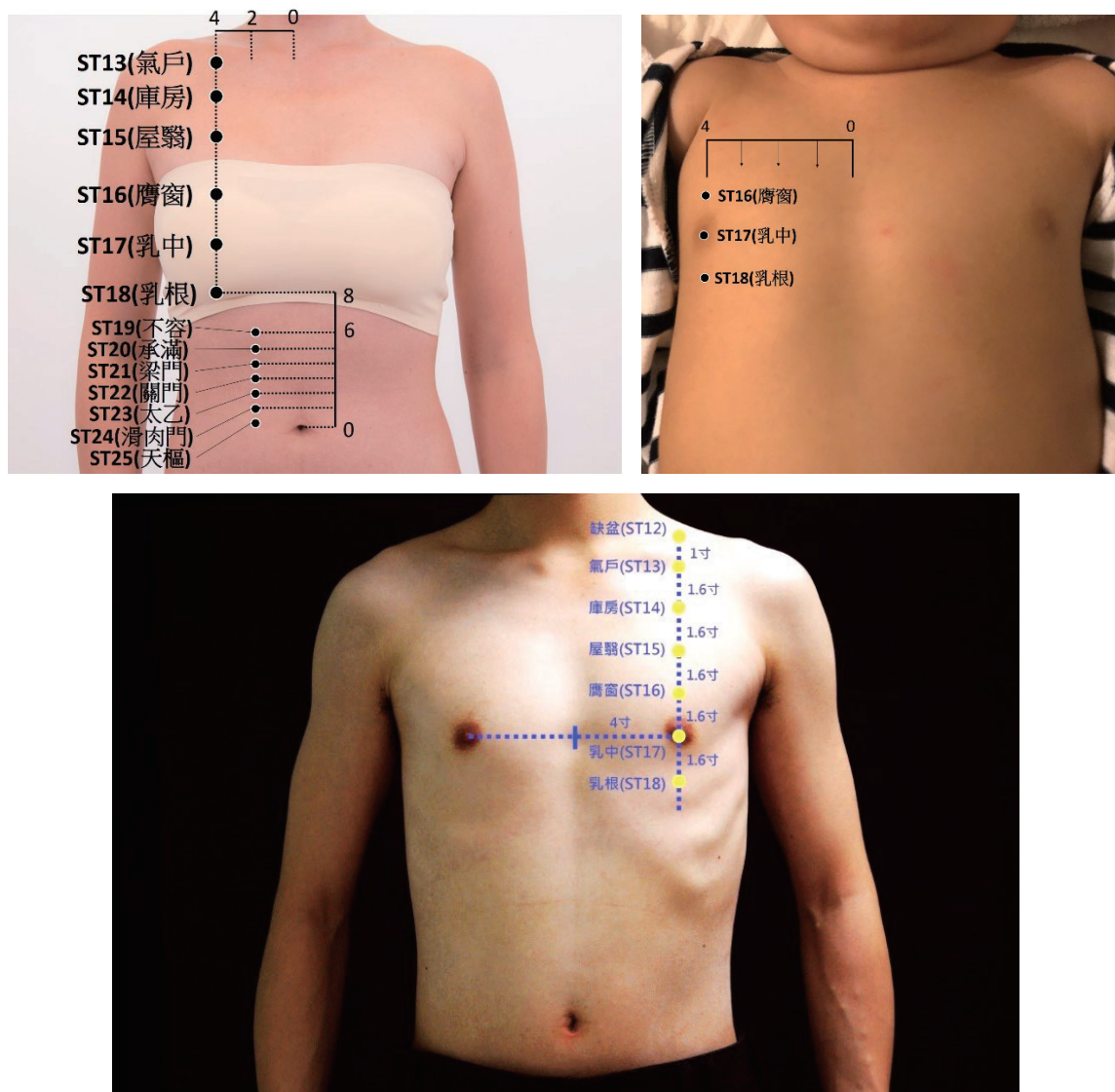


Figure 16

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, locate the acupoint in the depression below the clavicle and above the first rib, 4 cun lateral to the midline of the chest, 6 cun and 4 fens directly above the nipple.

**Indications:** Coughing and counterflow with qi ascent, propping fullness in the chest and lateral costal area, rapid panting with an inability to catch one's breath, and hiccups.

#### 14. *ST14 Kufang Storeroom* (庫房) (Figure 16)

**Location:** On the chest, 1 cun and 6 fens below qihu Qi Door (ST-13), between the first and the second ribs, and 4 cun from the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue – inferior border of the first rib - perforating branches of the internal thoracic artery and the anterior and lateral cutaneous branches of intercostal nerves - pectoralis major and pectoralis minor - lateral pectoral nerve and thoracoacromial artery - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, palpate for the intercostal space between the first and the second ribs at 4 cun lateral to the midline of the chest.

**Indications:** Coughing up of pus and blood, coughing up of foamy fluids, coughing and counterflow with qi ascent, and propping fullness in the chest and lateral coastal area.

#### 15. *ST15 Wuyi Roof* (屋翳) (Figure 16)

**Location:** On the chest, 1 cun and 6 fen below kufang Storeroom (ST-14), between the second and third ribs, and 4 cun from the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue – inferior border of the second rib - perforating branches of the internal thoracic artery and anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - medial pectoral nerve - lateral pectoral nerve and thoracoacromial artery - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, palpate for the intercostal space between the second and third ribs, 4 cun lateral to the midline of the chest directly above both nipples.

**Indications:** Coughing and counterflow with qi ascent; coughing up of pus, blood, and foamy fluids; and intercostal neuralgia.

#### 16. *ST16 Yingchuang Breast Window* (膺窗) (Figure 16)

**Location:** On the chest, 1 cun and 6 fen below wuyi Roof (ST-15), between the third and fourth ribs, and 4 cun from the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue – inferior border of the third rib - perforating branches of the internal thoracic artery and anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - lateral pectoral nerve and thoracoacromial artery - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, palpate for the intercostal space between the third and the fourth ribs, 4 cun lateral to the the midline of the chest directly above both nipples. For women, this is located immediately above the breasts.

Indications: Fullness in the chest and shortness of breath.

### 17. *ST17 Ruzhong Breast Center* (乳中) (Figure 16)

**Location:** At the center of the nipple, 1 cun and 6 fens below yingchuang Breast Window (ST-16), between the fourth and fifth ribs, and 4 cun from the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue - mammary glands - inferior border of the fourth rib - medial mammary branches, lateral mammary branches of the lateral thoracic artery, and lateral mammary branches of the lateral cutaneous branches of the posterior intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - intercostal muscle (generally contraindicated for both needling or moxibustion).

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at the center of the nipple.

**Indications:** Considered effective for treating breast cancer by Zhu Danxi, who was a late thirteenth to fourteenth century physician.

### 18. *ST18 Rugen Breast Root* (乳根) (Figure 16)

**Location:** On the chest, 1 cun and 6 fens below ruzhong Breast Center (ST-17), between the fifth and sixth ribs, and 4 cun from the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue - mammary glands - inferior border of the fifth rib - medial mammary branches, lateral mammary branches of the lateral thoracic artery, lateral mammary branches of the lateral cutaneous branches of the

posterior intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - intercostal muscle.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, palpate for the intercostal space between the fifth and the sixth ribs, 4 cun lateral to the midline of the chest directly below both nipples.

**Indications:** Diaphragm qi with ingestion difficulty; coughing and counterflow, and choking; fullness and oppression below the chest; breast abscess; swelling and pain in the arms; and intercostal neuralgia.

### 19. *ST19 Burong Not Contained* (不容) (Figure 17)

**Location:** In the upper abdominal area, 2 cun lateral from the midline, and in the depression 6 cun above tianshu Celestial Pivot (ST-25).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves and branches of the interior thoracic artery and veins - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, instruct them to straighten their body or back to locate the acupoint at the lower border of the eighth costal cartilage, 2 cun from the conception vessel, 1 cun, and 5 fens lateral to youmen Dark Gate (KI-21), and 2 cun lateral to juque Great Tower Gate (CV-14).

**Indications:** Epigastric pain, abdominal fullness, poor appetite, and intercostal neuralgia.

### 20. *ST20 Chengman Assuming Fullness* (承滿) (Figure 17)

**Location:** In the upper abdominal area, 2 cun lateral from the midline, and 1 cun below burong Not Contained (ST-19).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves, branches of the interior thoracic artery and veins - rectus sheath, rectus abdominis, transverse abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.



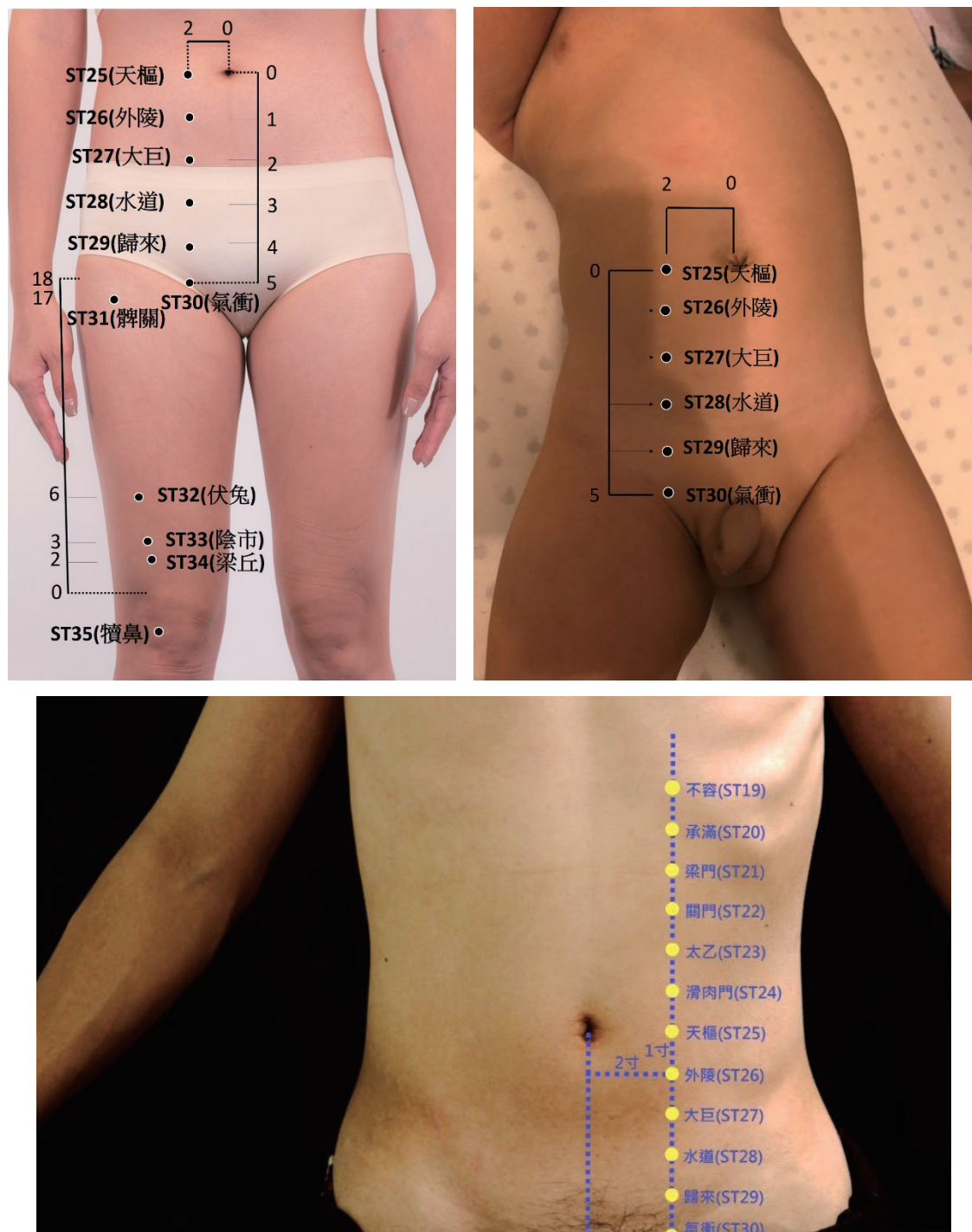


Figure 17

**Locating the acupoint:** With the patient lying in a supine position, lift their upper torso to locate the acupoint at 5 cun above the navel, 2 cun from the conception vessel, and 2 cun lateral to shangwan Upper Stomach Duct (CV-13).

**Indications:** Difficulty consuming food and drink, abdominal distention with borborygmus, stomach ulcers, duodenal ulcers, and gastric pain.

### 21. *ST21 Liangmen Beam Gate* (梁門) (Figure 17)

**Location:** In the upper abdominal area, 2 cun lateral from the midline, and 1 cun below chengman Assuming Fullness (ST-20).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens below the end of the eighth costal cartilage, 4 cun above the navel, 2 cun from the conception vessel, and 2 cun lateral to zhongwan Central Stomach Duct (CV-12).

**Indications:** Qi accumulation in the lateral costal area, peptic ulcers, and various types of stomach pain, particularly those caused by efflux diarrhea in the large intestines and indigestion.

### 22. *ST22 Guanmen Pass Gate* (關門) (Figure 17)

**Location:** In the abdominal area, 2 cun lateral from the midline, and 1 cun below liangmen Beam Gate (ST-21).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the

acupoint at 3 cun above the navel, 2 cun from the conception vessel, and 2 cun lateral to jianli Interior Strengthening (CV-11).

**Indications:** Abdominal oppression and fullness, borborygmus and cutting pain, acute periumbilical pain, indigestion, and gastritis.

### 23. *ST23 Taiyi Supreme Unity* (太乙) (Figure 17)

**Location:** In the abdominal area, 2 cun lateral from the midline, and 1 cun below guanmen Pass Gate (ST-22).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 2 cun above the navel, 2 cun from the conception vessel, and 2 cun lateral to xiawan Lower Stomach Duct (CV-10).

**Indications:** Heart vexation, madness and walking in a crazed manner, and acute gastroenteritis.

### 24. *ST24 Huaroumen Slippery Flesh Gate* (滑肉門) (Figure 17)

**Location:** In the abdominal area, 2 cun lateral from the midline, and 1 cun below taiyi Supreme Unity (ST-23).

**Acupoint anatomy:** Skin - branches of the paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun above the navel, 2 cun from the conception vessel, and 2 cun lateral to shuifen Water Divide (CV-9).

**Indications:** Tongue stiffness, madness and walking in a crazed manner,

gastrointestinal diseases, retching counterflow, ascites, and menstrual disorders.

### 25. *ST25 Tianshu Celestial Pivot* (天樞) (Figure 17)

**Location:** In the abdominal area, 2 cun lateral to the navel, and 1 cun below huaroumen Celestial Pivot (ST-25).

**Acupoint anatomy:** Skin – branches of the paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun above the navel, 2 cun from the conception vessel, 1 cun and 5 fen from huangshu Huang Transport (KI-16), and 2 cun lateral to shenque Spirit Gate Tower (CV-8).

**Indications:** Gastroenteritis, cutting periumbilical pain, borborygmus, dysentery, vexation and fullness with vomiting, surges upward toward and attacking the heart, drum distention, edema, jaundice, amenorrhea, menstrual disorders, and postpartum abdominal pain.

### 26. *ST26 Wailing Outer Mound* (外陵) (Figure 17)

**Location:** In the abdominal area, 2 cun lateral to the navel, and 1 cun below tianshu Celestial Pivot (ST-25).

**Acupoint anatomy:** Skin – branches of the paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun below the navel, 2 cun from the conception vessel, and 2 cun lateral to yinjiao Yin Intersection (CV-7).

**Indications:** Abdominal pain, abdominal distention, and epigastric pain.

## 27. *ST27 Daju Great Gigantic (大巨) (Figure 17)*

**Location:** In the abdominal area, 2 cun lateral to the navel, and 1 cun below wailing Outer Mound (ST-26).

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 2 cun below the navel, 2 cun from the conception vessel, and 2 cun lateral to shimen Stone Gate (CV-5).

**Indications:** Fullness and distention of the lower abdomen, constipation, and difficulty urinating.

## 28. *ST28 Shuidao Waterway (水道) (Figure 17)*

**Location:** In the abdominal area, 2 cun lateral to the navel, 1 cun below daju Great Gigantic (ST-27), and 2 cun lateral to guanyuan Pass Head (CV-4).

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 3 cun below the navel, 2 cun from the conception vessel, and 2 cun lateral to guanyuan Pass Head (CV-4). (In the Charts of Acupuncture and Moxibustion created by Yang Huating, this acupoint is described as 1 cun below daju Great Gigantic (ST-27). In A-B Classic of Acupuncture and Moxibustion, it is described as 3 cun below daju Great Gigantic (ST-27).

**Indications:** Fullness and distention of the lower abdomen, nephritis and cystitis, difficulty urinating and defecating, and uterine and ovarian diseases.

### 29. *ST29 Guilai Return* (歸來) (Figure 17)

**Location:** On the lower abdomen, 2 cun lateral to the navel, 1 cun below shuidao Waterway (ST-28), and 2 cun lateral to zhongji Central Pole (CV-3).

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 4 cun below the navel, 2 cun from the conception vessel, and 2 cun lateral to zhongji Central Pole (CV-3).

**Indications:** Running piglet qi, diseases of the external genitalia in men and women, penis pain and the hernia for men, and leucorrhoea for women.

### 30. *ST30 Qichong Qi Thoroughfare* (氣衝) (Figure 17)

**Location:** On the lower abdomen, 2 cun lateral to the navel, 1 cun below guilai Return (ST-29), and 2 cun lateral to qugu Curved Bone (CV-2), where the pulse from the artery can be palpated.

**Acupoint anatomy:** Skin - superficial epigastric artery and vein - subcutaneous tissue - anterior cutaneous branch of the iliohypogastric nerve (L1) and the ilioinguinal nerve (L1) - lateral cutaneous branch of the subcostal nerve - superficial circumflex iliac artery - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transverses abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 5 cun below the navel, 2 cun from the conception vessel, and 2 cun lateral to qugu Curved Bone (CV-2).

**Indications:** Abdominal pain, abdominal distention and fullness, qi rushing in counterflow and attacking the epigastric region, impotence, penis pain, and menstrual disorders.

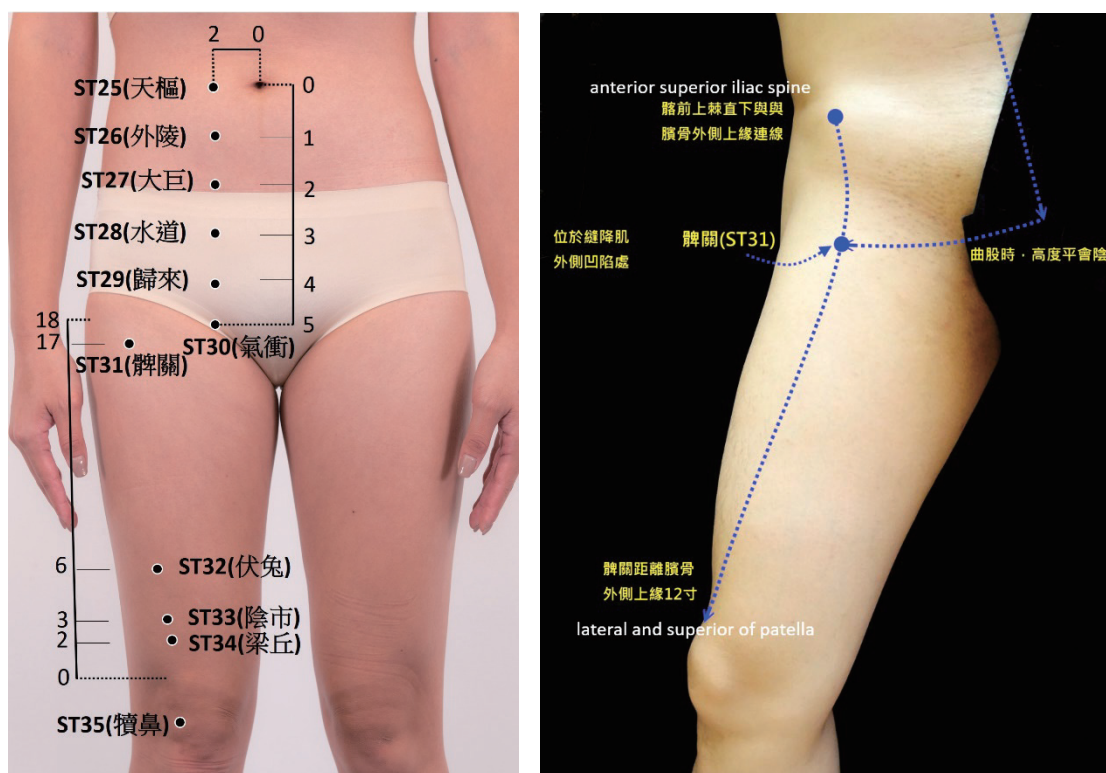


Figure 18

### 31. ST31 Biguan Thigh Joint (脾關) (Figure 18)

**Location:** On the thigh, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 1 chi and 2 cun above the lateral superior border of the patella.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve and the femoral branch of the genitofemoral nerve (L1-2) - superficial circumflex iliac artery and vein - fascia lata – along the lateral border of the sartorius and on the rectus femoris of the quadriceps - lateral circumflex femoral artery and branches of femoral nerves – vastus intermedius – the femur.

**Locating the acupoint:** With the patient lying in a supine position, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 12 cun above the lateral superior border of the patella, palpate for the depression on the outside of the sartorius. This should be level with the perineum when the patient’s leg is bent.

**Indications:** Induced pain in the lower abdomen, lumbar pain with cold knees, tension of the inner thigh muscles, and numbness in the feet.



Figure 19

### 32. ST32 Futu Crouching Rabbit (伏兔) (Figure 19)

**Location:** On the thigh, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 6 cun above the lateral superior border of the patella, and in the muscle.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve - branches of the great saphenous vein - fascia lata - between the rectus femoris of the quadriceps and the vastus lateralis - vastus intermedius - descending branches of the lateral circumflex femoral artery – the femur.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 6 cun above the lateral superior border of the patella, and in the center of the



muscle belly.

**Indications:** Pain in the lumbar region and the legs, cold knees, numbness, and urticarial across the entire body.

### 33. *ST33 Yinshi Yin Market* (陰市) (Figure 19)

**Location:** On the thigh, along the line from the anterior superior iliac spine to the lateral superior border of the patella, and at 3 cun above the lateral superior border of the patella.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve - branches of the great saphenous vein - fascia lata – between the rectus femoris of the quadriceps and the vastus lateralis - vastus intermedius - descending branches of the lateral circumflex femoral artery – the femur.

**Locating the acupoint:** With the patient sitting upright with their knees bent, along the line from the anterior superior iliac spine to the lateral superior border of the patella, and at 3 cun above the lateral superior border of the patella.

**Indications:** Dispersion-thirst disorders, fullness, pain, and distention of the lower abdomen, icy-coldness of the lumbar and knee regions, and numbness and paralysis in the lower limbs.

### 34. *ST34 Liangqiu Beam Hill* (梁丘) (Figure 19)

**Location:** On the thigh, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 2 cun above the lateral superior border of the patella, and between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve - branches of the great saphenous vein - fascia lata - between the rectus femoris of the quadriceps and the vastus lateralis - descending branches of the lateral circumflex femoral artery – the femur.

**Locating the acupoint:** With the patient sitting upright with their knees bent, along the line from the anterior superior iliac spine to the lateral superior border of the patella, at 2 cun above the lateral superior border of the patella, and in a slight depression 1 cun below yinshi Yin Market (ST-33).

**Indications:** Pain and difficulty bending and extending the knees, feet, and lumbar region, and bi-syndrome caused by preponderant cold and numbness.



Figure 20

### 35. ST35 *Dubi Calf's Nose* (犢鼻) (Figure 20)

**Location:** On the knee, in the lateral depression between the patella and the patellar ligament of the knee joint.

**Acupoint anatomy:** Skin - patellar anastomosis - infrapatellar branch of the saphenous nerve - subcutaneous infrapatellar bursa - medial and lateral patellar retinaculum - infrapatellar fat pad - articular cavity - articular cartilage – the femur.

**Locating the acupoint:** With the patient sitting upright and their knees bent, locate the acupoint in the depression below the patella and above the tibia, which is shaped similar to a calf's nose. The lateral portion is called *dubi Calf's Nose* (ST-35) and the medial is called *xiyian Eye of the Knee* (膝眼).

**Indications:** Swelling and pain in the knee, difficulty kneeling and standing up, and leg qi.

### 36. *ST36 Zusanli Leg Three Li* (足三里) (Figure 20)

**Location:** On the anterior and lateral aspect of the calf at 3 cun below *dubi* Calf's Nose (ST-35) and slightly more than 1 cun lateral to the tibia, in the interstitial space between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve - crural fascia - tibialis anterior - deep fibular nerve and anterior tibial artery - interosseous membrane.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down, measure 3 cun down from *dubi* Calf's Nose (ST-35) and slightly more than 1 cun lateral from the tibia, the acupoint is located in this groove. If pressed, unbearable soreness and distention are experienced when raising the foot. The soreness and numbness caused by applying acupuncture to this acupoint extends to the back of the foot.

**Indications:** Although this acupoint primarily governs illnesses of the gastrointestinal and digestive system, acupuncture can be applied to treat illnesses throughout the body, including distention and pain in the heart and abdomen, cold in the stomach, borborygmus, vomiting and diarrhea, constipation, diarrhea, jaundice, edema, lumbar pain and an inability to bend forward and backward, soreness and pain in the tibia and knee, deficiency detriment leading to marked emaciation, and sciatica.

### 37. *ST37 Shangjuxu Upper Great Hollow* (上巨虛) (Figure 20)

**Location:** On the anterior and lateral aspect of the calf at 6 cun below *dubi* Calf's Nose (ST-35), 3 cun below *zusanli*.Leg Three Li (ST-36), and slightly more than 1 cun lateral to the tibia, in the space between two bones.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve - crural fascia - tibialis anterior and extensor hallucis longus - deep fibular nerve and the anterior tibial artery - interosseous membrane.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down, measure 6 cun down from *dubi* Calf's Nose (ST-35) and slightly more than 1 cun lateral

from the tibia to locate a groove that appears when the foot is lifted. The acupoint is located in this groove.

**Indications:** Hemilateral wind with leg qi (beriberi); soreness and pain in the leg and shin; numbness in the lumbar region, legs, and arms; borborygmus with abdominal pain, and diarrhea.

### 38. *ST38 Tiaokou Ribbon Opening* (條口) (Figure 20)

**Location:** On the anterior and lateral aspect of the calf at 8 cun below dubi Calf's Nose (ST-35), 5 cun below *zusanli*. Leg Three Li (ST-36), and slightly more than 1 cun lateral to the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve and the lateral sural cutaneous nerve - crural fascia - extensor hallucis longus - deep fibular nerve and the anterior tibial artery - interosseous membrane.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down, measure 8 cun down from dubi Calf's Nose (ST-35) and slightly more than 1 cun laterally from the tibia to locate a groove that is visible when the foot is lifted. The acupoint is located in this groove.

**Indications:** Gastrointestinal illness, numbness in the legs and knees, an inability to stand for long durations, and muscle weakness or looseness and an inability to contract the legs and feet.

### 39. *ST39 Xiajuxu Lower Great Hollow* (下巨虛) (Figure 20)

**Location:** On the anterior and lateral aspect of the calf at 9 cun below dubi Calf's Nose (ST-35), 6 cun below *zusanli*. Leg Three Li (ST-36), and slightly more than 1 cun lateral to the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve and the lateral sural cutaneous nerve - crural fascia - extensor hallucis longus - deep fibular nerve and the anterior tibial artery - interosseous membrane.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down,

measure 9 cun down from dubi Calf's Nose (ST-35) and slightly more than 1 cun laterally from the tibia to locate a groove that is visible when the foot is lifted. The acupoint is located in this groove.

**Indications:** Heat in the stomach, small intestine qi; sloppy diarrhea or diarrhea containing pus and blood; bi-syndrome caused by preponderant wind, cold, and damp; paralysis; edema of the lower limbs; lower abdominal pain in women; and welling-abscess of the breast.

#### 40. *ST40 Fenglong Bountiful Bulge* (豐隆) (Figure 20)

**Location:** On the anterior and lateral aspect of the calf at 1 cun lateral to tiaokou Ribbon Opening (ST-38).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve and the lateral sural cutaneous nerve - crural fascia - extensor hallucis longus and extensor digitorum longus - deep fibular nerve, superficial fibular nerve, and anterior tibial artery - interosseous membrane.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down, measure 8 cun down from dubi Calf's Nose (ST-35) to arrive at tiaokou Ribbon Opening (ST-38), which is the midpoint from the knee to the ankle. Palpate slightly more than 1 cun laterally from tiaokou Ribbon Opening (ST-38) to locate the acupoint at the lateral border of the fibula.

**Indications:** Headache, facial swelling, phlegm-rheum, pain in abdomen, diarrhea, swelling of the limbs, difficulty urinating and defecating, hypertension, soreness and pain in the knees and legs, and difficulty bending and extending.

#### 41. *ST41 Jiexi Ravine Divide* (解谿) (Figure 21)

**Location:** On the ankle joint, in the depression between the tendons of the extensor digitorum longus and the extensor hallucis longus, and at 1 cun and 5 fen behind chongyang Surging Yang (ST-42).

**Acupoint anatomy:** Skin - subcutaneous tissue - medial dorsal cutaneous branch and intermediate dorsal cutaneous branch of the superficial fibular nerve - inferior extensor retinaculum – between the extensor hallucis longus and the extensor digitorum

longus – contains the anterior tibial artery and deep fibular nerve - talofibular ligament – between the talus and calcaneus.

**Locating the acupoint:** Palpate for depression at the center of the front of the ankle, where shoelaces are tied. When the ankle is rotated, the acupoint becomes visible.

**Indications:** Edema of the facial region; abdominal distention; heat in the stomach; appetite easily aroused but unable to eat; defecation with lower body heaviness; swelling and pain in the thighs, knees, and shins; and foot drop.



Figure 21

#### 42. ST42 Chongyang Surging Yang (衝陽) (Figure 21)

**Location:** At the highest point on the dorsum or top of the foot, where the artery pulse can be palpated, and 3 cun above xiangu Sunken Valley (ST-43).

**Acupoint anatomy:** Skin - subcutaneous tissue - medial dorsal cutaneous branch and intermediate dorsal cutaneous branch of the superficial fibular nerve - inferior

extensor retinaculum – between the extensor hallucis longus and the extensor digitorum longus – contains the dorsalis pedis artery and the medial branch of the deep fibular nerve – medial border of the extensor digitorum brevis – between the scaphoid and the cuneiform.

**Locating the acupoint:** Between the extensor hallucis longus and the extensor digitorum longus, or slightly anterior to the junction at the base of the second and third metatarsal bone. The acupoint contains the dorsalis pedis artery, insert a needle in the direction of the sole of the foot.

**Indications:** Toothache, deviation of the mouth and eyes, hemilateral wind and facial swelling, wilting of the legs, and swelling of the instep.

#### 43. *ST43 Xianggu Sunken Valley* (陷谷) (Figure 21)

**Location:** On the dorsum or top of the foot, anterior to the junction between the second and third metatarsal bones, and 2 cun from zhongting Center Palace (CV-16).

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein – between the second and third toes – contains the dorsal metacarpal arteries - located between the lateral border of the extensor digitorum brevis and the extensor digitorum longus - dorsal interosseous muscles.

**Locating the acupoint:** On the lateral side of the second toe, or behind and between the bases of the second and third toes.

**Indications:** Edema of the facial region, borborygmus with abdominal pain, swelling and pain in the lower abdomen, and swelling and pain in the dorsum of the foot.

#### 44. *ST44 Neiting Inner Court* (内庭) (Figure 21)

**Location:** On the dorsum or top of the foot between the second and third toe bones at the border of the red and white flesh between the toes.

**Acupoint anatomy:** Skin - subcutaneous tissue – the dorsal digital nerve and vein - between the second and third toes - dorsal digital artery.

**Locating the acupoint:** At the end of the gap or seam between the second and third toe bones, locate the acupoint in the depression anterior to the base of the second toe.

**Indications:** Reverse flow in the four limbs; aversion to the sound of people talking;

urticarias; sore throat; tooth decay; malarial disorders with no pleasure eating; abdominal fullness with an inability to catch one's breath; red and white dysentery; and redness, swelling, and pain in the dorsum of the foot.

#### **45. ST45 Lidui Severe Mouth (厲兌) (Figure 21)**

**Location:** On the lateral end at the base of the second toenail, 1 fen from the lower corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue – lateral border of the distal end of the second toe (lateral border of the toenail base) – dorsal branches of proper plantar digital arteries and nerves.

**Locating the acupoint:** On the lateral face of the second toe, locate the acupoint at slightly more than 1 fen from the nail.

**Indications:** Distention and fullness in the abdomen and heart, epigastric pain, edema, jaundice, inflammation of the throat, tooth decay, nosebleeds, easily frightened, mania, cold feet, and swelling and pain in the dorsum of the foot.

## **Section 4. Acupoints on the Taiyin Spleen Meridian (SP) Channel of the Foot**

The taiyin spleen meridian channel of the foot (SP) contains 21 acupoints on one side, which total 42 acupoints for both sides of the body. Of these acupoints, 11 are located on the antero- medial side of the lower limbs, and 10 are located on the sides of the chest and abdomen. This channel begins at the yinbai Hidden White (SP-1) acupoint and ends at dabao Great Embrace (SP-21). The main indications are illnesses of the spleen, the gastrointestinal and digestive system, and the urinary and reproductive systems and illnesses of the areas along the channel course.

### **Contemporary Chart 4. The Taiyin Spleen Meridian (SP) Channel of the Foot**





Figure 22

### 1. *SP1 Yinbai Hidden White* (隱白) (Figure 22)

**Location:** On the medial side of the distal segment of the hallux (big toe), at approximately 1 fen from the nail, and level with the corner of the toenail.

The WHO standard acupuncture point locations.

**Acupoint anatomy:** Skin - subcutaneous tissue – dorsal digital nerve and vein of the medial side of the hallux - crural fascia - dorsal digital branches of the superficial fibular nerve and the dorsal digital artery – distal phalanx of the hallux.

**Locating the acupoint:** On the medial side of the distal segment of the hallux, locate the acupoint at approximately 1 fen from the corner of the nail.

**Indications:** Abdominal distention, retching without appetite, menstrual disorders, children easily frightened by strangers or becoming ill because of strangers, and chronic fright wind.

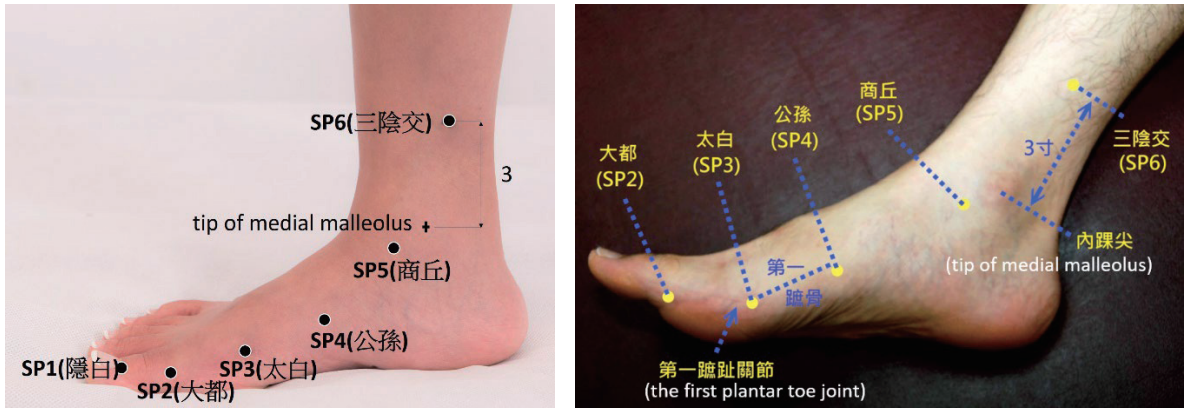


Figure 23

## 2. *SP2 Dadu Great Metropolis* (大都) (Figure 23)

**Location:** On the medial side of the hallux, along the border between the red and white flesh in the depression in front of the base joint.

**Acupoint anatomy:** Skin - subcutaneous tissue – dorsal digital nerve and vein of the medial side of the hallux - crural fascia - dorsal digital branches of the superficial fibular nerve and the dorsal digital artery – proximal phalanx of the hallux.

**Locating the acupoint:** On the medial side of the hallux, in the joint between the bones anterior and inferior to the metatarsophalangeal joint, and along the border between the red and white flesh. Here, the dorsal side is fleshy, and, thus, called dadu Great Metropolis (SP-2).

**Indications:** Epigastric pain, abdominal fullness and vomiting, diarrhea, febrile disease without sweating, heaviness of the body and pain in the bones, painful swelling of the toe joints, and counterflow cold of the extremities.

## 3. *SP3 Taibai Supreme White* (太白) (Figure 23)

**Location:** On the medial side of the hallux, in the depression behind the metatarsophalangeal joint, and along the border between the red and white flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue – dorsal digital nerve and vein of the medial side of the hallux - crural fascia and digital branches of the medial plantar nerve and artery - medial crural cutaneous branches of the saphenous nerve - dorsal digital

branches of the superficial fibular nerve and the dorsal digital artery - medial head of the flexor hallucis brevis and the abductor hallucis – first metatarsal bone.

**Locating the acupoint:** In the area posterior and inferior to the metatarsophalangeal joint of the hallux, along the border between the red and white flesh.

**Indications:** Abdominal distention, vomiting, indigestion, diarrhea, constipation, the heaviness of the body, and soreness of the bones.

#### 4. *SP4 Gongsun Yellow Emperor (公孫) (Figure 23)*

**Location:** At 1 cun behind the base joint of the hallux and in the depression in front of the inner ankle.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein of the medial side of the hallux - crural fascia - medial crural cutaneous branches of the saphenous nerve - dorsal digital branches of the superficial fibular nerve and the dorsal digital artery - medial head of the flexor hallucis brevis and the abductor hallucis - first metatarsal bone.

**Locating the acupoint:** At 1 cun behind the metatarsophalangeal joint of the hallux, where the proximal end of the first metatarsal bone joins with the cuneiform, locate the acupoint in the depression along the border between the red and white flesh below the arch of the foot. When sitting upright, if the bottoms of the patient's feet face each other, the acupoint is located where the arches of the feet are furthest apart.

**Indications:** Abdominal deficiency and distention, abdominal pain, vomiting, spleen deficiency with edema, and jaundice.

#### 5. *SP5 Shangqiu Shang Hill (商丘) (Figure 23)*

**Location:** In the depression inferior and slightly anterior to the inner ankle.

**Acupoint anatomy:** Skin - subcutaneous tissue – medial dorsal cutaneous nerve of the superficial fibular nerve and branches of the great saphenous vein - crural fascia - medial crural cutaneous branches of the saphenous nerve – inferior extensor retinaculum – between the tendons of the tibialis anterior and the extensor hallucis longus - anterior medial malleolar artery and branches of the deep fibular nerve – the talus.

**Locating the acupoint:** In the depression slightly in front of the inferior border of

the medial malleolus and at the end of the transverse ankle crease. After locating the acupoint, pull back the hallux, and the depression will appear.

An alternative method for locating the acupoint: Measure 8 fen medially (horizontally) from the jiexi Ravine Divide (ST-41) acupoint in the middle of the ankle to arrive at zhongfeng Mound Center (LV-4). Then, measure 8 fen from zhongfeng Mound Center (LV-4) to the inferior border of the medial malleus to reach shangqiu Shang Hill (SP-5).

**Indications:** Epigastric pain, abdominal distention, abdominal pain, borborygmus, panting and retching, coldness in the body, the heaviness of the body and joint pain, edema, listlessness with drowsiness, and a propensity to sigh.

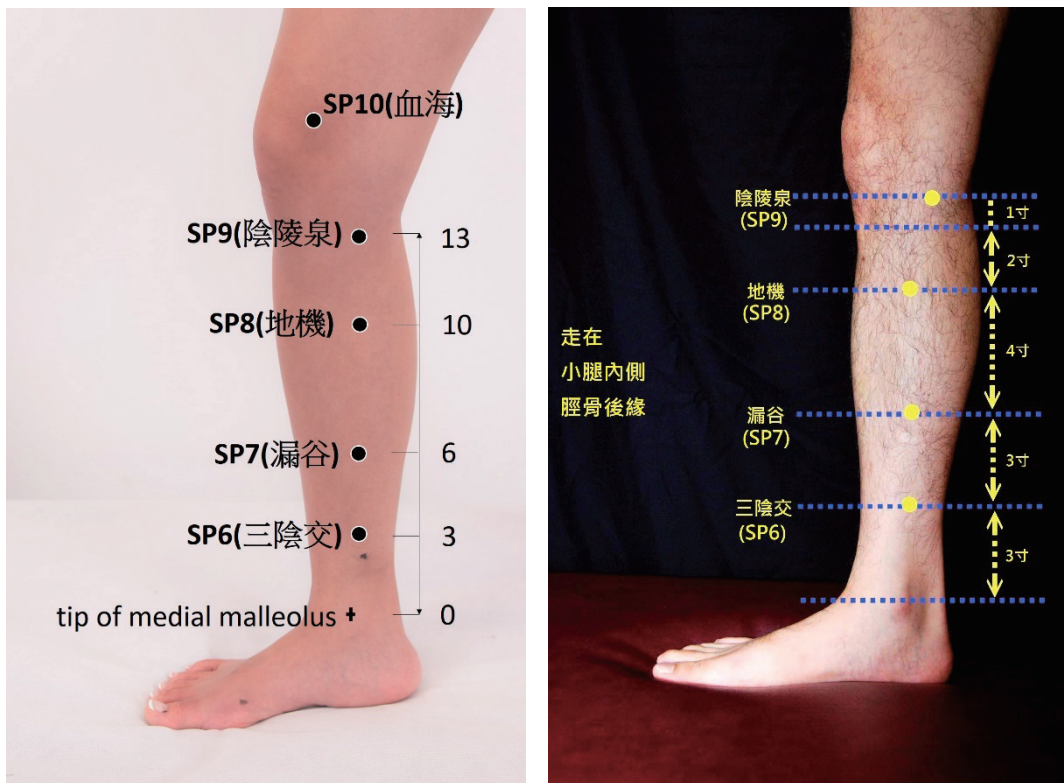


Figure 24

## 6. SP6 Sanyinjiao Three Yin Intersection (三陰交) (Figure 24)

**Location:** At 3 cun above the inner ankle, in the depression along the posterior

border of the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein and the medial cutaneous branch of the saphenous nerve - crural fascia - medial crural cutaneous branches of the saphenous nerve - soleus muscle and flexor digitorum longus - tibial nerve and the posterior tibial artery and vein – the tibia.

**Locating the acupoint:** On the medial side of the calf, along the posterior border of the tibia, measure 3 cun upward from the point of the inner ankle; the acupoint is level with xuanzhong Suspended Bell (GB-39) on the lateral side.

**Indications:** Abdominal distention, abdominal pain, diarrhea, enuresis, difficulty urinating, impotence, dysmenorrhea, metrostaxis, heaviness and pain in the body, swelling and pain in the dorsum of the feet and ankles, urticaria, jaundice, edema, and visceral agitation.

### 7. *SP7 Lougu Leaking Valley* (漏谷) (Figure 24)

**Location:** At 3 cun above sanyinjiao Three Yin Intersection (SP-6), or 6 cun superior to the inner ankle, and in the depression along the posterior border of the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein and the medial cutaneous branch of the saphenous nerve - crural fascia - medial crural cutaneous branches of the saphenous nerve - soleus muscle and the flexor digitorum longus - tibial nerve and the posterior tibial artery and vein – the tibia.

**Locating the acupoint:** On the medial side of the calf along the posterior border of the tibia, locate the acupoint in the depression 3 cun above sanyinjiao Three Yin Intersection (SP-6).

**Indications:** Paralysis and numbness in the knees and legs, swelling and pain in the legs and ankles, lower limb edema, abdominal distention, abdominal pain, and normal consumption with no muscle or flesh growth.

### 8. *SP8 Diji Earth's Crux* (地機) (Figure 24)

**Location:** At 5 cun below the knee on the medial side of the calf and in the depression along the posterior border of the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein and the

medial cutaneous branch of the saphenous nerve - crural fascia - medial crural cutaneous branches of the saphenous nerve - soleus muscle - tibial nerve, saphenous nerve, and the posterior tibial artery and vein – the tibia.

**Locating the acupoint:** Measure 5 cun down from the lower border of the patella and then medially for 2 cun and 4 fens. This acupoint is located along the medial border of the tibia, which is 3 cun below yinlingquan Yin Mound Spring (SP-9).

**Indications:** Qi distention of the abdomen and lateral costal area, edema, urinary difficulty, menstrual disorders, leucorrhea, and seminal emissions.

### 9. *SP9 Yinlingquan Yin Mound Spring* (陰陵泉) (Figure 24)

**Location:** On the medial side of the calf near the knee, in a depression along the medial border of the tibia below the knee, and opposite and 1 cun higher than yanglingquan Yang Mound Spring (GB-34).

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein and the medial cutaneous branch of the saphenous nerve - crural fascia - medial crural cutaneous branches of the saphenous nerve - fibularis longus - tibial nerve, saphenous nerve, and the posterior tibial artery and vein – the tibia.

**Locating the acupoint:** With the patient sitting upright and their knees bent, first locate the medial head of the popliteal crease, then find the depression below the head of the crease and under the medial condyle of the tibia, and apply pressure and hold. Extend the patient's leg to locate the acupoint in this position. (The patient should be lying in a supine position, with their knees slightly bent. The needle should be inserted from the medial side to the lateral side horizontally.)

**Indications:** Abdominal fullness, poor appetite, edema, urinary difficulty, leucorrhea, bi-syndrome, and redness and swelling in the legs and knees.

### 10. *SP10 Xuehai Sea of Blood* (血海) (Figure 25)

**Location:** On the medial side of the knee at 2 cun above the patella.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein, cutaneous branches of the obturator nerve, and cutaneous branches of the femoral nerve - crural fascia – sartorius and medial border of the quadriceps femoris - femoral artery – the femur.

**Locating the acupoint:** With the patient sitting upright, their legs hanging down, and their knees bent, hold the left patella with the center of the right palm, the four fingers should be held together with the thumb opened. The acupoint is located under the thumb position at the distal bulge of the vastus medialis of the quadriceps femoris. The patient should experience unbearable soreness and distention when the acupoint is pressed.

**Indications:** Metrostaxis, menstrual disorders, dysmenorrhea, leucorrhea, eczema, urticaria, and anemia.

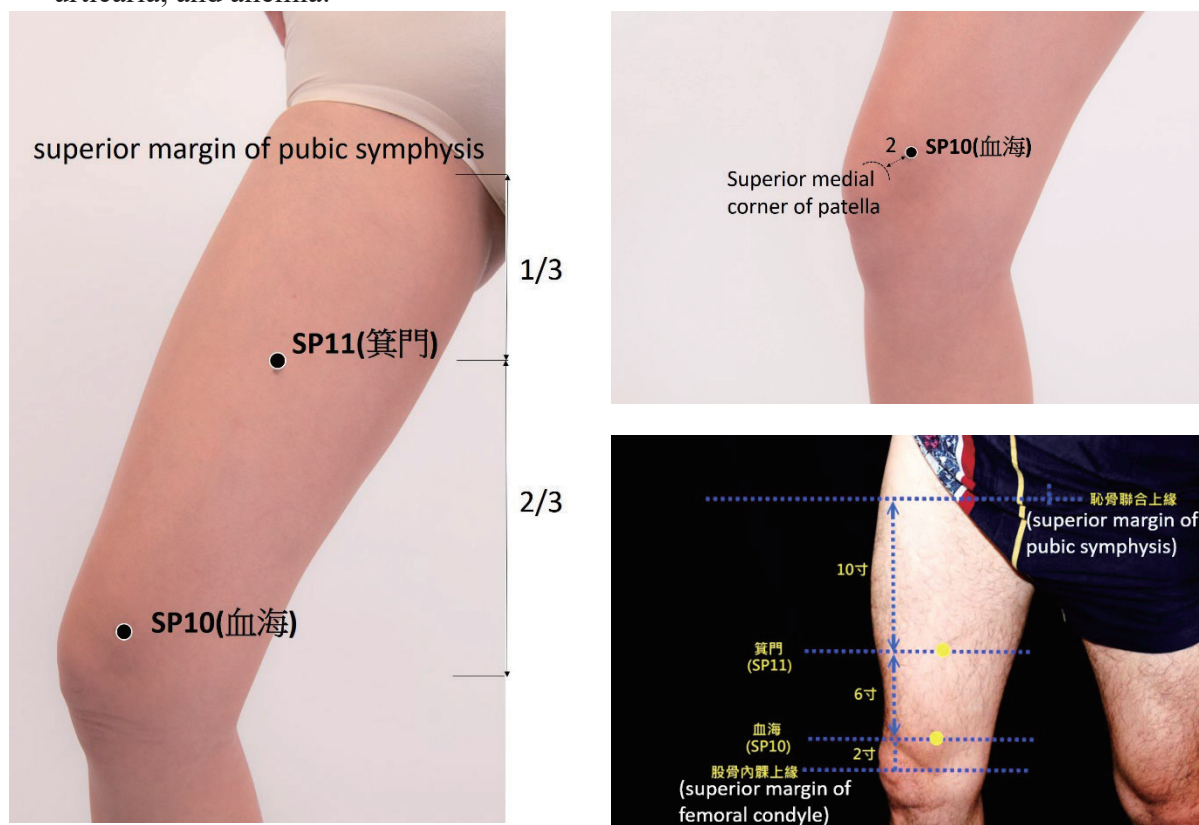


Figure 25

### 11. SP11 Jimen Winnower Gate (箕門) (Figure 25)

**Location:** On the medial side of the thigh, between two muscles 8 cun from the superior border of the patella, where the artery pulse can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein and cutaneous branches of the femoral nerve - crural fascia – medial border of the quadriceps

femoris - femoral artery – the femur.

**Locating the acupoint:** With the patient sitting upright, 6 cun above xuehai Sea of Blood (SP-10), on the line between xuehai Sea of Blood (SP-10) and chongmen Surging Gate (SP-12), locate the acupoint between the sartorius, vastus medialis, and gracilis, where the artery pulse can be palpated.

**Indications:** Swelling and pain in the inguinal region, sores on both thighs, damp itch of the scrotum, and urinary difficulty.

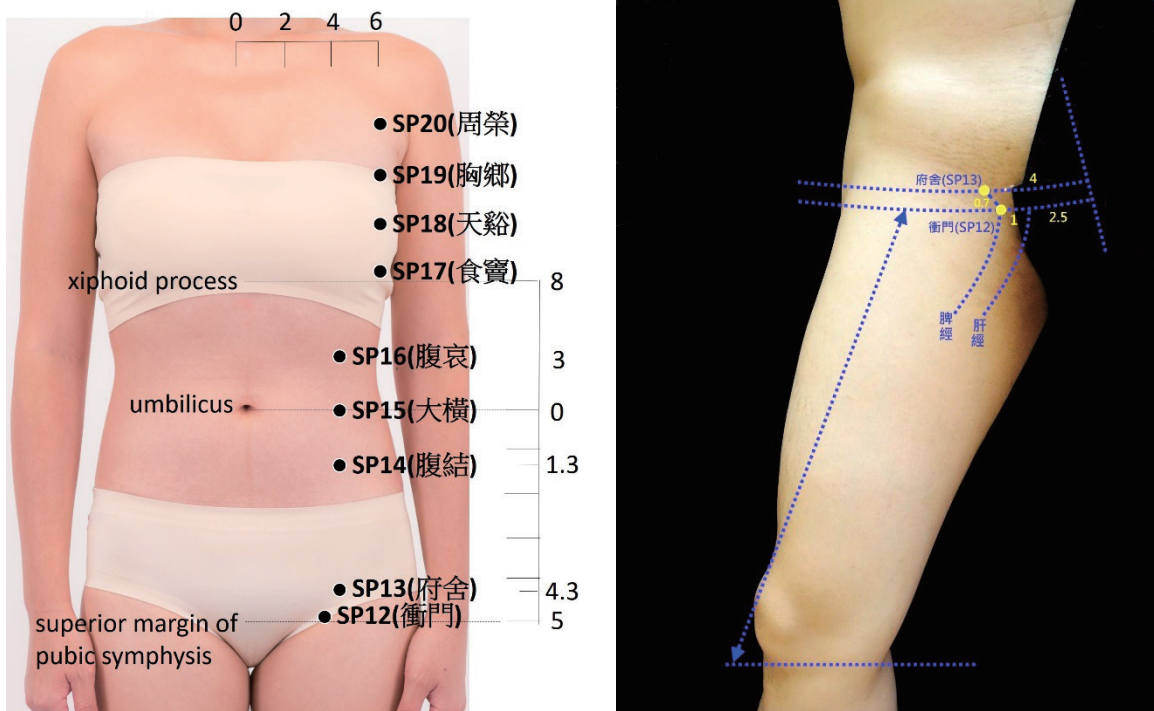


Figure 26

## 12. SP12 Chongmen Surging Gate (衝門) (Figure 26)

**Location:** At 7 cun below fushe Bowel Abode (SP-13), on both ends of the pubic bone in the inguinal crease on the medial side of the thigh where the artery can be palpated, and 3 and a half cun lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - femoral vein and the anterior



cutaneous branch of the femoral nerve - crural fascia – quadriceps femoris, psoas major, and obturator externus - femoral artery, femoral nerve, and obturator nerve.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint 5 cun below daheng Great Horizontal (SP-15), near the artery in the crease where the end of the pubic bone and the lower abdomen meet, and 4 cun lateral to the midline of the abdomen. Measure 4 cun lateral from the navel to reach daheng Great Horizontal (SP-15), then measure 5 cun below daheng Great Horizontal (SP-15), at the end of the inguinal crease, palpate to locate the artery pulse; this is where the acupoint is located.

**Indications:** Coldness in the abdomen with qi fullness; accumulation and pain in the abdomen, and difficulty urinating.

### 13. SP13 *Fushe Bowel Abode* (府舍) (Figure 26)

**Location:** On the side of the abdomen, 3 cun below fujie Abdominal Bind (SP-14), and 4 cun lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 4 cun and 3 fens below daheng Great Horizontal (SP-15), 7 fens above chongmen Surging Gate (SP-12), and 4 cun lateral to the midline of the abdomen.

**Indications:** hernia pain, vomiting and diarrhea, abdominal pain, and accumulation with bi-syndrome pain.

### 14. SP14 *Fujie Abdominal Bind* (腹結) (Figure 27)

**Location:** On the side of the abdomen, 1 cun and 3 fens below daheng Great Horizontal (SP-15), and 4 cun lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus

sheath, rectus abdominis, transversus abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 3 fens below daheng Great Horizontal (SP-15), 3 cun above fushe Bowel Abode (SP-13), and 4 cun lateral to the midline of the abdomen. From both sides of the navel, measure 3 cun and 5 fens laterally, then measure 1 cun and 3 fens downward to reach this acupoint.

**Indications:** Coughing and counterflow, paraumbilical abdominal pain, and center cold and diarrhea.

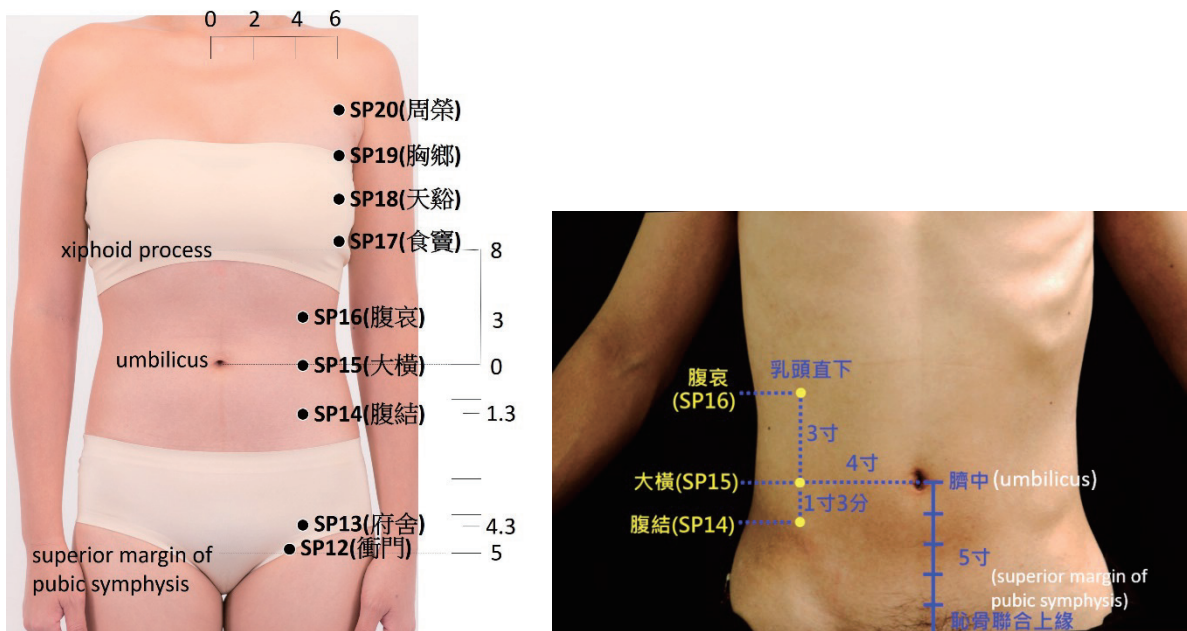


Figure 27

### 15. SP15 Daheng Great Horizontal (大橫) (Figure 27)

**Location:** On the side of the abdomen, at 4 cun lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin – branches of paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis,

transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint on the slightly elevated point horizontal to the navel, at 4 cun lateral to the navel.

**Indications:** Coldness and pain in the abdomen, throughflux diarrhea, constipation, and an inability to lift the limbs.

### 16. *SP16 Fuai Abdominal Lament* (腹哀) (Figure 27)

**Location:** On the side of the abdomen, at 1 cun and 5 fens below riyue Sun and Moon (GB-24), approximately 3 cun above daheng Great Horizontal (SP-15), and 4 cun lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of internal thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transversus abdominis, transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint on the inferior rim of the costal cartilage of the ninth rib, and 4 cun lateral to the midline of the abdomen.

**Indications:** Abdominal pain, indigestion, constipation, and pus and blood during defecation and urination.

### 17. *SP17 Shidou Food Hole* (食竇) (Figure 28)

**Location:** On the lateral side of the chest, at 1 cun and 6 fens below tianxi Celestial Ravine (SP-18), and 6 cun lateral to the midline of the chest.

**Acupoint anatomy:** Skin - subcutaneous tissue - mammary glands - lower border of the fifth rib - medial mammary branches, lateral mammary branches of the lateral thoracic artery, and lateral mammary branches of the lateral cutaneous branches of the posterior intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - intercostal muscle – the lungs.

**Locating the acupoint:** Instruct the patient to lie in a supine position with their arms

extended outward at shoulder level to locate this acupoint in the intercostal space below the fifth rib and above the sixth rib, directly below zhongfu Central Treasury (LU-1) and yunmen Cloud Gate (LU-2), or 2 cun lateral to the nipple in the next intercostal space downward.

**Indications:** Propping fullness of the chest and lateral costal area, the sound of water in the diaphragm, borborygmus, difficulty consuming food and drink, and coughing and spitting with counterflow qi.

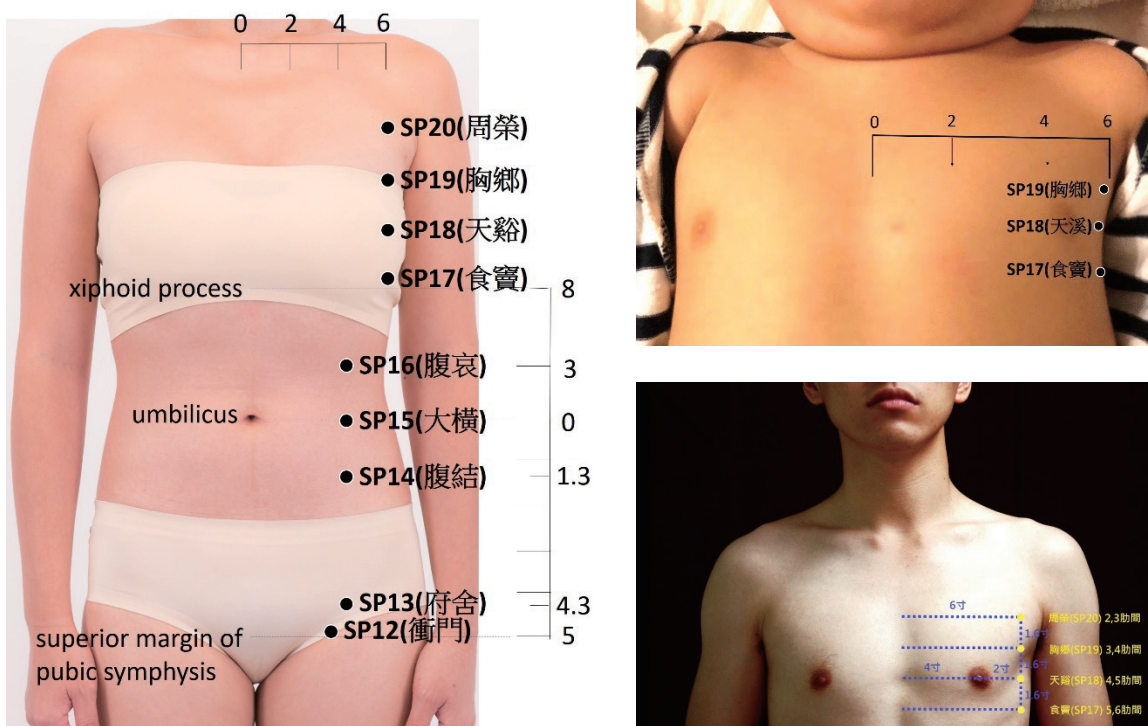


Figure 28

### 18. SP18 Tianxi Celestial Ravine (天谿) (Figure 28)

**Location:** On the lateral side of the chest, at 1 cun and 6 fens below xiongxiang Chest Village (SP-19), and 6 cun lateral to the midline of the chest.

**Acupoint anatomy:** Skin - subcutaneous tissue - lower border of the fourth rib - medial mammary branches, lateral mammary branches of the lateral thoracic artery, and lateral mammary branches of the lateral cutaneous branches of the posterior intercostal

artery - anterior and lateral cutaneous branches of the intercostal nerves - pectoralis major and pectoralis minor - intercostal muscle – the lungs.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens below xionxiang Chest Village (SP-19), 2 cun lateral to the nipple, which is equal to the level of tanzhong Chest Center (CV-17), 6 cun lateral to tanzhong Chest Center (CV-17), and between the fourth and fifth ribs.

**Indications:** Fullness of the chest with panting counterflow, coughing and counterflow with qi ascent, rattling or other sounds in the throat, and breast abscess.

### 19. SP19 Xionxiang Chest Village (胸鄉) (Figure 28)

**Location:** On the lateral side of the anterior chest, at 1 cun and 6 fens below zourong All-Round Flourishing (SP-20), and 6 cun lateral to the midline of the chest.

**Acupoint anatomy:** Skin - subcutaneous tissue - lower border of the third rib - perforating branches of the internal thoracic artery and the anterior cutaneous and lateral cutaneous branches of the intercostal nerve - pectoralis major and pectoralis minor - lateral pectoral nerve and the thoracoacromial artery - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient lying in a supine position, palpate 3 cun and 2 fens below zhongfu Central Treasury (LU-1), 1 cun and 6 fen above tianxi Celestial Ravine (SP-18). When level with yutang Jade Hall (CV-18) on the conception vessel, locate the acupoint at 6 cun lateral to yutang Jade Hall (CV-18), and between the third and fourth ribs.

**Indications:** Propping fullness of the chest and lateral costal area; pain in the chest that induces back pain with sleeplessness, and an inability to turn; bronchitis; and intercostal neuralgia.

### 20. SP20 Zhouong All-Round Flourishing (周榮) (Figure 28)

**Location:** On the lateral side of the anterior chest, at 1 cun and 6 fens below zhongfu Central Treasury (LU-1), and 6 cun lateral to the midline of the chest.

**Acupoint anatomy:** Skin - subcutaneous tissue - lower border of the second rib - perforating branches of the internal thoracic artery and the anterior cutaneous and lateral

cutaneous branches of the intercostal nerve - pectoralis major and pectoralis minor - medial pectoral nerve - lateral pectoral nerve and thoracoacromial artery - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens above xiongyang Chest Village (SP-19), 6 cun lateral to zigong Purple Palace (CV-19), and 2 cun lateral to wuyi Roof (ST-15), between the second and third ribs.

**Indications:** Fullness of the chest, an inability to bend forward and backward, coughing and counterflow with qi ascent, and difficulty consuming food and drink.

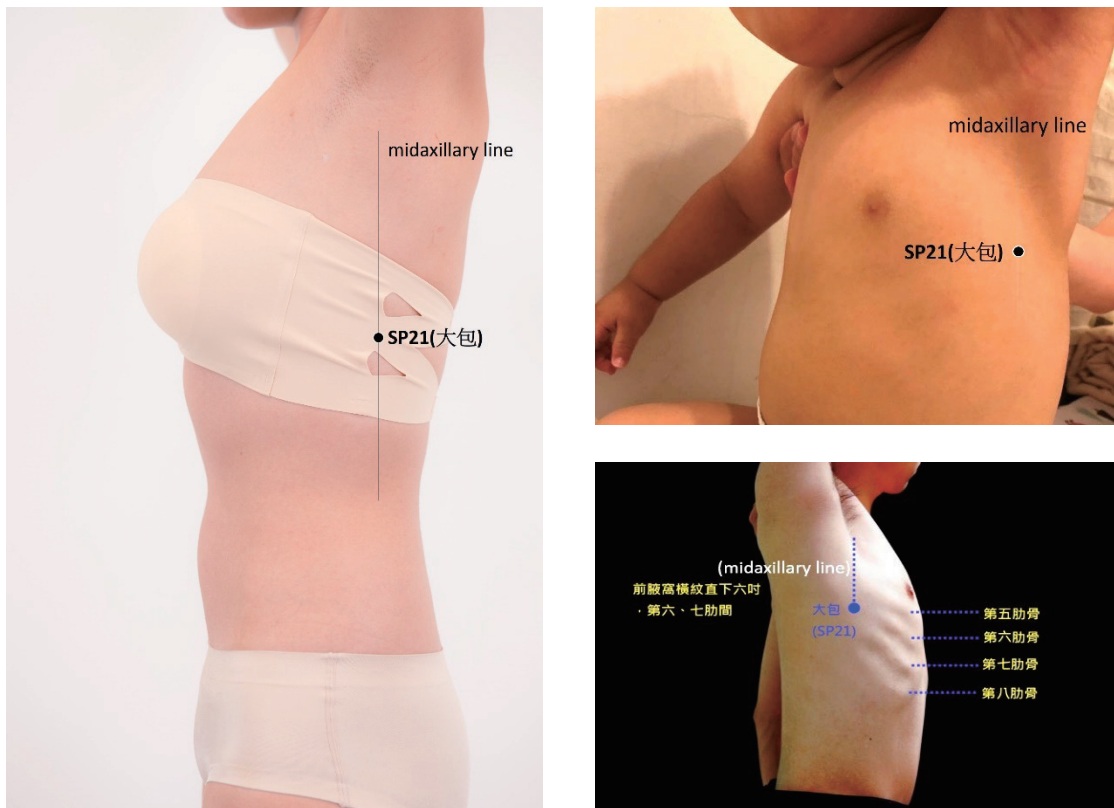


Figure 29

## 21. SP21 Dabao Great Embrace (大包) (Figure 29)

**Location:** On the lateral side of the chest, at 6 cun below the armpit, and 3 cun below

yuanye Abyss Humor (GB-22).

**Acupoint anatomy:** Skin - subcutaneous tissue – long thoracic nerve, lateral thoracic artery, and anterior cutaneous branches and lateral cutaneous branches of intercostal nerves - latissimus dorsi and serratus anterior - intercostal muscle - excessive insertion depths can penetrate the lungs and cause pneumothorax.

**Locating the acupoint:** With the patient lying sideways, proceed from zhourong All-Round Flourishing (SP-20) in a lateral, oblique, and inferior direction. Instruct the patient to extend their arms straight and hold them close to the side. Measure 3 cun below the end of the axillary crease (underarm crease) of yuanye Abyss Humor (GB-22) on the gallbladder meridian channel and a further 3 cun below yuanye Abyss Humor (GB-22) to reach dabao Great Embrace (SP-21). When the area is palpated, the sixth rib should be felt underneath.

**Indications:** Chest pain, watery qi in the chest, and an inability to catch one's breath.

## Section 5. Acupoints on the Shaoyin Heart Meridian (HT) Channel of the Hand

The shaoyin heart meridian channel of the hand (HT) contains 9 acupoints on one side, which total 18 acupoints for both sides of the body. Of these acupoints, eight are located on the ulnar side of the palmar side of the upper limbs, and one is located on the lateral superior aspect of the chest. This channel begins at the jiquan Highest Spring (HT-1) acupoint and ends at shaochong Lesser Thoroughfare (HT-9). The main indications are illnesses of the chest, heart, and circulatory system, nervous and psychological illnesses, and illness in the areas along the channel course.

### Contemporary Chart 5. The Shaoyin Heart Meridian (HT) Channel of the Hand

#### 1. HT1 Jiquan Highest Spring (極泉) (Figure 30)

**Location:** In the armpit and between the two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein, medial brachial

cutaneous nerve, and intercostal brachial nerve - latissimus dorsi and teres major - axillary nerve, anterior and posterior circumflex humeral artery, and the axillary vein – humeral head.

**Locating the acupoint:** First, raise the patient’s arm to shoulder level. Palpate the space between the two muscles in the hair of the armpit; the acupoint is located in this crevice.

**Indications:** An inability to raise the shoulders and arms, coldness and pain in the arms and elbows, loss of the use of the limbs, and sadness.

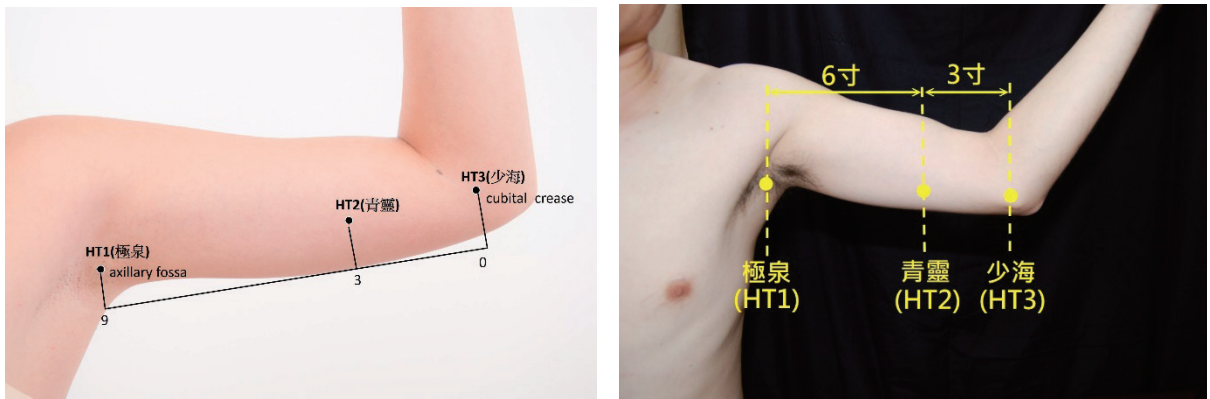


Figure 30

## 2. HT2 Qingling Green-Blue Spirit (青靈) (Figure 30)

**Location:** On the medial side of the upper arm 3 cun above the elbow.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein – medial border of the biceps brachii - medial antebrachial cutaneous nerve, median nerve, brachial artery, and brachial vein - the humerus.

**Locating the acupoint:** Measure 3 cun upwards from the medial epicondyle of the humerus. Palpate this area to locate a large muscle at the medial border of the biceps brachii.

Alternative method for locating the acupoint: Instruct the patient to raise their arm and extend their elbow, locate the acupoint at 3 cun above shaohai Lesser Sea (HT-3), in line with jiquan Highest Spring (HT-1).

**Indications:** An inability to raise the shoulders and arms, axillary swelling and pain,



brain wind and headache, and forgetfulness.

### 3. *HT3 Shaohai Lesser Sea (少海) (Figure 30)*

**Location:** On the medial side of the elbow joint, at the end of the cubital crease, and in the depression 5 fen from the tip of the elbow.

**Acupoint anatomy:** Skin - subcutaneous tissue - cephalic vein - medial antebrachial cutaneous nerve, median nerve, brachial artery, and the anterior ulnar recurrent artery - pronator teres and brachialis - elbow joint (trochlea of the humerus).

**Locating the acupoint:** Instruct the patient to bend the elbow slightly, with the palm facing upwards. Locate this acupoint on the head of the cubital crease. Press and hold the head of the cubital crease. Then lift the elbow to the side, causing the small finger (pinky) to point downwards and the palm to face backward. The muscle should part to show the acupoint, which is sore when pressed. The acupoint is located at the end of the transverse cubital crease opposite to quchi Pool at the Bend (LI-11). The medial acupoint shaohai Lesser Sea (HT-3) is located below the lateral acupoint quchi Pool at the Bend (LI-11) with the elbow in this position.

**Indications:** Headaches and dizzy vision; epilepsy; vomiting with foamy saliva; pain in the elbows, arms, and armpits with an inability to lift these areas; and trembling hands and arms.

### 4. *HT4 Lingdao Spirit Pathway (靈道) (Figure 31)*

**Location:** On the ulnar side posterior to the palm at 1 cun and 5 fen above the transverse crease of the wrist joint.

**Acupoint anatomy:** Skin - subcutaneous tissue - median antebrachial vein, medial antebrachial cutaneous branch, and the palmar branch of the ulnar nerve - ulnar artery and nerve - radial border of the flexor carpi ulnaris tendon – the ulna.

**Locating the acupoint:** With the patient's palm upturned, locate the acupoint at 1 cun and 5 fens above shenmen Spirit Gate (HT-7) behind the palm, or measure 1 cun and 5 fens from the transverse crease of the wrist behind the small finger. Palpate the area to locate the large tendon of the flexor carpi ulnaris on the medial side. The acupoint is along this tendon. Extend the patient's palm backwards to reveal a groove; the acupoint is in

this groove. Press the acupoint hard and instruct the patient to open their palm upward repeatedly. Unbearable soreness and distention should inevitably result.

**Indications:** Heart pain with depression and fear, sudden loss of voice with an inability to speak, contraction of the elbows, pain in the arms, and numbness of the fingers, clonic spasm, redness of the eyes, and ocular pain.

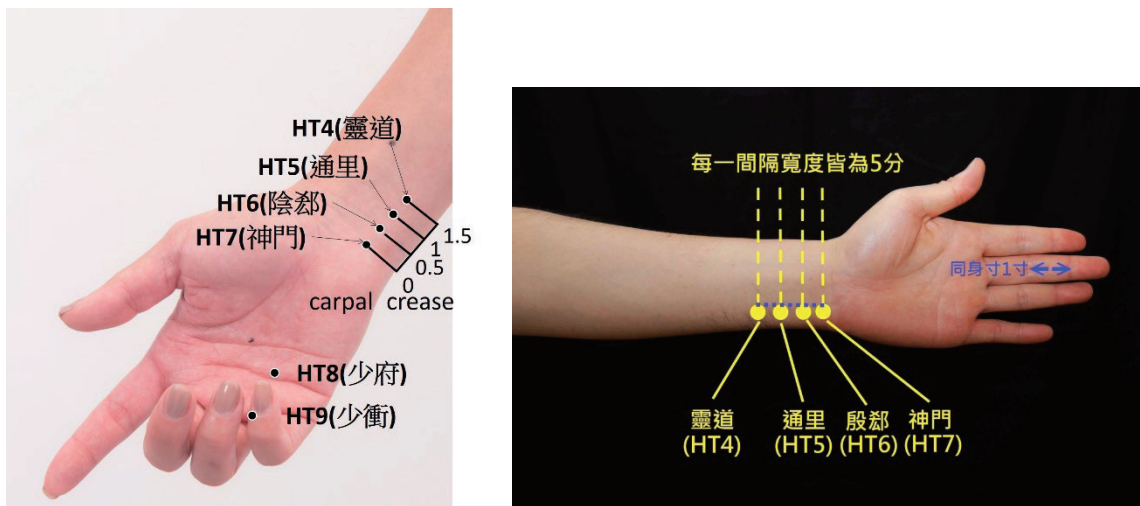


Figure 31

### 5. HT5 Tongli Connecting Li (通里) (Figure 31)

**Location:** On the ulnar side posterior to the palm at 1 cun above the transverse crease of the wrist.

**Acupoint anatomy:** Skin - subcutaneous tissue - median antebrachial vein, medial antebrachial cutaneous branch, and the palmar branch of the ulnar nerve - ulnar artery and nerve - radial border of the flexor carpi ulnaris tendon – the ulna.

**Locating the acupoint:** At 5 fens below lingdao Spirit Pathway (HT-4), in the depression 1 cun above shenmen Spirit Gate (HT-7) behind the palm, or measure 1 cun from the transverse crease of the wrist behind the small finger. Extend the patient’s palm backwards to reveal a groove. The acupoint is located in this groove.

**Indications:** Angina pectoris, arrhythmia, facial redness and heat, swelling and pain in the elbows and arms, wrist pain, finger spasms, mania, and insomnia.

## 6. *HT6 Yinxi Yin Cleft* (陰郄) (Figure 31)

**Location:** On the ulnar side posterior to the palm, 5 fens superior to the transverse crease of the wrist, and 5 fens below tongli Connecting Li (HT-5).

**Acupoint anatomy:** Skin - subcutaneous tissue - median antebrachial vein, medial antebrachial cutaneous branch, and the palmar branch of the ulnar nerve - ulnar artery and nerve - radial border of the flexor carpi ulnaris tendon – the ulna.

**Locating the acupoint:** At 5 fens above the transverse crease of the wrist behind the palm; directly behind the small finger, and 5 fens behind shenmen Spirit Gate (HT-7).

**Indications:** Fullness in the chest, heart pain, heart palpitations, hectic fever and night sweats, taxation deficiency or fatigue, and nosebleeds with blood ejection.

## 7. *HT7 Shenmen Spirit Gate* (神門) (Figure 31)

**Location:** On the ulnar side posterior to the palm, in the depression at the end of the sharp bone (the head of the ulna).

**Acupoint anatomy:** Skin - subcutaneous tissue - median antebrachial vein, medial antebrachial cutaneous branch, and the palmar branch of the ulnar nerve - palmar carpal ligament - ulnar artery and nerve - radial border of the flexor carpi ulnaris tendon – the ulna and pisiform.

**Locating the acupoint:** With the patient's palm upturned, locate the acupoint at the tip of the sharp bone behind the palm, in the medial depression where the wrist bone and ulna join, 5 fens below yinxi Yin Cleft (HT-6), and separated from yanggu Yang Valley (SI-5) by the flexor carpi ulnaris tendon.

**Indications:** Heart vexation with heart pain, arrhythmia, fearful throbbing, forgetfulness, insomnia, and psychological illnesses (such as the five types of epilepsy in adults and children; sometimes associated with cerebral palsy).

## 8. *HT8 Shaofu Lesser House* (少府) (Figure 32)

**Location:** Behind the base of the small finger, in the depression between the fourth and fifth metacarpal bones.

**Acupoint anatomy:** Skin - subcutaneous tissue - palmar aponeurosis - median antebrachial vein - palmar branch of the median nerve and part of the superficial branch

of the ulnar nerve - ulnar artery - hypothenar muscle, lumbricals, and the palmar interosseous muscle.

**Locating the acupoint:** Bending the patient’s small finger, locate this acupoint in the transverse crease where the fingertip rests, behind the metacarpophalangeal joint of the small finger, between the fourth and fifth metacarpal bone, and horizontally level with the laogong Palace of Toil (PC-8) acupoint.

**Indications:** Vexation and fullness, heart palpitations, diminished qi, curling of the hand with an inability to extend, and heat in the palms.

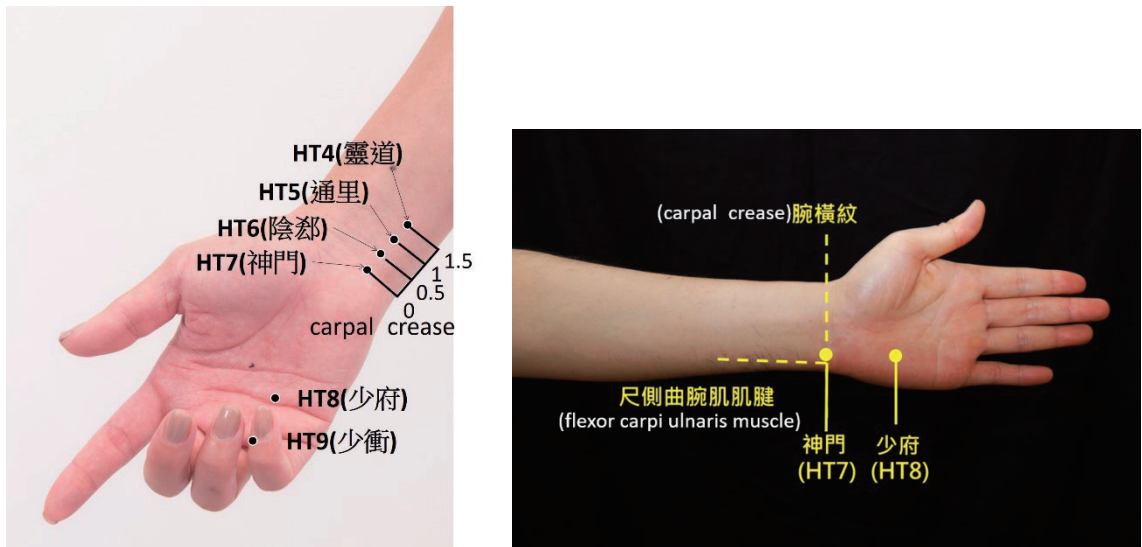


Figure 32

### 9. *HT9 Shaochong Lesser Thoroughfare* (少衝) (Figure 33)

**Location:** On the inside of the small finger, at approximately 1 fen from the corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue – branches of the proper palmar digital nerve and distal branches of the proper palmar digital arteries, and dorsal digital veins – distal phalanx.

**Locating the acupoint:** On the inside of the small fingernail, on the ring-finger side, approximately 1 fen from the corner of the nail, and opposite the shaoze Lesser Marsh (SI-1) acupoint on the small intestine meridian channel (on the lateral corner of the

fingernail).

**Indications:** Wind stroke, febrile diseases with vexation and fullness, heat in the mouth with throat dryness, yellowing of the eyes, curling of the hand with an inability to extend, and elbow and wrist pain.

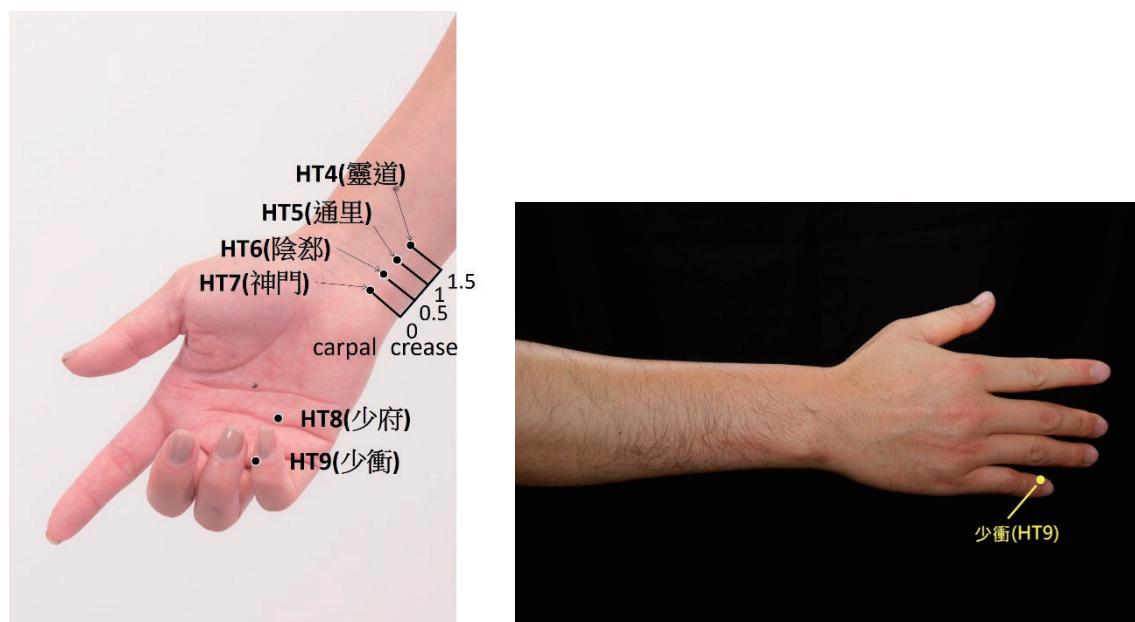


Figure 33

## Section 6. Acupoints on the Taiyang Small Intestine Meridian (SI) Channel of the Hand

The taiyang small intestine meridian channel of the hand (SI) contains 19 acupoints on one side, which total 38 for both sides of the body. Among these acupoints, 8 are located on the ulnar side of the dorsal surface of the upper limbs, and 11 are located in the shoulders, neck, and face. The first acupoint on this channel is shaoze Lesser Marsh (SI-1), and the last acupoint is tinggong Auditory Palace (SI-19). The main indications are illnesses of the small intestines, abdomen, chest, heart, and throat, certain febrile diseases, nervous illnesses, and illness of the head, neck, eyes, and ears, as well as illnesses in the areas along the channel course.

## Contemporary Chart 6. The Taiyang Small Intestine Meridian (SI) Channel of the Hand

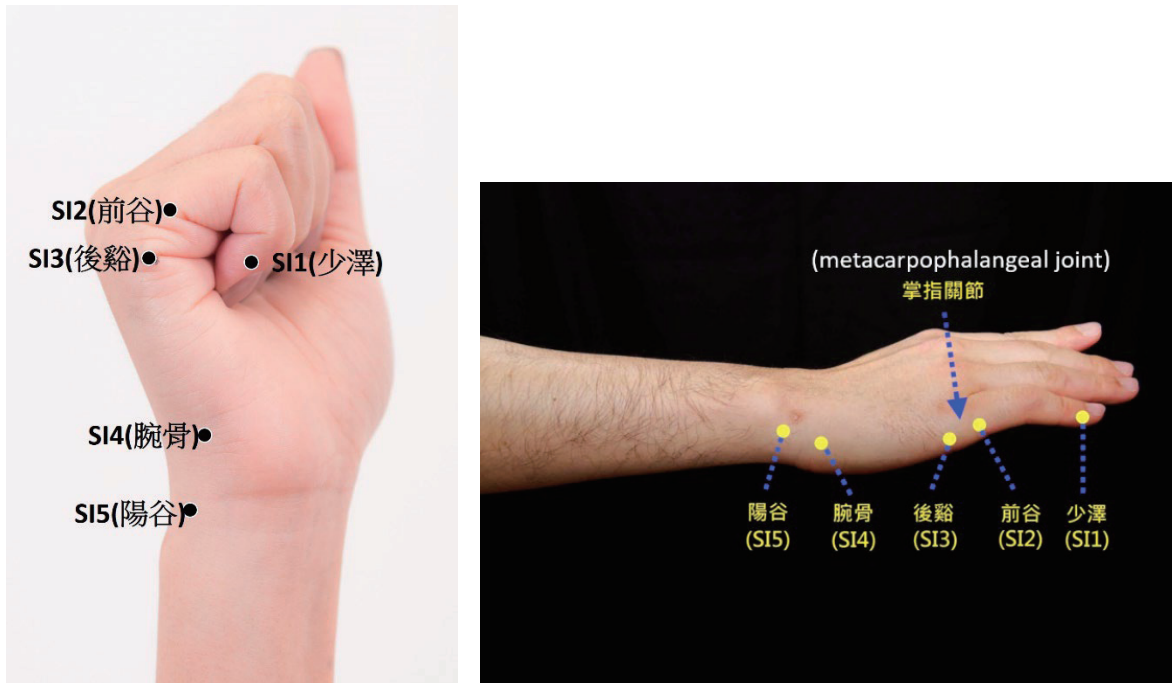


Figure 34

### 1. *SI1 Shaoze Lesser Marsh (少澤) (Figure 34)*

**Location:** On the outside of the small finger, in the depression 1 fen from the corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein – dorsal branches of the proper palmar digital branches of the ulnar nerve and proper palmar digital arteries – fifth distal phalanx (distal phalanx on the little finger).

**Locating the acupoint:** With the patient’s palm facing down, on the outside of the end of the small finger (also the ulnar side), locate the acupoint in the depression 1 fen from the corner of the nail.

**Indications:** Febrile diseases with stupor, nape pain with an inability to turn the head and look behind, inflammation of the throat with tongue stiffness, cloudy vision (nebulous

eye screen), and pain and oppression in the chest and diaphragm.

## 2. *SI2 Qiangu Front Valley* (前谷) (Figure 34)

**Location:** On the outside of the small finger, in the depression above the base of the finger.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein - dorsal branches of the proper palmar digital branches of the ulnar nerve, proper palmar digital arteries, and the dorsal digital artery and nerve – tendon of the abductor digiti minimi – fifth proximal phalanx (proximal phalanx in the little finger).

**Locating the acupoint:** Curling the patient's hand into a fist, locate the acupoint at the end of the transverse crease before the metacarpophalangeal joint of the small finger, and in the depression by the border of the bone. The patient should experience soreness and distention when the acupoint is pressed against the side of the bone.

**Indications:** Finger pain with an inability to hold or lift, swelling and pain in the metacarpophalangeal joints, swollen neck, nape, and cheeks with pulling from behind the ears, inflammation of the throat, and cloudy vision (nebulous eye screen).

## 3. *SI3 Houxi Back Ravine* (後谿) (Figure 34)

**Location:** On the lateral side of the small finger, in the depression behind the base of the finger.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital branch of the ulnar nerve and the dorsal digital artery - palmar digital branches of the ulnar nerve and the proper palmar digital arteries - abductor digiti minimi, flexor digiti minimi brevis, and opponens digiti minimi – fifth metacarpal bone (metacarpal bone of the small finger).

**Locating the acupoint:** Holding the patient's hand in an upturned fist, locate this acupoint in the depression below the sharp tip of the fist. The acupoint is located in the depression along the end of the transverse crease and near the bone behind the base of the finger (metacarpophalangeal joint). The patient should experience soreness and distention when the acupoint is pressed against the side of the bone.

**Indications:** Soreness, pain, and spasms and tension in the forearm and elbow area; stiffness of the neck and nape; headaches; dizzy head; epilepsy; and neurasthenia.

#### 4. *SI4 Wangu Wrist Bone (腕骨) (Figure 34)*

**Location:** On the outside of the palm, above the wrist joint, and in the depression between the fifth metacarpal bone and the pisiform inferior to the joint.

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the cephalic vein, deep branch of the ulnar nerve and ulnar artery, dorsal branch of the ulnar nerve, and dorsal carpal branch of the ulnar artery - abductor digiti minimi, flexor digiti minimi brevis, and opponens digiti minimi – between the pisiform and the fifth metacarpal bone.

**Locating the acupoint:** With the patient’s palm curled upward, locate this acupoint on the ulnar side of the palm, along the border of the red and white flesh, and between the fifth metacarpal bone and the pisiform. Bones are located above, below, and laterally (dorsal) to this acupoint, and a muscle is located inside (palmar). The acupoint is located in a depression.

**Indications:** Wrist weakness, pulling pain in the five fingers, pain under the lateral costal area with an inability to catch one’s breath, tinnitus, and cloudy vision (nebulous eye screen).

#### 5. *SI5 Yanggu Yang Valley (陽谷) (Figure 34)*

**Location:** In the depression on the lower border of the ulnar styloid process located on the outside of the palm in the wrist area.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, deep branch of the ulnar nerve and ulnar artery, dorsal branch of the ulnar nerve, and dorsal carpal branch of the ulnar artery - flexor carpi ulnaris – between the ulna and the pisiform.

**Locating the acupoint:** With the patient’s palm facing downward, locate the acupoint in the depression between the styloid process of the ulna and the pisiform, at the end of the transverse crease. Instruct the patient to open the palm and turn it upwards, with the thumb pointing to the lateral side, which spreads the bones and reveals the acupoint. The acupoint is located between two bones, one above and below, and two muscles, one inside and one outside, and horizontally level with yangchi Yang Pool (TB-4) and yangxi Yang Ravine (LI-5). Additionally, one muscle separates yanggu Yang Valley (SI-5) from shenmen Spirit Gate (HT-7) on the inside of the wrist.

**Indications:** Ulnar pain in the wrists and forearms, pain in the lateral costal area and



swelling of the nape of the neck, tinnitus, deafness, and mania.

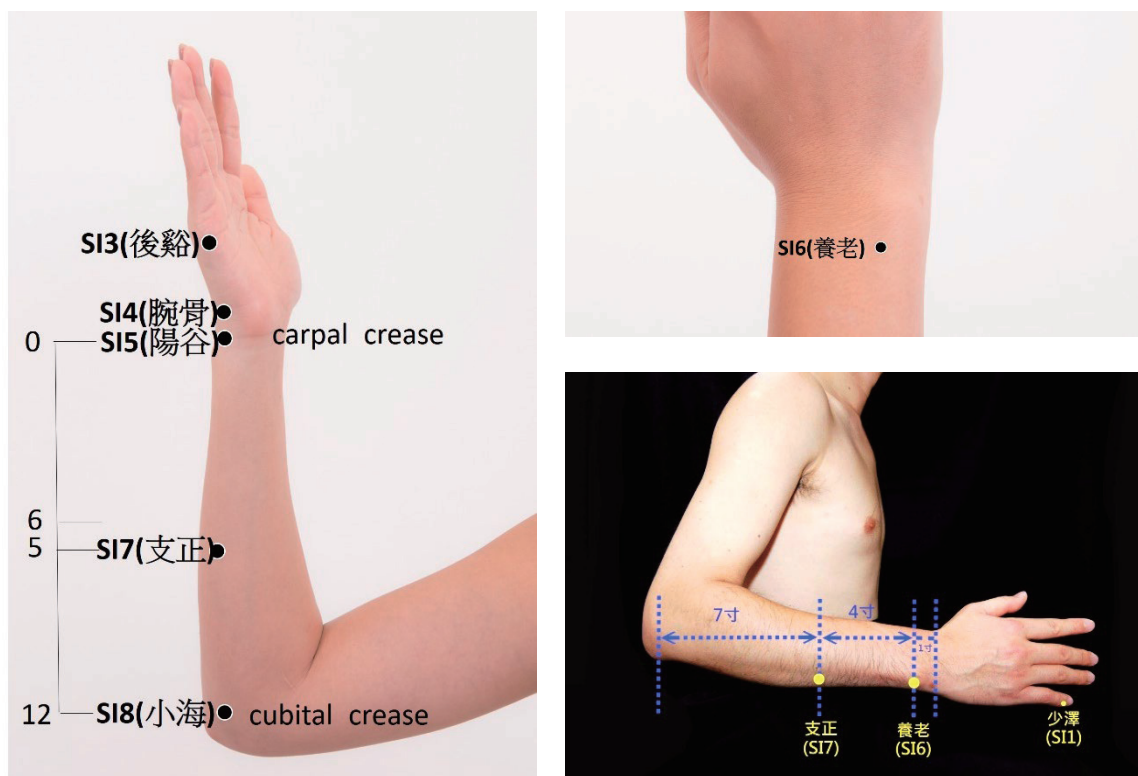


Figure 35

## 6. SI6 *Yanglao Nursing the Aged* (養老) (Figure 35)

**Location:** On the outside of the palm 1 cun behind the wrist, on the tip of the styloid process of the ulna, and in the depression by the opening of the bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, medial antebrachial cutaneous nerve, dorsal branch of the ulnar nerve, posterior interosseous artery, and posterior interosseous nerve - extensor retinaculum - extensor carpi ulnaris, extensor digiti minimi, and extensor digitorum – border of the styloid process of ulna.

**Locating the acupoint:** With the patient’s elbows bent, locate the acupoint by palpating for the tip of the bone behind the wrist (the styloid process of the ulna). Stretch the palm backward so that the palm faces toward the ceiling or sky to observe the styloid process of the ulna, then rotate the palm so that the fingers face forward and the base of

the palm is near the torso to reveal a depression between the bones (a groove between joints of the ulna and the radius). When the palm is returned to the original position, the space between the bones is closed. The acupoint is located in the crevice of the joints, between two muscles.

**Indications:** Soreness and pain in the shoulders and backs, pain in the elbows, wrists, and forearms, dimness of vision, crick in the neck, and lumbar pain.

### 7. *SI7 Zhizheng Branch to the Correct* (支正) (Figure 35)

**Location:** At 5 cun behind the wrist, on the lower border of the ulna.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior branch of the medial antebrachial cutaneous nerve, posterior interosseous artery, and posterior interosseous nerve - extensor carpi ulnaris - the ulna.

**Locating the acupoint:** Behind the palm at 5 cun above yanggu Yang Valley (SI-5), on the line between yanggu Yang Valley (SI-5) and xiaohai Small Sea (SI-8), locate the acupoint along the lower border of the ulna.

**Indications:** Pain and numbness in the elbows and arms with difficulty bending and extending, finger pain with an inability to grasp, fever with an aversion to cold, pain in head and the nape of the neck, and mania and withdrawal.

### 8. *SI8 Xiaohai Small Sea* (小海) (Figure 36)

**Location:** With the patient's elbow bent, locate this acupoint on the lateral side of the large bone inside the elbow, in the depression 5 cun from the tip of the elbow. The patient should experience numbness when pressure is applied directly above the small finger.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, medial antebrachial cutaneous nerve, ulnar nerve, and the recurrent branch of the posterior ulnar artery - extensor carpi ulnaris – between the medial epicondyle of the humerus and the olecranon process.

**Locating the acupoint:** Bend the patient's elbow and raise it to shoulder level, revealing the three tips of the elbow (outside, middle, and inside). The xiaohai Small Sea (SI-8) acupoint can be located using the middle and inside tips of the elbow (medial

epicondyle of the humerus and olecranon process) as the two points of the base to form an equilateral triangle. The acupoint is at the tip of the triangle. Pressing around this acupoint with a fingernail should reveal sore muscles. Test whether the soreness extends to the small finger.

**Indications:** Tinnitus and deafness; swollen cheeks; pain in the elbows, arms, shoulders, upper arm, and neck; wind dizziness, and psychological illness.



Figure 36

## 9. SI9 Jianzhen True Shoulder (肩貞) (Figure 37)

**Location:** In the shoulder joint at the back of the upper arm, below naoshu Upper Arm Transport (SI-10), and in the depression above the axillary crease (underarm crease).

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial branch of the posterior circumflex humeral vein, intercostobrachial nerve, medial brachial cutaneous nerve, superior lateral brachial cutaneous nerve (branch of the axillary nerve), and posterior brachial cutaneous nerve (branch of the radial nerve) - deltoid, teres minor, teres major, border of the latissimus dorsi, and medial head of the triceps brachii - posterior circumflex humeral artery.

**Locating the acupoint:** Instruct the patient to sit upright with their arms hanging down. The upper arm should be contacting the lateral costal area. On the posterior inferior side of the acromion process, below the joint between the scapula and the humerus in the back, under naoshu Upper Arm Transport (SI-10), palpate to locate the point at approximately 1 cun above the end of the axillary crease on the back.

**Indications:** Periarthritis of the shoulder, pain in the arms and shoulders, an inability to raise the arms, tinnitus, deafness, and swollen jaw.

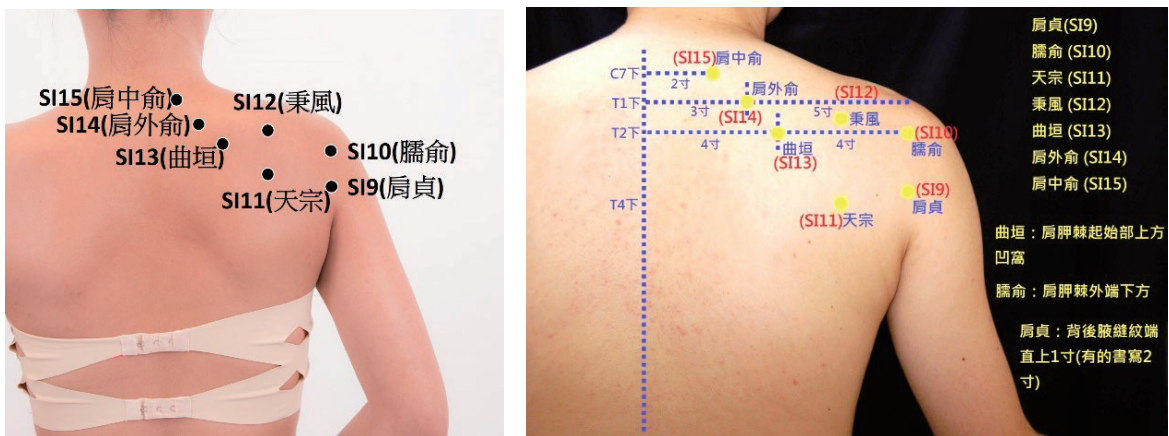


Figure 37

### 10. SI10 Naoshu Upper Arm Transport (臑俞) (Figure 37)

**Location:** At the back of the upper arm, in the shoulder joint, Behind jianyu, and above jianzhen True Shoulder (SI-9).

**Acupoint anatomy:** Skin - subcutaneous tissue -superficial branch of the posterior circumflex humeral vein, lateral supraclavicular nerve, posterior circumflex humeral artery, and branches of the axillary nerve – deltoid and the infraspinatus - infraspinous branch of the suprascapular artery and the suprascapular nerve – the scapula.

**Locating the acupoint:** With the patient sitting upright and their arms hanging down, locate the acupoint in the depression behind the acromion and lateral to the spine of the scapula, at 8 cun lateral to the spine, above and slightly lateral to jianzhen True Shoulder (SI-9). Three acupoints are located around the point where the scapula and the humerus meet. (The front acupoint is jianyu Shoulder Bone (LI-15), the outside acupoint is jianliao Shoulder Bone-Hole (TE-14), and the back acupoint is naoshu Upper Arm Transport (SI-

10).

**Indications:** Periarthritis of the shoulders, swelling in the shoulders, soreness in the arms, and weakness in both, and induced pain in the scapula.

### 11. *SI11 Tianzong Celestial Gathering* (天宗) (Figure 37)

**Location:** In the depression along the lower border of the center of the spine of scapula, below bingfeng Grasping the Wind (SI-12).

**Acupoint anatomy:** Skin - subcutaneous tissue – cutaneous branches of the posterior branches of the thoracic nerves and branches of axillary nerves – the infraspinatus and the teres minor - infraspinous branch of the suprascapular artery, circumflex branch of the scapular artery, and suprascapular nerve – the scapula.

**Locating the acupoint:** With the patient sitting or lying on their side, locate this acupoint at 1 cun and 7 fens diagonally upward from jianzhen True Shoulder (SI-9), approximately 1 cun medially. Slightly more than 1 cun behind bingfeng Grasping the Wind (SI-12), locate the acupoint in the depression at the infraspinatus fossa of the scapula, approximately level with the fourth thoracic vertebra. When the arm is extended backward, an obvious depression is revealed in this area.

**Indications:** Periarthritis of the shoulders, soreness and pain in the shoulders and arms, swollen jaw and cheeks, and pain in the lateral side of the elbow.

### 12. *SI12 Bingfeng Grasping the Wind* (乘風) (Figure 37)

**Location:** Above the center of the spine of scapula and lateral to tianzhong Celestial Bone-Hole (TB-15) where a depression appears when the arm is raised.

**Acupoint anatomy:** Skin - subcutaneous tissue - cutaneous branches of the dorsal root of the thoracic nerves, dorsal branch of posterior intercostal arteries, and branch of the supraclavicular nerve – trapezius and supraspinatus - suprascapular artery and nerve – the scapula.

**Locating the acupoint:** On the suprascapular fossa in the dorsal side of the scapula, directly above tianzong Celestial Gathering (SI-11). Along the upper border of the spine of the scapula with quyuan Crooked Wall (SI-13) and jugu Great Bone (LI-16), which are differentiated by their medial and lateral locations. From the midline of the spine, measure

7 cun laterally. Palpate this area with the finger to locate the acupoint in the center of the depression on the superior border of the scapula.

**Indications:** Neck stiffness with an inability to turn the head and look behind; shoulder and back pain with an inability to raise relevant areas; soreness, numbness, and pain in the upper limbs; and wind stroke with hemiplegia.

### 13. *SI13 Quyuan Crooked Wall* (曲垣) (Figure 37)

**Location:** In the depression in the middle of the shoulder, or on the fossa at the superior border at the start of the spine of the scapula.

**Acupoint anatomy:** Skin - subcutaneous tissue - cutaneous branches of the dorsal root of the thoracic nerves, dorsal branch of posterior intercostal arteries, and branches of accessory nerves – trapezius and supraspinatus – an anastomotic branch of the dorsal scapular artery and suprascapular artery, suprascapular nerve, and the descending branch of the transverse cervical artery and transverse cervical vein – the scapula.

**Locating the acupoint:** Measure 5 cun laterally from the midline of the spine, in the suprascapular fossa along the superior border on the medial end of the spine of the scapula, 2 cun medial to bingfeng Grasping the Wind (SI-12), locate the acupoint between bingfeng Grasping the Wind (SI-12) and jianwaishu Outer Shoulder Transport (SI-14). This acupoint should be painful when pressed.

**Indications:** Pain in the shoulders and back, contracture and general arthralgia, and wind stroke with hemiplegia.

### 14. *SI14 Jianwaishu Outer Shoulder Transport* (肩外俞) (Figure 37)

**Location:** At 3 cun from the spine, level with dashu Great Shuttle (BL-11), and in the depression along the superior aspect of the scapula.

**Acupoint anatomy:** Skin - subcutaneous tissue - cutaneous branches of the dorsal root of the thoracic nerves, dorsal branch of posterior intercostal arteries, and branches of accessory nerves – trapezius and rhomboid minor - dorsal scapular artery, dorsal scapular nerve, and descending branch of the transverse cervical artery and transverse cervical vein – caution must be used with deep insertions to avoid pneumothorax.

**Locating the acupoint:** With the patient sitting upright and their head inclined

forward, from taodao Kiln Path (GV-13) along the spinous process of the first thoracic vertebra, proceed 3 cun laterally to arrive at the acupoint 1 cun and 5 fens lateral to dazhu Great Shuttle (BL-11), and at the medial superior corner of the scapula.

**Indications:** Stiffness of the nape and neck, pain in the shoulders and back that radiates to the elbows, and wind stroke with hemiplegia.

### 15. *SI15 Jianzhongshu Central Shoulder Transport* (肩中俞) (Figure 37)

**Location:** At 2 cun lateral to the spine, level with dazhui Great Hammer (GV-14), and in the medial depression near the superior corner of the scapula.

**Acupoint anatomy:** Skin - subcutaneous tissue - cutaneous branches of the dorsal root of the thoracic nerves, dorsal branch of posterior intercostal arteries, and branches of accessory nerves - trapezius, rhomboid minor, and splenius capitis - dorsal scapular artery, dorsal scapular nerve, and descending branch of the transverse cervical artery and transverse cervical vein – exercise caution with deep insertions to avoid pneumothorax.

**Locating the acupoint:** With the patient sitting upright and their head inclined slightly forward, locate the acupoint at 1 cun diagonally and medially superior to jianwaishu Outer Shoulder Transport (SI-14), and 2 cun lateral to dazhui Great Hammer (GV-14) (between the seventh cervical vertebra C7 and the first thoracic vertebra T1).

**Indications:** Pain in the scapular area, dimness of vision, and taxation cough with spitting of blood.

### 16. *SI16 Tianchuang Celestial Window* (天窗) (Figure 38)

**Location:** On the side of the neck below tianrong Celestial Countenance (SI-17), 5 fens lateral to futu Protuberance Assistant (LI-18), and posterior to the large muscle in the neck, where the artery pulse can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - cervical plexus (lesser occipital nerve, great auricular nerve, transverse cervical nerve, and supraclavicular nerve) – posterior border of the sternocleidomastoid muscle, platysma, and levator scapulae – branch of the carotid artery (transverse cervical artery) and branch of the jugular vein – exercise caution with deep insertions to avoid bleeding from the jugular vein and carotid artery.

**Locating the acupoint:** Below wangu Completion Bone (GB-12) in the neck, measure laterally 3 cun from the middle tip of the laryngeal prominence to reach futu Protuberance Assistant (LI-18) on the large intestine meridian channel. Then, 5 fens lateral to futu Protuberance Assistant (LI-18) locate tianchuang Celestial Window (SI-16) along the posterior border of the sternocleidomastoid muscle.

**Indications:** Tinnitus, deafness, swelling of the cheeks, wind stroke with clenched jaws, sudden loss of the voice and an inability to speak (inflammation of the throat), and pain radiating from the scapula to the neck causing an inability to turn the head and look behind.



Figure 38

### 17. SI17 Tianrong Celestial Countenance (天容) (Figure 38)

**Location:** Behind the cheeks under the ear, in the depression on the anterior aspect of the large muscle in the neck.

**Acupoint anatomy:** Skin - subcutaneous tissue - cervical plexus (lesser occipital nerve and great auricular nerve), cervical branch of facial nerves, and sympathetic chain - anterior border of the sternocleidomastoid muscle, platysma, and digastric muscle - submandibular gland - branch of the carotid artery (lingual artery) and branch of the jugular vein (lingual vein) - exercise caution with deep insertions to avoid bleeding from the jugular vein and the carotid artery.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint in the depression behind the lower jaw hinge and mandibular angle and before the sternocleidomastoid muscle. The yifeng Wind Screen (TB-17) acupoint is located above



this point, and tianchuang Celestial Window (SI-16) is located below and to the back.

**Indications:** Tinnitus, deafness, swelling, and pain in the neck and nape; nape stiffness with an inability to turn the head and look behind; and inflammation of the throat with an inability to speak.

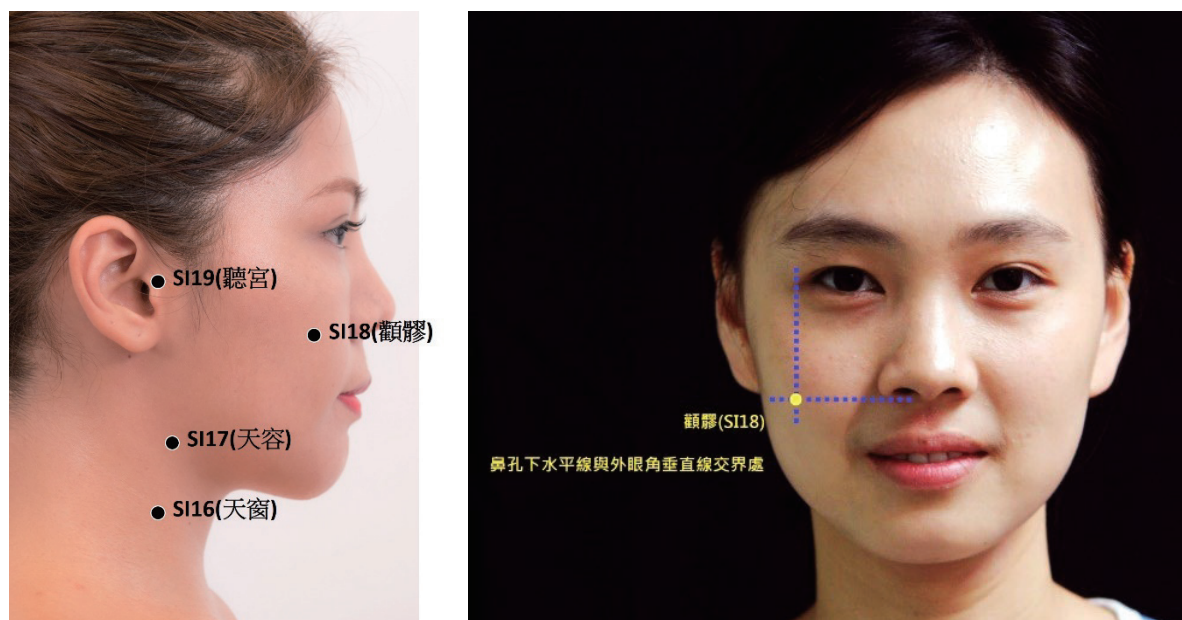


Figure 39

### 18. SI18 *Quanliao* Cheek Bone-Hole (顴膠) (Figure 39)

**Location:** In the depression on the lower border of the zygomatic bone, directly below the pupil Pupil Bone-Hole (GB-1).

**Acupoint anatomy:** Under the skin - subcutaneous tissue - facial artery and vein, transverse facial artery and vein, branches of the trigeminal and facial nerves, and the parotid duct – buccinators and masseter – the maxilla.

**Locating the acupoint:** With the patient sitting upright and leaning backward, at the lower border of the zygomatic bone, in a vertical line to the outer corner of the eye, medially level with yingxiang Welcome Fragrance (LI-20), measure approximately 2 cun laterally from the nostril to locate the acupoint.

**Indications:** Deviations of the mouth and eyes, fluttering or twitching of the eyelids, trigeminal neuralgia, and facial nerve palsy.



Figure 40

### 19. SI19 Tinggong Auditory Palace (聽宮) (Figure 40)

**Location:** In the depression before the earlobe, where a space appears when the mouth is opened.

**Acupoint anatomy:** Under the skin - subcutaneous tissue - parotid gland - auricularis anterior and temporalis - mandibular branches of the trigeminal nerve, branches of facial nerves, and the superficial temporal artery and vein – the maxilla.

**Locating the acupoint:** Instruct the patient to lie on their side or sit upright with their mouth slightly open. The acupoint is located in the depression in front of the tragus, which appears when the mouth is opened, and is located where sound occurs in the ear when it is pressed.

**Indications:** Otitis media, tinnitus, deafness, auricular pain, and fullness and pain in cardiac and abdominal areas.

## Section 7. The Taiyang Bladder Meridian (BL) Channel of the Foot

The taiyang bladder meridian channel of the foot (BL) contains 67 acupoints on one side, which total 134 for both sides of the body. Among the acupoints, 49 are located on either side of the governor vessel in the head and face, and in the neck, back, and lumbar region. The other 18 acupoints are distributed along the median line of the back of the lower limbs and the lateral side of the feet. The first acupoint is jingming Bright Eyes (BL-1) and the last is zhiyin Reaching Yin (BL-67). The main indications are illnesses of the urinary and reproductive systems; psychological and emotional illnesses; nervous illnesses; respiratory, circulatory, digestive, and febrile illnesses; and illnesses of the areas along the channel course.

### Contemporary Chart 7. The Taiyang Bladder Meridian (BL) Channel of the Foot

#### 1. *BL1 Jingming Bright Eyes* (睛明) (Figure 41)

**Location:** At the depression 1 fen besides the corner of the inner canthus of the eye (filled with red flesh).

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (infratrochlear nerve and supratrochlear nerve) and branches of facial nerves - supraorbital artery and vein, supratrochlear artery and vein, nasofrontal vein, and the dorsal nasal artery and vein - orbicularis oculi.

**Locating the acupoint:** With the patient sitting upright with their eyes closed, locate the acupoint at 1 fen to the side and slightly superior to the inner canthus, along the medial border of the orbit next to the nasal bone.

**Indications:** Redness, swelling, and pain in the eyes, tearing when exposed to wind, dimness of vision, optic neuritis, retinitis, and incomplete closure of the eyelids (facial nerve palsy).

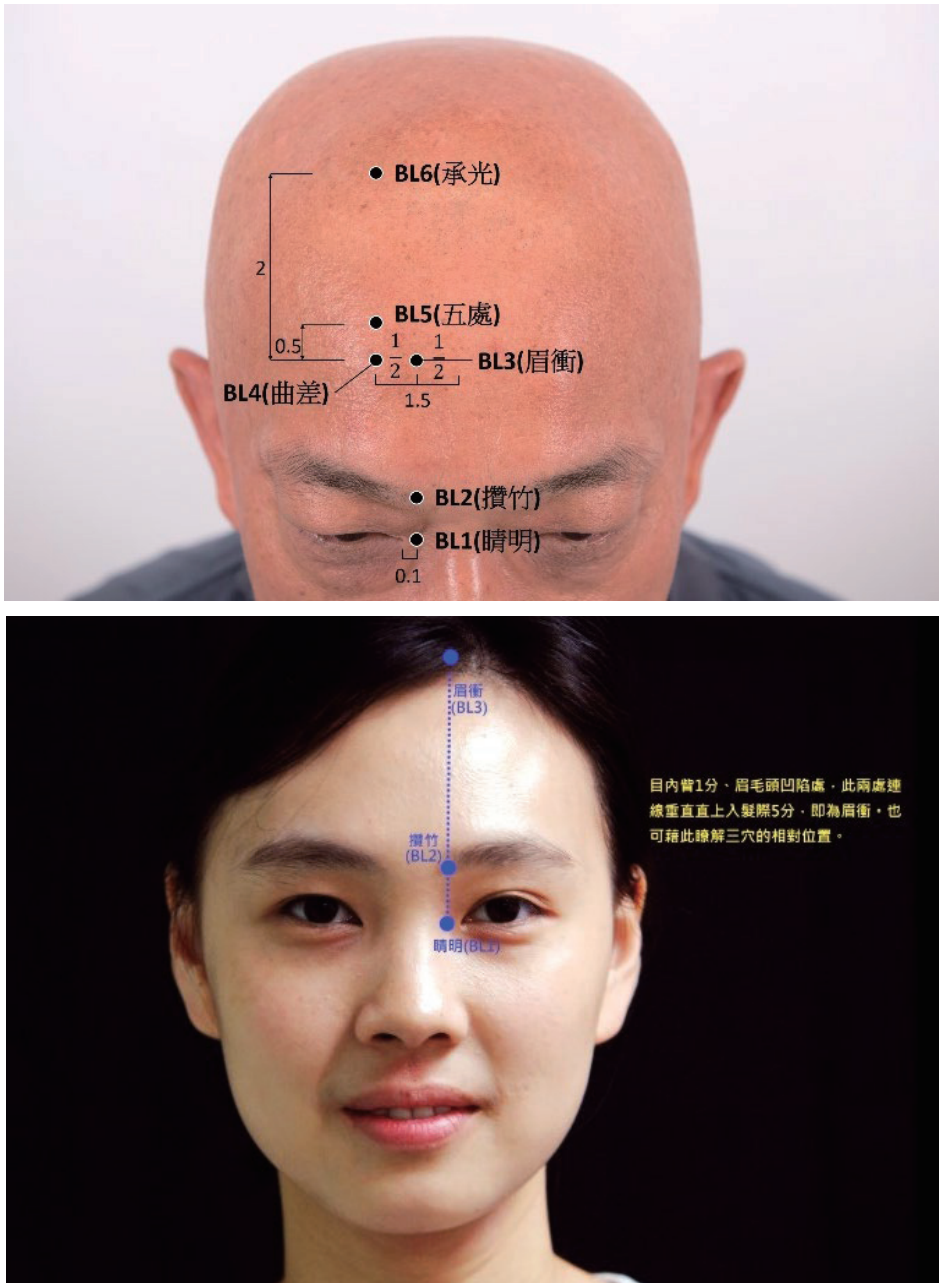


Figure 41

## 2. *BL2 Cuanzhu Bamboo Gathering* (攢竹) (Figure 41)

**Location:** In the depression at the medial ends of both eyebrows.

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of facial nerves - supraorbital artery and vein and supratrochlear artery and vein – corrugators and orbicularis oculi.

**Locating the acupoint:** With the patient leaning back, locate the depression on the medial side of both eyebrows. The acupoint is located at the border of the brows, approximately 1 fen into the brow.

**Indications:** Dimness of vision; tearing when exposed to wind; redness, swelling, and pain in the eyes; and twitching of the eyelids.

### 3. *BL3 Meichong Eyebrow Ascension* (眉衝) (Figure 41)

**Location:** Superior to the eyebrow and between shenting Spirit Court (GV-24) and qucha Deviating Turn (BL-4).

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of facial nerves - supraorbital artery and vein and supratrochlear artery and vein – the frontalis.

**Locating the acupoint:** Directly above cuanzhu Bamboo Gathering (BL-2), approximately 5 fens into the hairline Hairline (GV-24), locate the acupoint at 5 fens lateral from shengting Spirit Court (GV-24).

**Indications:** Headaches and dizzy vision, the heaviness of the head, nasal congestion without the ability to smell, and epilepsy.

### 4. *BL4 Qucha Deviating Turn* (曲差) (Figure 42)

**Location:** At 1 cun and 5 fens lateral to shengting Spirit Court (GV-24), above the eyebrow, and 5 fen into the hairline Hairline (GV-24).

**Acupoint anatomy:** Skin - subcutaneous tissue -trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of facial nerves - supraorbital artery and vein, supratrochlear artery and vein, and branches of superficial temporal artery and vein – the frontalis.

**Locating the acupoint:** Directly above cuanzhu Bamboo Gathering (BL-2), 5 fens into the hairline Hairline (GV-24), locate the acupoint at 1 cun and 5 fens lateral to shengting Spirit Court (GV-24).

**Indications:** Headache and dizzy vision, the heaviness of the head, nasal congestion without the ability to smell, and epilepsy.

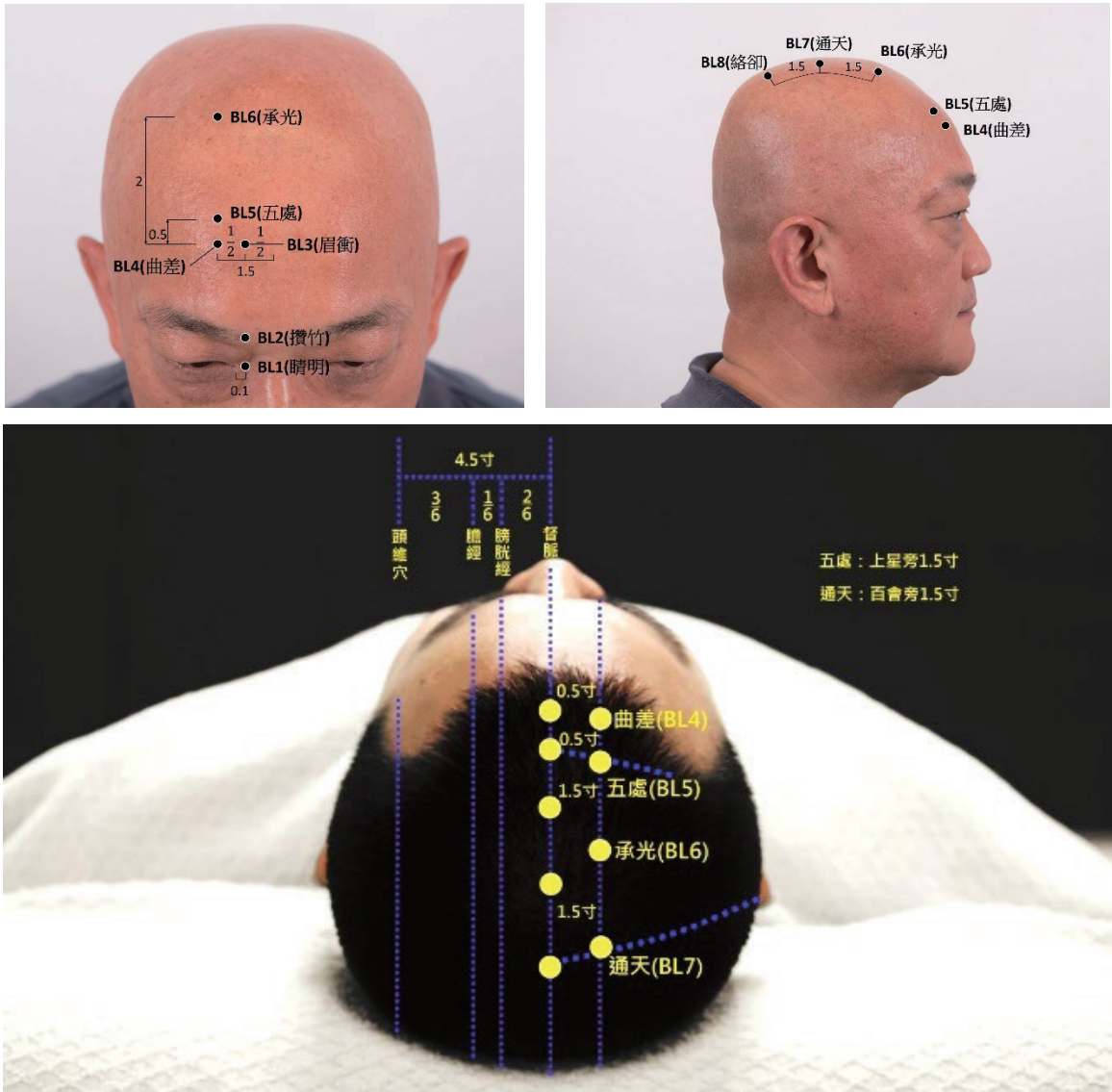


Figure 42

### 5. *BL5 Wuchu Fifth Place* (五處) (Figure 42)

**Location:** On the front of the head, at 1 cun and 5 fens lateral to shangxing Upper Star (GV-23), and 1 cun into the hairline Hairline (GV-24).

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (supratrochlear nerve, supraorbital nerve, and branches of the zygomaticotemporal nerve) and branches of facial nerves - supraorbital artery and vein, supratrochlear artery and vein, and branches of the superficial temporal artery and vein – the frontalis.

**Locating the acupoint:** At 1 cun into the hairline Hairline (GV-24), 1 cun above qucha Deviating Turn (BL-4), locate the acupoint at 1 cun and 5 fens lateral to the midline on both sides.

**Indications:** Headache, dizzy vision, dimness of vision, and epilepsy.

## 6. *BL6 Chengguang Light Guard* (承光) (Figure 42)

**Location:** At 1 cun and 5 fens behind wuchu Fifth Place (BL-5) (between tongtian Celestial Connection (BL-7) and wuchu Fifth Place (BL-5)).

**Acupoint anatomy:** Skin - subcutaneous tissue -trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of facial nerves - supraorbital artery and vein, supratrochlear artery and vein, and branches of the superficial temporal artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** First locate baihui Hundred Convergences (GV-20), followed by wuchu Fifth Place (BL-5) and tongtian Celestial Connection (BL-7). The acupoint is located between wuchu Fifth Place (BL-5) and tongtian Celestial Connection (BL-7), at 1 cun, and 5 fens lateral to the midline of the governor vessel.

**Indications:** Head wind, dizzy head, vomiting, heart vexation, nasal congestion and inhibited nasal cavity, and superficial visual obstruction (eye screen).

## 7. *BL7 Tongtian Celestial Connection* (通天) (Figure 42)

**Location:** At 1 cun and 5 fens behind chengguang Light Guard (BL-6) and 1 cun and 5 fen lateral to baihui Hundred Convergences (GV-20).

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branch of the greater occipital nerve - branches of the superficial temporal artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** With the patient sitting upright, locate baihui Hundred Convergences (GV-20), and then proceed laterally for 1 cun, and 5 fens to locate this

acupoint on both sides.

**Indications:** Neck and nape stiffness with an inability to turn the head and look behind, headaches, dizziness, nasal congestion, nosebleeds, and deep-source nasal congestion.

### 8. *BL8 Luoque Declining Connection* (絡卻) (Figure 43)

**Location:** At 1 cun and 5 fens behind tongtian Celestial Connection (BL-7), between tongtian Celestial Connection (BL-7) and yuzhen Jade Pillow (BL-9).

**Acupoint anatomy:** Skin - subcutaneous tissue -branch of the auriculotemporal nerve and branch of the greater occipital nerve - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** With the patient sitting upright and their head inclined slightly forward, first, locate baihui Hundred Convergences (GV-20) and naohu Brain's Door (GV-17) on the governor vessel and the acupoints tongtian Celestial Connection (BL-7) and yuzhen Jade Pillow (BL-9) on the taiyang bladder meridian. The luoque acupoint is located between tongtian Celestial Connection (BL-7) and yuzhen Jade Pillow (BL-9), or between houding Behind the Vertex (GV-19) and qiangjian Unyielding Space (GV-18) on the governor vessel, at 1 cun and 5 fens lateral to the governor vessel.

**Indications:** Headaches, dizziness, and tinnitus.

### 9. *BL9 Yuzhen Jade Pillow* (玉枕) (Figure 43)

**Location:** At 1 cun and 3 fens lateral to naohu Brain's Door (GV-17) and 1 cun and 5 fen behind to luoque Declining Connection (BL-8).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve and the posterior auricular nerve - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** With the patient's head bowed, first locate naohu Brain's Door (GV-17) on the governor vessel, followed by naokong Brain Hollow (GB-19) on the gall bladder channel. The yuzhen Jade Pillow (BL-9) acupoint is 1 cun and 3 fens lateral to naohu Brain's Door (GV-17), between naohu Brain's Door (GV-17) and naokong Brain Hollow (GB-19), and directly above tianzhu Celestial Pillar (BL-10).



**Indications:** Bursting eye pain, an inability to see objects at a distance, brain wind and pain in the top of the head (vertex headache), and nasal congestion without the ability to smell.

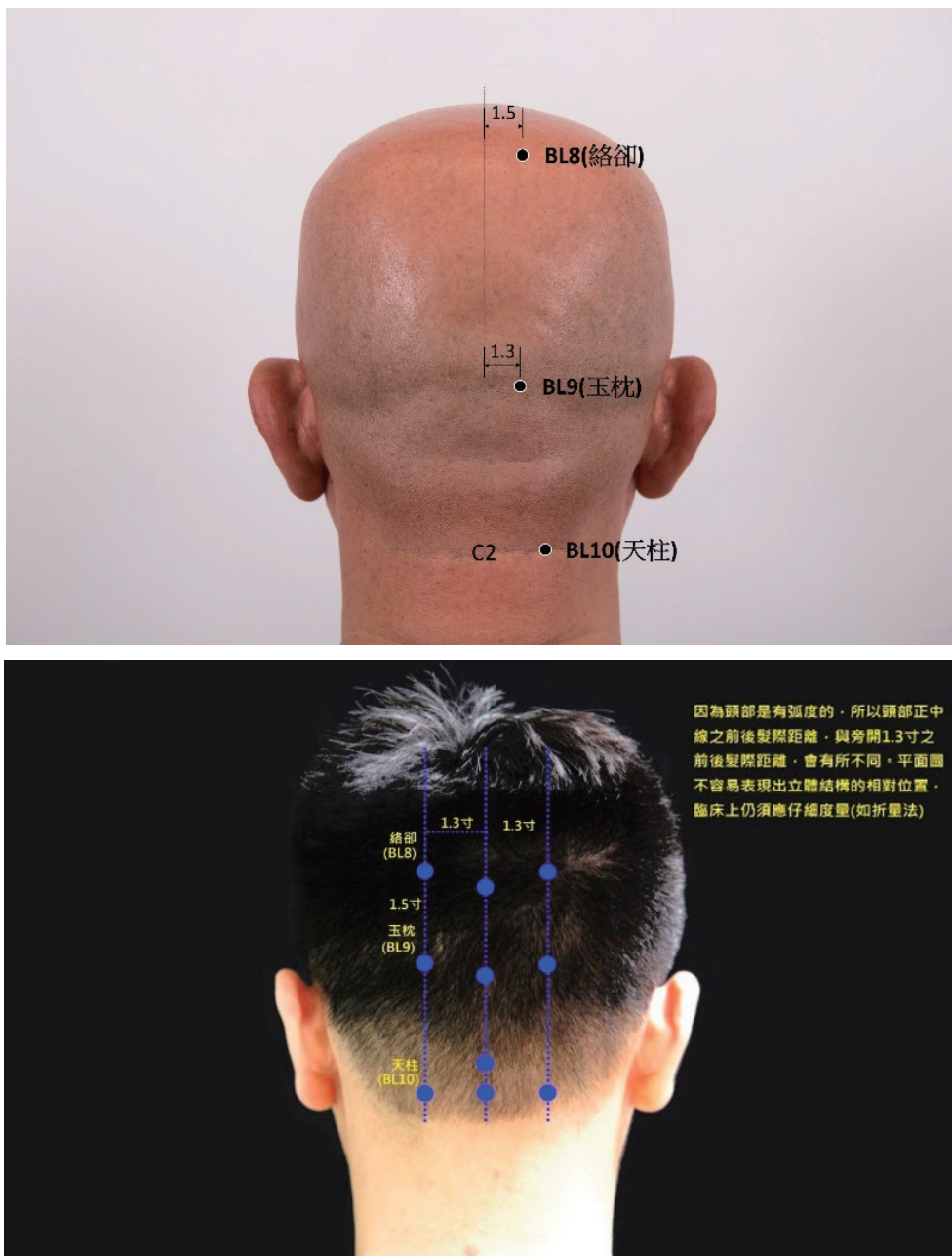


Figure 43

### 10. *BL10 Tianzhu Celestial Pillar* (天柱) (Figure 43)

**Location:** At 1 cun 3 fen lateral to yamen Mute's Gate (GV-15) along the lateral border of the tendon of the trapezius.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial cervical fascia - branch of the greater occipital nerve, third occipital nerve, and the dorsal root of cervical nerves - and occipital artery and vein - trapezius, splenius capitis, and rectus capitis posterior major.

**Locating the acupoint:** With the patient's head bowed, first locate the yamen Mute's Gate (GV-15) acupoint on the governor channel (at the center of the nape of the neck 5 fen into the hairline Hairline (GV-24)), then proceed laterally for 1 cun and 3 fens along the lateral border of the trapezius bulge. The patient should experience severe head pain when this acupoint is pressed.

**Indications:** Spinning head and sensation of pain in the brain, nasal congestion with lachrimation, stiffness of the nape of the neck, and pain in the shoulders and back.

### 11. *BL11 Dazhu Great Shuttle* (大杼) (Figure 44)

**Location:** Inferior to the first vertebra at the back of the nape in the depression 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboids, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright and their head bowed, below the first vertebra behind the nape of the neck, locate the acupoint in the depression 1 cun and 5 fens lateral to the spine.

**Indications:** Coughing, fever, headache, soreness and pain in the scapula area, and rigidity and stiffness in the nape and neck.

### 12. *BL12 Fengmen Wind Gate* (風門) (Figure 44)

**Location:** Inferior to the second vertebra in the back in the depression 1 cun and 5 fens lateral from the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright and their head bowed, below the second vertebra, locate the acupoint in the depression 1 cun and 5 fens lateral to the spine on both sides and under dazhu Great Shuttle (BL-11).

**Indications:** Cold damage with headache, stiffness of the nape of the neck with dizzy vision, heat in the chest, retching qi counterflow ascent, panting with fitful sleeping, jaundice, and welling- and flat-abscesses and effusion in the back.

### 13. *BL13 Feishu Lung Transport* (肺俞) (Figure 44)

**Location:** Inferior to the third vertebra of the back 1 cun and 5 fens lateral from the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright or lying in a prone position, between the third and fourth thoracic vertebrae (acupoint shenzhu Body Pillar (GV-12)), locate the acupoint in the depression 1 cun and 5 fens lateral to the spine. An alternative method is to bend the patient's arm up against their back, using the right arm to locate the left acupoint or the left arm to locate the right acupoint. The acupoint is on the tip of the middle finger.

**Indications:** Various lung illnesses (influenza, nasal congestion, coughing, panting, and bronchitis) and stiffness and pain in the lumbar and back regions.

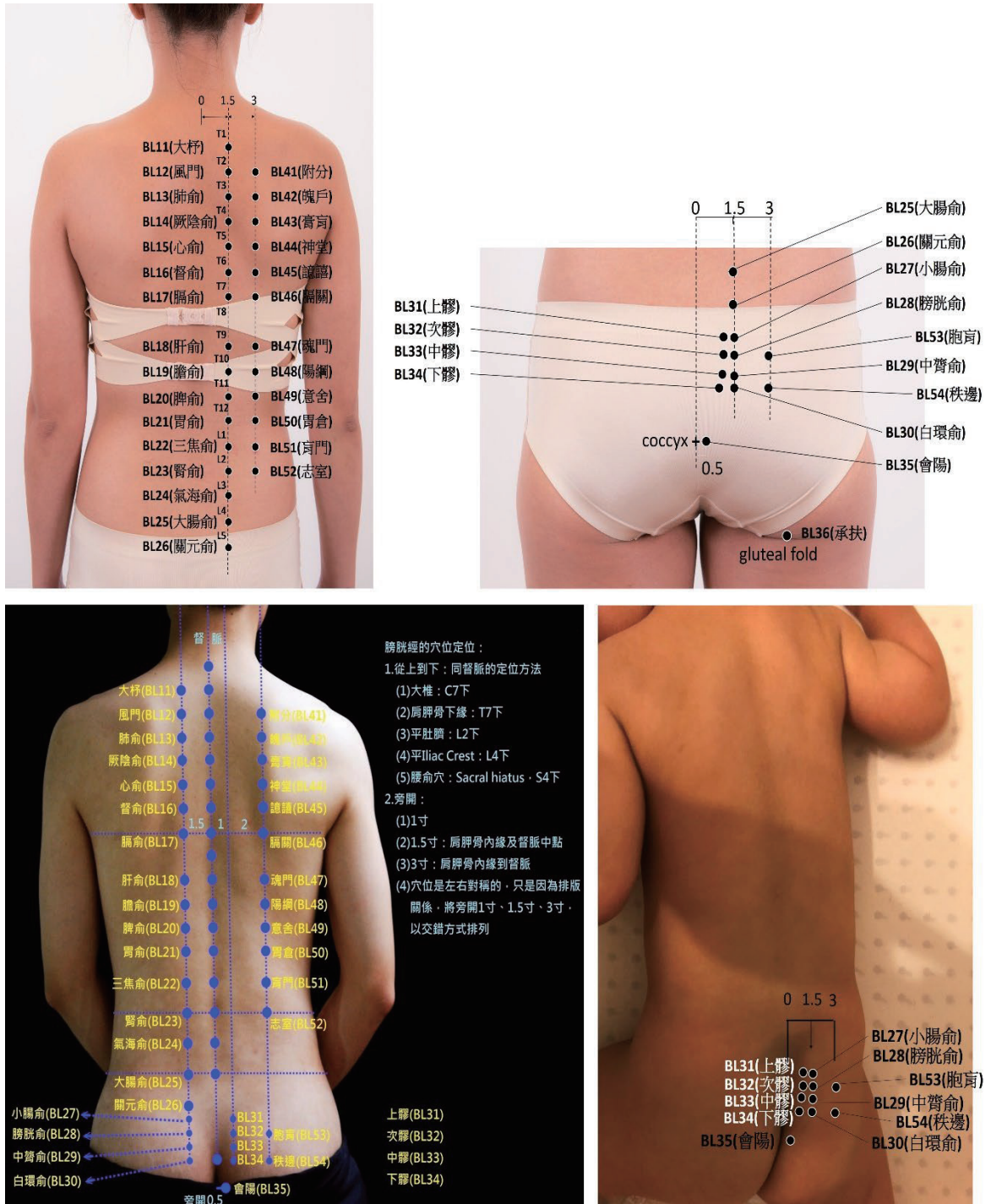


Figure 44

#### 14. *BL14 Jueyinshu Reverting Yin Transport* (厥陰俞) (Figure 44)

**Location:** Inferior to the fourth vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, below the fourth vertebra in their back, locate the acupoint 1 cun and 5 fen lateral to the spine.

**Indications:** Coughing and counterflow, heart pain, fullness in the chest with vexation and oppression, and vomiting.

#### 15. *BL15 Xinshu Heart Transport* (心俞) (Figure 44)

**Location:** Inferior to the fifth vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein – trapezius and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, below the fifth vertebra, locate the acupoint 1 cun and 5 fen lateral to the spine on both sides, at 1 cun and 5 fens lateral to shendao Spirit Path (GV-11).

**Indications:** Fright palpitations, forgetfulness, heart vexation, angina pectoris, arrhythmia, tachycardia, and neurasthenia.

#### 16. *BL16 Dushu Governing Transport* (督俞) (Figure 44)

**Location:** Inferior to the sixth vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein –

trapezius and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the sixth vertebra on both sides, or 1 cun and 5 fens lateral to lingtai spirit tower (GV-10).

**Indications:** Chills and fever, heart pain, and abdominal pain.

### 17. *BL17 Geshu Diaphragm Transport* (膈俞) (Figure 44)

**Location:** Inferior to the seventh vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - a medial cutaneous branch of the thoracic nerve and branch of the accessory nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, latissimus dorsi, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the seventh vertebra on both sides, or 1 cun and 5 fens lateral to zhiyang Extremity of Yang (GV-9).

**Indications:** Vomiting, hiccupping, difficulty consuming food and drink, panting, coughing, blood ejection, tidal fever, and night sweats.

### 18. *BL18 Ganshu Liver Transport* (肝俞) (Figure 44)

**Location:** Posterior to the ninth vertebra 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve - dorsal branch of the posterior intercostal arteries - trapezius, latissimus dorsi, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the ninth vertebra on both sides, or 1 cun and 5 fens lateral to jinsuo Sinew Contraction (GV-8).

**Indications:** Liver and gall bladder illnesses (jaundice, pain in the lateral costal area, stomach illnesses, and fullness and oppression in the chest and lateral costal area), redness of the eyes, dizziness, acute pain in the spine and back.

### 19. *BL19 Danshu Gallbladder Transport* (膽俞) (Figure 44)

**Location:** Inferior to the tenth vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue –posterior cutaneous branches from medial branches of dorsal rami of thoracic nerve- dorsal branch of the posterior intercostal arteries - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the tenth vertebra, or 1 cun and 5 fens lateral to zhongshu Central Pivot (GV-7).

**Indications:** Bitter taste in the mouth with dryness, sore throat with retching, axillary swelling, distention and fullness in the heart and abdomen, yellowing of the eyes, and distention and pain in the chest and lateral costal area with an inability to turn.

### 20. *BL20 Pishu Spleen Transport* (脾俞) (Figure 44)

**Location:** Inferior to the eleventh vertebra in the back 1 cun and 5 fens lateral to the spine.

**Acupoint anatomy:** Skin - subcutaneous tissue -posterior cutaneous branches from medial branches of dorsal rami of thoracic nerve - dorsal branch of the posterior intercostal arteries - latissimus dorsi, erector spinae, and serratus posterior inferior muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the eleventh vertebra, or 1 cun and 5 fen lateral to jizhong Spinal Center (GV-6) on both sides.

**Indications:** Jaundice, abdominal distention and fullness, vomiting of food, indigestion, irritated by heat with drowsiness, continued weakness and thinness despite doubling consumption, heaviness in the body with painful joints, and loss of use of the limbs.

### 21. *BL21 Weishu Stomach Transport* (胃俞) (Figure 44)

**Location:** Inferior to the twelfth vertebra in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue -posterior cutaneous branches from medial branches of dorsal rami of thoracic nerve - dorsal branch of the posterior intercostal arteries - latissimus dorsi, erector spinae, and serratus posterior inferior muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the eleventh vertebra.

**Indications:** Epigastric pain, abdominal distention, stomach reflux with vomiting, poor appetite, and a poor appetite combined with no muscle growth.

## 22. *BL22 Sanjiaoshu Triple Burner Transport* (三焦俞) (Figure 44)

**Location:** Inferior to the thirteenth vertebra (first lumbar) in the back 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal rami of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 1 cun and 5 fens lateral to the spine below the thirteenth vertebra, or 1 cun and 5 fens lateral to xuanshu Suspended Pivot (GV-5).

**Indications:** Abdominal pain, dysenteric disorders, borborygmus, diarrhea, edema, and lumbar and back pain.

## 23. *BL23 Shenshu Kidney Transport* (腎俞) (Figure 44)

**Location:** Inferior to the fourteenth vertebra in the back (second lumbar) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal rami of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright or lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the spine below the fourteenth vertebra, or at 1 cun and 5 fen lateral to mingmen Life Gate (GV-4), level with the navel.

**Indications:** Nephritis, neurogenic bladder, lumbosacral neuralgia, menstrual



disorders, and urinary illnesses.

#### **24. BL24 Qihai***Sea-of-Qi Transport* (氣海俞) (Figure 44)

**Location:** Inferior to the fifteenth vertebra in the back (third lumbar) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal root of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright or lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the spine below the fifteenth vertebra.

**Indications:** Lumbar and back pain, hemorrhoids, dysmenorrhea, and functional uterine bleeding.

#### **25. BL25 Dachang***Large Intestine Transport* (大腸俞) (Figure 44)

**Location:** Inferior to the sixteenth vertebra in the back (fourth lumbar) 1 cun and 5 fens lateral to spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal rami of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the spine below the sixteenth vertebra, or 1 cun and 5 fens lateral to yangguan Lumbar Yang Pass (GV-3).

**Indications:** Spine stiffness with sleeplessness, abdominal distention and lumbar pain, borborygmus, diarrhea, indigestion, and difficulty urinating and defecating.

#### **26. BL26 Guanyuan***Pass Head Transport* (關元俞) (Figure 44)

**Location:** Inferior to the seventeenth vertebra in the back (fifth lumbar) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal rami of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the spine below the seventeenth vertebra.

**Indications:** Lumbar pain, diarrhea, and abdominal distention.

### 27. *BL27 Xiaochangshu Small Intestine Transport* (小腸俞) (Figure 44)

**Location:** Inferior to the eighteenth vertebra in the back (first sacral vertebra) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – sacral nerve branches, median sacral nerve branches - superior gluteal nerve and artery and inferior gluteal nerve and artery - gluteus maximus and gluteus medius.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the spine below the eighteenth vertebra (first sacral vertebra) on both sides.

**Indications:** Leucorrhea, hemorrhoids, lumbar pain, and urinary difficulty.

### 28. *BL28 Panguangshu Bladder Transport* (膀胱俞) (Figure 44)

**Location:** Inferior to the nineteenth vertebra in the back (second sacral vertebra) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- superior gluteal nerve and artery, inferior gluteal nerve and artery - gluteus maximus and gluteus medius.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the midline below the nineteenth vertebra (second sacral vertebra).

**Indications:** Dark or reddish urine with an unsmooth flow, enuresis with diarrhea, lumbar, spinal, and abdominal pain, genital sores, cold and weakness of the feet and knees, and masses in women.

### 29. *BL29 Zhonglushu Central Backbone Transport* (中膂俞) (Figure 44)

**Location:** Inferior to the twentieth vertebra in the back (third sacral vertebra) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- superior gluteal nerve and artery and inferior gluteal nerve and artery - gluteus maximus and the piriformis.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun and 5 fens lateral to the midline below the twentieth vertebra (third sacral vertebra).

**Indications:** Diarrhea, hernia, tiffness and pain in the lumbar spine, and sciatica.

### 30. *BL30 Baihuanshu White Ring Transport* (白環俞) (Figure 44)

**Location:** Inferior to the twenty-first vertebra in the back (fourth sacral vertebra) 1 cun and 5 fens lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- inferior gluteal nerve and artery, posterior femoral cutaneous nerve, and the sciatic nerve - gluteus maximus.

**Locating the acupoint:** Inferior to the twenty-first vertebra (fourth sacral vertebra) 1 cun and 5 fens lateral to the spine on both sides, and 1 cun and 5 fens lateral to the tip of the intergluteal cleft.

**Indications:** Menstrual disorders, hernia and lumbar pain.

### 31. *BL31 Shangliao Upper Bone-Hole* (上髎) (Figure 44)

**Location:** In the depression adjacent to the spine below the eighteenth vertebra, or the first posterior sacral foramen.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- superior gluteal nerve and artery and inferior gluteal nerve and artery - gluteus maximus and gluteus medius.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 1 cun lateral to the spine below the eighteenth vertebra, or the two foramens on either side of the area below the first sacral bone. This acupoint is located beside xiaochangshu Small Intestine Transport (BL-27).

**Indications:** Cold and pain in the lumbar region and knees, menstrual disorders, uterine prolapse, leucorrhoea, and difficulty urinating and defecating.

### 32. *BL32 Ciliao Second Bone-Hole (次髎) (Figure 44)*

**Location:** In the depression adjacent to the spine under the nineteenth vertebra, or the second sacral foramen.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- superior gluteal nerve and artery and inferior gluteal nerve and artery - gluteus maximus and gluteus medius.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 9 fens lateral to the spine below the nineteenth vertebra, or the two foramens on either side of the area below the second sacral vertebra. This acupoint is located beside panguangshu Bladder Transport (BL-28).

**Indications:** Pain in the lumbar spine, menstrual disorders, dysmenorrhea, leucorrhea, hernia, pain in the lower limbs, and sciatica.

### 33. *BL33 Zhongliao Central Bone-Hole (中髎) (Figure 44)*

**Location:** In the depression adjacent to the spine under the twentieth vertebra, or the third sacral foramen.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches - superior gluteus nerve and artery and inferior gluteus nerve and artery - gluteus maximus and the piriformis.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 8 fens lateral to the spine below the twentieth vertebra, or at the two foramens on either side of the area below the third sacral vertebra. This acupoint is beside zhonglushu Central Backbone Transport (BL-29).

**Indications:** Lumbar pain, constipation, urinary difficulty, leucorrhea, and menstrual disorders.

### 34. *BL34 Xialiao Lower Bone-Hole (下髎) (Figure 44)*

**Location:** In the depression adjacent to the spine under the twenty-first vertebra, or the fourth posterior sacral foramen.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches- inferior cluneal nerve and artery, posterior femoral cutaneous

nerve, and the sciatic nerve - gluteus maximus.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 6 fens lateral to the lower border of the spinous process of the twenty-first vertebra in the back, or the two foramens below the fourth sacral vertebra beside baihuanshu White Ring Transport (BL-30).

**Indications:** Lumbar pain, constipation, urinary difficulty, leucorrhea, and dysmenorrhea.

### 35. *BL35 Huiyang Meeting of Yang* (會陽) (Figure 44)

**Location:** At 5 fens lateral to the lower tip of the coccyx on each side.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches, perforating branch of the cutaneous nerve and the pudendal nerve - inferior gluteal nerve and artery, posterior femoral cutaneous nerve, and the sciatic nerve - gluteus maximus.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint at 5 fens lateral to the tip of coccyx, slightly above changqiang Long Strong (GV-1) and 5 fen on both sides.

**Indications:** Leucorrhea, impotence, diarrhea, and hemorrhoids.

### 36. *BL36 Chengfu Support* (承扶) (Figure 45)

**Location:** In the center portion of the gluteal sulcus, or in the inferior transverse gluteal crease (horizontal gluteal crease).

**Acupoint anatomy:** Skin - subcutaneous tissue - inferior gluteal nerve and artery, posterior femoral cutaneous nerve, sciatic nerve, and the medial circumflex femoral artery – semitendinosus, semimembranosus, and the biceps femoris.

**Locating the acupoint:** With the patient standing upright, locate the acupoint in the transverse crease under the flesh of the left buttocks, directly above weizhong Bend Center (BL-40). The acupoint is in the center of the transverse crease.

**Indications:** Hemorrhoids, lumbar pain, sacral pain, femoral pain, lumbar and back pain, and sciatica.

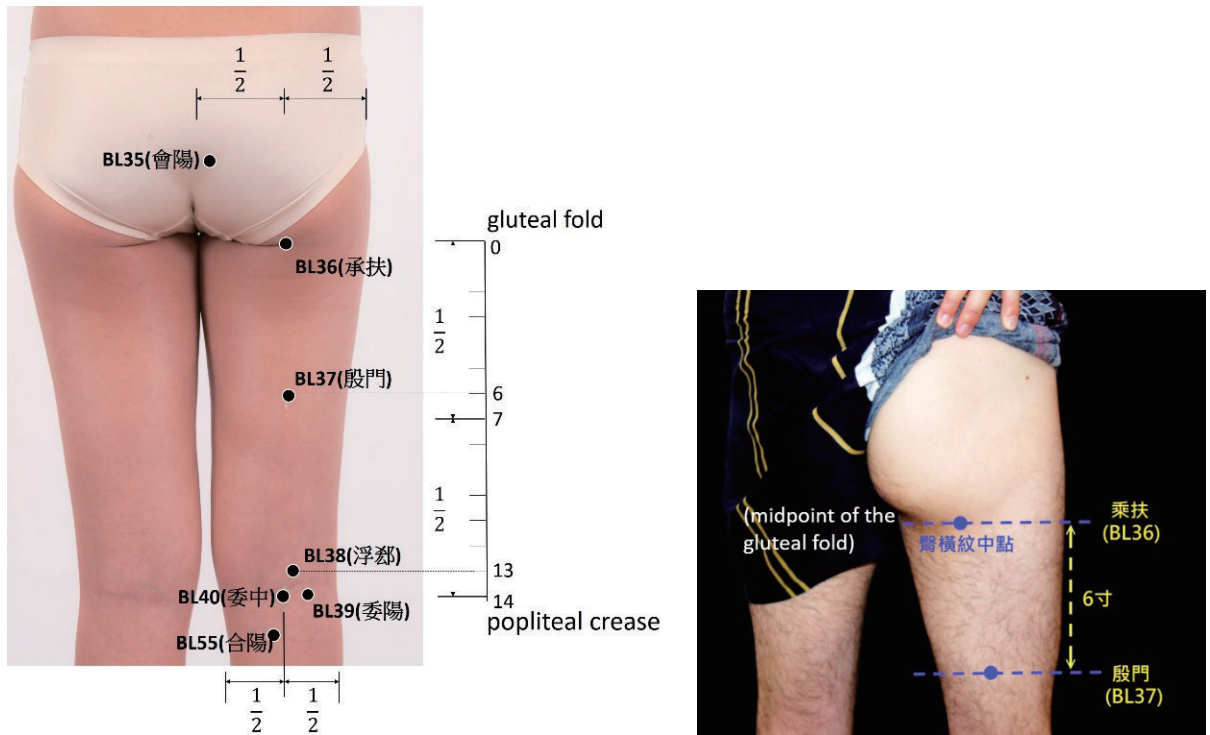


Figure 45

### 37. BL37 Yinmen Gate of Abundance (殷門) (Figure 45)

**Location:** In the center of the back of the thigh, at 6 cun below chengfu Support (BL-36).

**Acupoint anatomy:** Skin - subcutaneous tissue -posterior femoral cutaneous nerve, sciatic nerve, medial circumflex femoral artery, and the perforating artery (branch) of the profunda femoris artery – semitendinosus, semimembranosus, and the biceps femoris.

**Locating the acupoint:** In the center of the back of the thigh, locate the acupoint at 6 cun down from chengfu Support (BL-36), on the line between chengfu Support (BL-36) and weizhong Bend Center (BL-40).

**Indications:** Lumbar and leg pain, sciatica, and thigh pain.

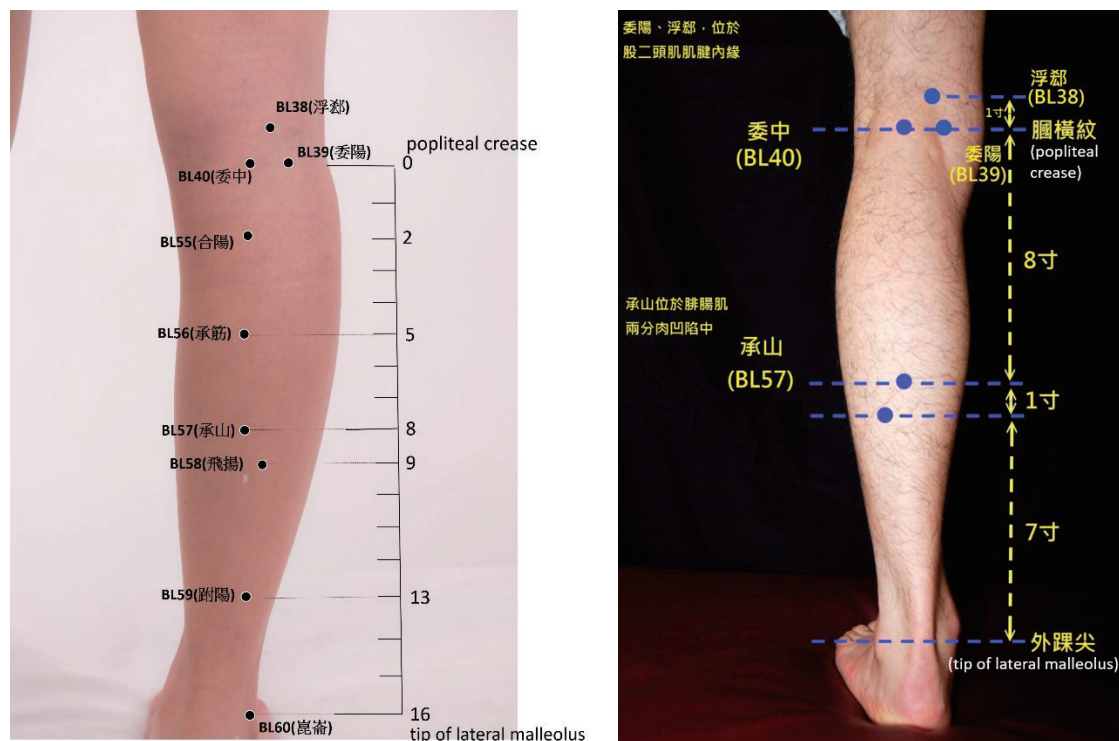


Figure 46

### 38. BL38 *Fuxi Superficial Cleft* (浮郄) (Figure 46)

**Location:** Behind the thigh, lateral and superior to the popliteal fossa of the knee, at 1 cun above weiyang Bend Yang (BL-39), or behind the external epicondyle of the femur, medial to the biceps femoris, and at 1 cun above weiyang Bend Yang (BL-39).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein and the posterior femoral cutaneous nerve - branches of the popliteal artery and vein, branch of the tibial nerve, and descending genicular artery branch of the femoral artery - semitendinosus and semimembranosus.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint diagonally below the yinmen Gate of Abundance (BL-37) and 1 cun above weiyang Bend Yang (BL-39).

**Indications:** Cholera cramps, muscle tension in the outer thigh, soreness and pain in the lumbar and back regions, and sciatica.

### 39. *BL39 Weiyang Bend Yang (委陽) (Figure 46)*

**Location:** At the lateral border of the popliteal fossa of the knee, between two muscles, and approximately 1 cun lateral to weizhong Bend Center (BL-40). Alternatively, at the lateral end of the popliteal crease on the medial border of the tendon of the biceps femoris.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein and the posterior femoral cutaneous nerve - branches of the popliteal artery and vein, branch of the tibial nerve, and the descending genicular artery branch of the femoral artery – semitendinosus, semimembranosus, and the lateral head of the peroneus longus.

**Locating the acupoint:** Instruct the patient to lie in a prone position and extend and bend their knees. Locate the acupoint at 1 cun lateral to weizhong Bend Center (BL-40), at the end of the popliteal crease between two muscles.

**Indications:** Lumbar pain with an inability to bend forward and backward, induced pain in the genital region with difficulty urinating, fullness of the chest with body heat, wilting reversal and numbness, and spasm and tensions and pain in the legs and feet.

### 40. *BL40 Weizhong Bend Center (委中) (Figure 46)*

**Location:** At the center of the popliteal crease of the knee, where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein, small saphenous vein, and the posterior femoral cutaneous nerve - popliteal artery, popliteal vein, and the tibial nerve.

**Locating the acupoint:** With the patient lying in a prone position fully extended, locate the acupoint in the bend behind the knee, where the thigh bone and calf bones meet in a joint, and where the artery can be palpated in the transverse crease between two muscles. Alternatively, instruct the patient to lie in a prone position. Then, raise, bend, and extend the patient’s foot back and forth while the left hand palpates the acupoint location. The point is located where the muscle feels tense.

**Indications:** Pain in the lumbar spine and back region, flaccid paralysis of the lower limbs, hemiplegia, difficulty bending and extending the hip joint, and spasm and tension in the muscles of the inner knee joint.



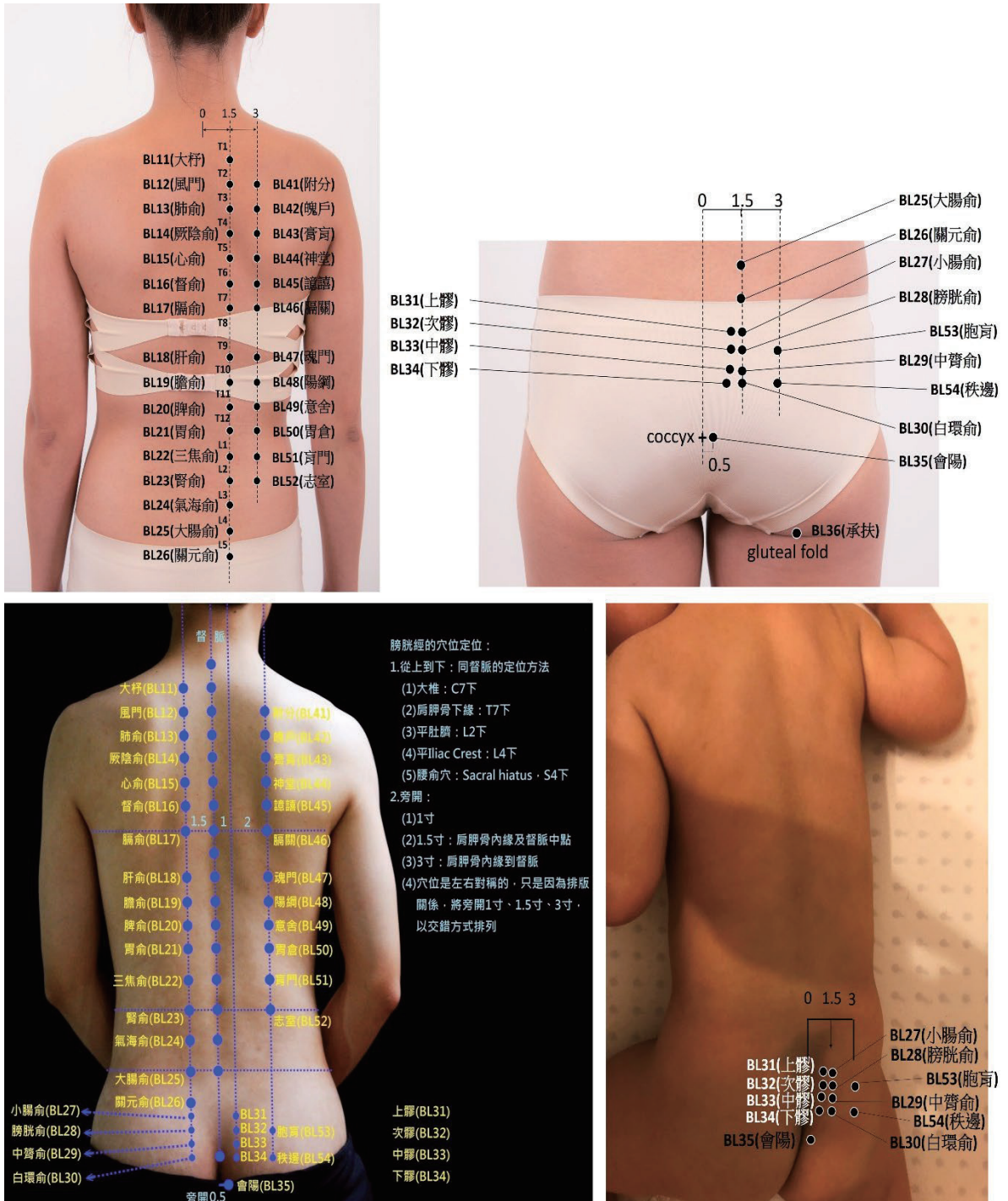


Figure 47

#### 41. *BL41 Fufen Attached Branch (附分) (Figure 47)*

**Location:** At 3 cun lateral to the spine on both sides below the second thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal artery and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to the lower border of the second vertebra, or 1 cun and 5 fens lateral to fengmen Wind Gate (BL-12).

**Indications:** Contracture in the shoulders and back, stiffness and pain in the neck and nape, neck pain with an inability to turn the head and look behind, and numbness in the elbows and arms.

#### 42. *BL42 Pohu Corporeal Soul Door (魄戶) (Figure 47)*

**Location:** At 3 cun lateral on both sides of the spine below the third thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to shenzhu Body Pillar (GV-12) below the third thoracic vertebra, or 1 cun and 5 fens lateral to feishu Lung Transport (BL-13).

**Indications:** Pulmonary consumption, coughing, panting, stiffness of the nape of the neck, and pain in the shoulders and back.

#### 43. *BL43 Gaohuang Gao Huang (膏肓) (Figure 47)*

**Location:** At 3 cun lateral to both sides of the spine below the fourth thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the

thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, rhomboid, serratus posterior superior, and erector spinae muscles.

**Locating the acupoint:** This acupoint is located at 1 fen below the fourth thoracic vertebra, 2 fens above the fifth thoracic vertebra, 3 cun lateral to the middle of spine, and 1 cun 5 fen lateral to jueyinshu Reverting Yin Transport (BL-14). Instruct the patient to sit upright with their spine bent, using both hands to hold the front of the knees. Then the patient should straighten the back with the thumbs level with the top of the knees and the elbows supported. Instruct the patient to remain still when locating this acupoint. Alternatively, patients can use their left palm to hold their right shoulder, and their right palm to hold their left shoulder to move the scapulae laterally to the side. The practitioner should palpate the space between the fourth and fifth thoracic vertebrae, measuring 3 cun laterally. When pressure is applied to the fourth intercostal space with the middle finger, the location of the acupoint becomes sore.

**Indications:** Coughing, panting, blood ejection, night sweats, forgetfulness, and seminal emissions.

#### 44. *BL44 Shentang Spirit Hall* (神堂) (Figure 47)

**Location:** At 3 cun lateral and inferior to the spinous process of the fifth thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein – trapezius and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to shendao Spirit Path (GV-11) on the lower border of the fifth thoracic vertebra, or 1 cun and 5 fens lateral to xinshu Heart Transport (BL-15).

**Indications:** Panting, coughing, stiffness and pain in the lumbar spine with an inability to bend forward and backward, tracheitis, and heart disease.

#### 45. *BL45 Yixi Cry of Pain* (讙譟) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the sixth thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein – trapezius and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to the spine on the lower border of the sixth thoracic vertebra, or 1 cun and 5 fens lateral to dushu Governing Transport (BL-16). When substantial pressure is applied, the patient should respond with a cry of pain “yixi, yixi!” This reaction and pain indicates the location of the point.

**Indications:** Coughing, panting, pain in the shoulders and back, retching counterflow, and dizziness.

#### 46. *BL46 Geguan Diaphragm Pass* (膈關) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the seventh thoracic vertebra in the back (medial to the scapula).

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve and branch of the accessory nerve - dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - trapezius, latissimus dorsi, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to zhiyang Extremity of Yang (GV-9) on the lower border of the seventh thoracic vertebra, or 1 cun and 5 fens lateral to geshu Diaphragm Transport (BL-17).

**Indications:** Difficulty consuming food and drink, vomiting, belching, stiffness and pain in the spine and back, and a sensation of dysphagia and oppression in the chest.

#### 47. *BL47 Hunmen Hun Gate* (魂門) (Figure 47)

**Location:** At 3 cun lateral to both sides of the lower border of the spine below the ninth thoracic vertebra in the back (medial to the scapula).

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of the posterior intercostal arteries - trapezius, latissimus dorsi, and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at 3 cun lateral to jinsuo Sinew Contraction (GV-8) on the lower border of the ninth thoracic vertebra, or 1 cun and 5 fens lateral to ganshu Liver Transport (BL-18). The acupoint is located when the patient is sitting upright with their shoulders opened.

**Indications:** Chest pain, back pain, difficulty consuming food, borborygmus in the abdomen, poor appetite, and indigestion.

#### 48. *BL48 Yanggang Yang Headrope* (陽綱) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the tenth thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of the posterior intercostal arteries - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright and their back bent, locate this acupoint at 3 cun lateral to the spine below the spinous process of the tenth thoracic vertebra.

**Indications:** Difficulty consuming food, abdominal pain and borborygmus, diarrhea, jaundice, and indigestion.

#### 49. *BL49 Yishe Mentation Abode* (意舍) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the eleventh thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of the posterior intercostal arteries - latissimus dorsi, erector spinae, and serratus posterior inferior muscles.

**Locating the acupoint:** With the patient sitting upright and their shoulders opened, locate this acupoint at 3 cun lateral to the spine below the eleventh thoracic vertebra, or 1 cun and 5 fens lateral to pishu Spleen Transport (BL-20).

**Indications:** Abdominal distention, borborygmus, diarrhea, vomiting, difficulty consuming food and drink, and indigestion.

### 50. *BL50 Weicang Stomach Granary* (胃倉) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the twelfth thoracic vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of the posterior intercostal arteries - latissimus dorsi, erector spinae, and serratus posterior inferior muscles.

**Locating the acupoint:** With the patient sitting upright, locate this acupoint at 3 cun lateral from the lower border of the twelfth thoracic vertebra, or 1 cun and 5 fens lateral to weishu Stomach Transport (BL-21).

**Indications:** Abdominal distention, difficulty consuming food, epigastric pain, pain in the back and spine, and edema.

### 51. *BL51 Huangmen Huang Gate* (黃門) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the first lumbar vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal root of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright, locate this acupoint below the thirteenth vertebra (first lumbar vertebra) and 3 cun lateral to xuanshu Suspended Pivot (GV-5), or 1 cun and 5 fens lateral to sanjiaoshu Triple Burner Transport (BL-22).

**Indications:** Pain below the heart, constipation, and mastitis.

### 52. *BL52 Zhishi Will Chamber* (志室) (Figure 47)

**Location:** At 3 cun lateral to both sides of the spine below the second lumbar vertebra in the back.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal rami of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia -

latissimus dorsi and erector spinae muscles.

**Locating the acupoint:** With the patient sitting upright or lying in a prone position, locate this acupoint below the fourteenth vertebra (second lumbar vertebra) and 3 cun lateral to mingmen Life Gate (GV-4), or 1 cun and 5 fens lateral to shenshu Kidney Transport (BL-23).

**Indications:** Stiffness and pain in the lumbar spine, gripping pain in the kidneys, seminal emissions, impotence, edema, and all diseases of the genitals.

### **53. BL53 Baohuang Bladder Huang (胞育) (Figure 47)**

**Location:** On the back, under the second sacral vertebra, and at 3 cun lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue -- sacral nerve branches, median sacral nerve branches- superior gluteal nerve and artery, and inferior gluteal nerve and artery - gluteus maximus and gluteus medius.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the nineteenth vertebra (second sacral vertebra) and 3 cun lateral to the midline, or 1 cun and 5 fens lateral to panguangshu Bladder Transport (BL-28).

**Indications:** Pain in the lumbar spine, borborygmus, and difficulty urinating and defecating.

### **54. BL54 Zhibian Sequential Limit (秩邊) (Figure 47)**

**Location:** Under the fourth sacral vertebra on the back, and 3 cun lateral to the spine on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - sacral nerve branches, median sacral nerve branches - inferior gluteal nerve and artery, posterior femoral cutaneous nerve, and the sciatic nerve - gluteus maximus.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the twenty-first vertebra (fourth sacral vertebra) and 3 cun lateral to yaoshu Lumbar Transport (GV-2), or 1 cun and 5 fens lateral to baihuanshu White Ring Transport (BL-30).

**Indications:** Lumbar pain, hemorrhoids, flaccid paralysis in the lower limbs,

sciatica, and dark or reddish urination with an unsmooth flow.

### 55. *BL55 Heyang Yang Union* (合陽) (Figure 48)

**Location:** In the midline of the back of the calves, 2 cun directly below weizhong Bend Center (BL-40).

**Acupoint anatomy:** Skin - subcutaneous tissue - small saphenous vein - posterior femoral cutaneous nerve and the lateral and medial sural cutaneous nerve - posterior tibial artery and the tibial nerve - gastrocnemius, soleus, and tibialis posterior.

**Locating the acupoint:** With the patient standing, locate the acupoint in the center of the popliteal area, 2 cun below weizhong Bend Center (BL-40), and in the space between the two heads of the gastrocnemius.

**Indications:** Stiffness and pain in the lumbar spine, flaccid paralysis in the lower limbs, hernia, and metrostaxis.

### 56. *BL56 Chengjin Sinew Support* (承筋) (Figure 48)

**Location:** In the midline of the back of the calves, in the depression in the center of the gastrocnemius.

WHO standardized acupoint position

**Acupoint anatomy:** Skin - subcutaneous tissue - small saphenous vein - posterior femoral cutaneous nerve and the lateral and medial sural cutaneous nerve - posterior tibial artery and the tibial nerve - gastrocnemius, soleus, and tibialis posterior.

**Locating the acupoint:** Behind the tibia, 3 cun below heyang Yang Union (BL-55), locate the acupoint in the depression at the center of the gastrocnemius where the flesh is thick.

**Indications:** Contracture in the lumbar and back regions, pain in the calves, and hemorrhoids.



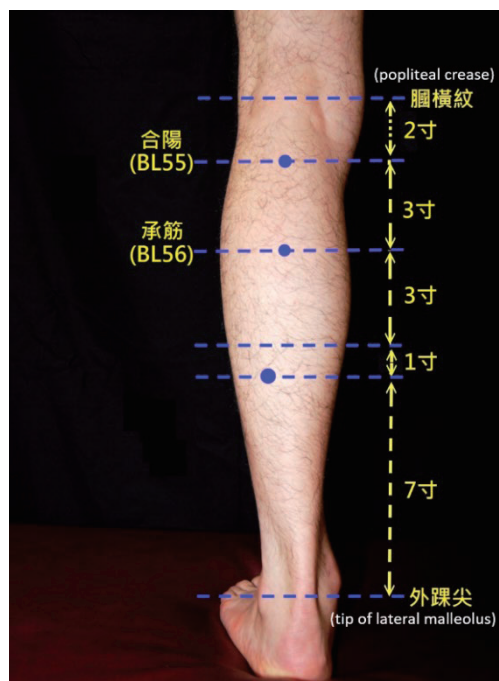
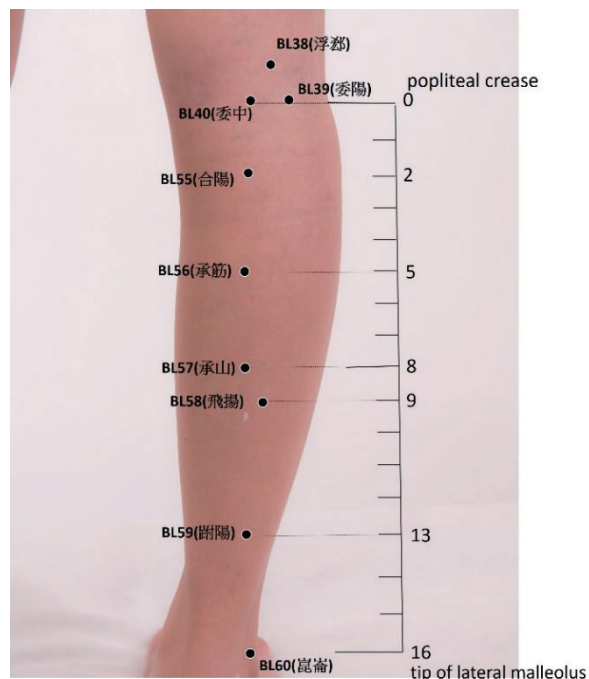


Figure 48

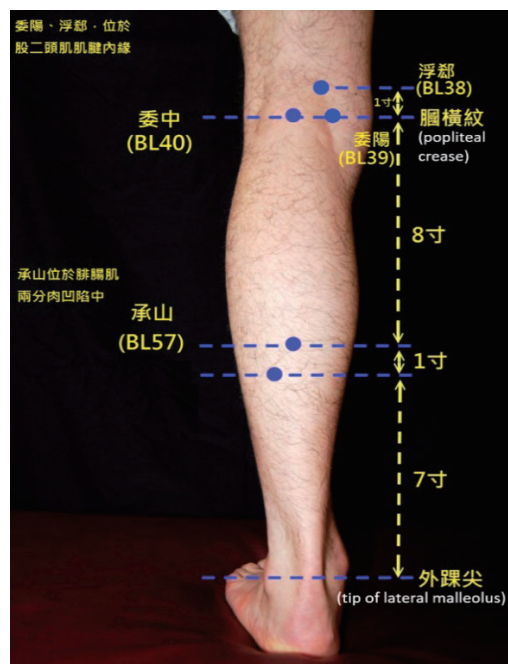


Figure 49

### 57. *BL57 Chengshan Mountain Support (承山) (Figure 49)*

**Location:** At 8 cun below weizhong Bend Center (BL-40) in the midline on the back of the calves, in the depression between the flesh below the gastrocnemius.

**Acupoint anatomy:** Skin - subcutaneous tissue - small saphenous vein - posterior femoral cutaneous nerve and lateral and medial sural cutaneous nerve - posterior tibial artery and tibial nerve - gastrocnemius, soleus, and tibialis posterior.

**Locating the acupoint:** Instruct the patient to stand with their hands placed in front flat against a wall. Then, the patient should rise up on their toes, lifting their heels off the ground. Locate the acupoint in the crease showing beneath the gastrocnemius.

**Indications:** Lumbar pain, pain and cramps in the legs, wind stroke with hemiplegia, knee pain with aching, limp, and weak feet, hemorrhoids, and constipation.

### 58. *BL58 Feiyang Taking Flight (飛揚) (Figure 50)*

**Location:** At 7 cun above the tip of the external ankle and behind the fibula.

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the small saphenous vein - lateral sural cutaneous nerve - superficial fibular nerve, posterior tibial artery, and the tibial nerve - gastrocnemius, soleus, fibularis longus, and fibularis brevis.

**Locating the acupoint:** Measure 7 cun above the tip of the external ankle, or 1 cun below chengshan Mountain Support (BL-57), and 1 cun lateral from the midline behind the calf to locate feiyang Taking Flight (BL-58). This acupoint is behind the fibula and on the lateral border of the gastrocnemius. It is also behind the two acupoints yangjiao Yang Intersection (GB-35) and waiqiu Outer Hill (GB-36). These three acupoints form a horizontal line.

**Indications:** Headaches, dizzy vision, weakness of the legs, soreness and pain in the lumbar region and legs, and hemorrhoidal diseases.

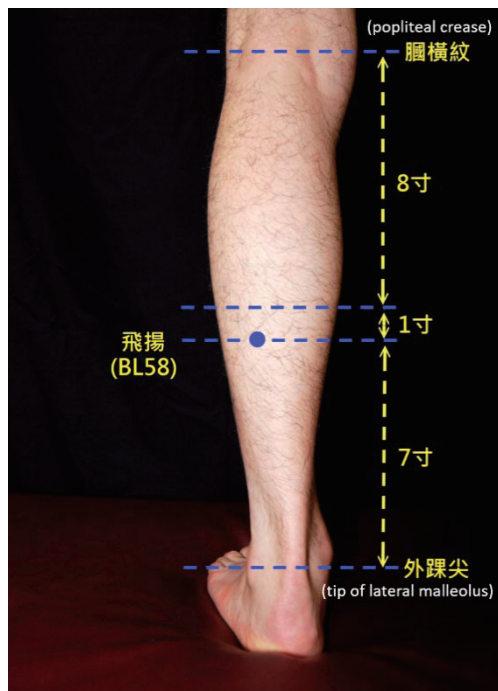
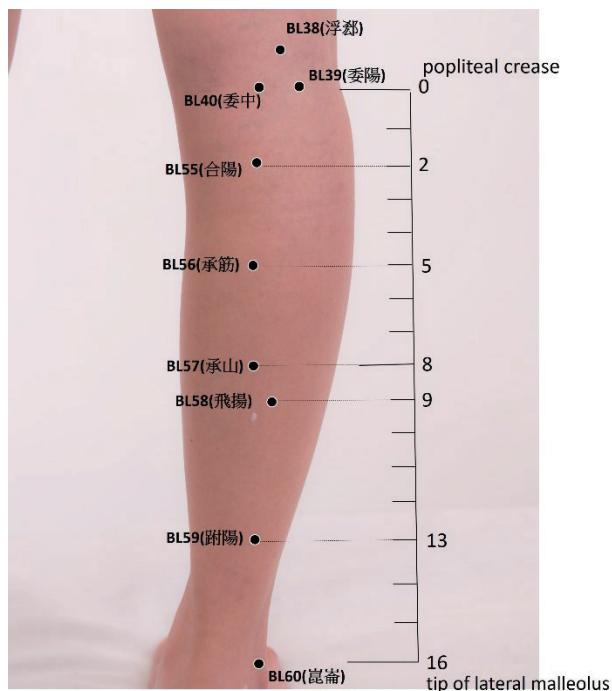


Figure 50

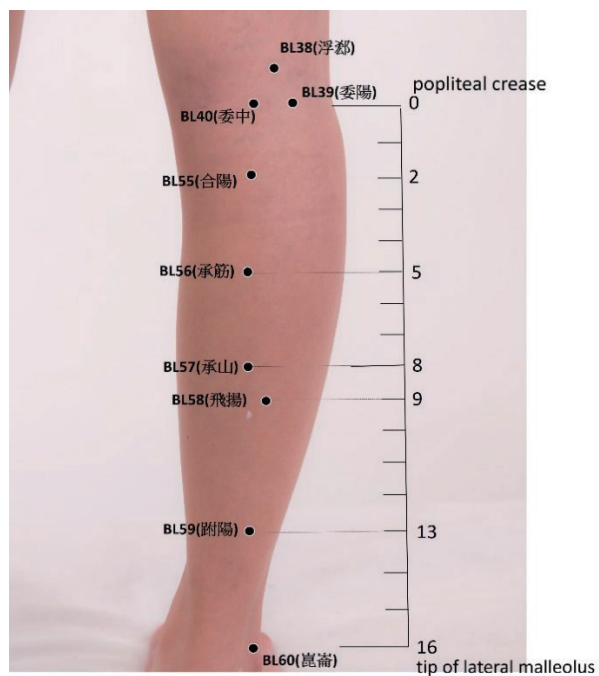


Figure 51

### 59. *BL59 Fuyang Instep Yang* (跗陽) (Figure 51)

**Location:** At 3 cun above the external ankle, between the muscle and the bone.

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the small saphenous vein - lateral sural cutaneous nerve - superficial fibular nerve, posterior tibial artery, and the tibial nerve - gastrocnemius, soleus, fibularis longus, and fibularis brevis.

**Locating the acupoint:** Measure 3 cun upward from the tip of the external ankle and 4 cun below feiyang Taking Flight (BL-58). Feiyang Taking Flight (BL-58) and fuyang Instep Yang (BL-59) form a vertical line above kunlun Kunlun-Mountains (BL60). On the back of the fibula along the lateral border of the Achilles tendon, level with the xuanzhong Suspended Bell (GB 39) acupoint from the gall bladder meridian channel, but separated from it by the fibula.

**Indications:** Lumbar pain, soreness, and pain in the hips, thighs, shins, and external ankle, and lower limb paralysis.

### 60. *BL60 Kunlun Kunlun-Mountains* (崑崙) (Figure 52)

**Location:** At 5 fens behind the external ankle, in the depression above the calcaneus, where a small artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the small saphenous vein – fibular nerve – branch of the superficial fibular nerve and branch of the fibular artery (posterior lateral malleolar artery) – fibularis longus and fibularis brevis.

**Locating the acupoint:** Measure 5 fen from the posterior border of the external ankle and palpate for the lacuna with the finger. The malleolus is in front, the Achilles tendon is behind, and the calcaneus is below. The kunlun Kunlun-Mountains (BL60) acupoint is located in this area; it is slightly opposite taixi Great Ravine (KI-3) on the inner ankle.

**Indications:** Headaches; stiffness of the nape of the neck; dizzy vision, contracture of the shoulders and back; cramps and pains in the lumbar, sacrum, and coccyx; pain in the heels; and epilepsy in children. BL61 Pucan.

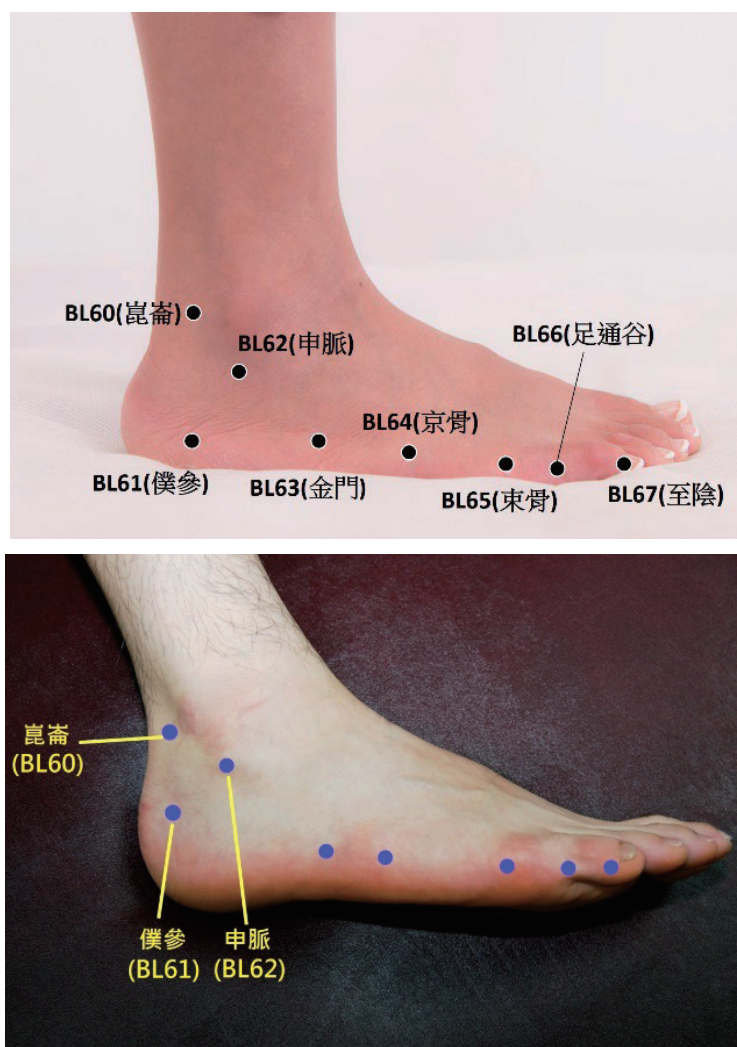


Figure 52

### 61. BL61 (*Pushen*) *Subservient Visitor* (僕參) (Figure 52)

**Location:** Posterior and inferior to the external ankle, in the depression posterior to the calcaneus.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the small saphenous vein - lateral dorsal cutaneous nerve - branch of the superficial fibular nerve and branch of the fibular artery (posterior lateral malleolar artery) – border of the calcaneus.

**Locating the acupoint:** In the border between the red and white flesh under the

calcaneus. With the patient's foot arched, locate the acupoint at 1 cun and 5 fen below kunlun Kunlun-Mountains (BL60).

**Indications:** Flaccid paralysis in the lower limbs, heel pain, and epilepsy.

## 62. *BL62 Shenmai Extending Vessel* (申脈) (Figure 52)

**Location:** In the depression approximately 5 fens from the lateral border of the external ankle, along the border of the white flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the small saphenous vein - lateral dorsal cutaneous nerve - - branch of the superficial fibular nerve and branch of the fibular artery (posterior lateral malleolar artery) - tendon sheath of the fibularis longus and fibularis brevis – lower border of the end of the fibula.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint in the crevice at the lower border of the center of the external ankle, approximately 5 fens below the ankle.

**Indications:** Epilepsy, headache with dizziness, redness, and pain in the eyes, insomnia, soreness, and pain in the lumbar, leg, knee, and shin regions, and difficulty bending and extending the legs and feet.

## 63. *BL63 Jinmen Metal Gate* (金門) (Figure 53)

**Location:** At 1 cun anterior and inferior to the external ankle, approximately 5 fens before shenmai Extending Vessel (BL62), in the depression between the calcaneus and cuboid.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the small saphenous vein - lateral dorsal cutaneous nerve - branch of the superficial fibular nerve, branch of the fibular artery (posterior lateral malleolar artery) and the lateral tarsal artery - abductor digiti minimi.

**Locating the acupoint:** Below the external ankle, locate the acupoint at the midpoint on the line from shenmai Extending Vessel (BL62) to the posterior edge of the tuberosity of the fifth metatarsal bone, inside the curved-shaped depression that is sore and distended when pressed.

**Indications:** Epilepsy, psychological illness, fright reversal (convulsions) in

children, pain in the lumbosacral area, posterior lower limbs, and external ankle.

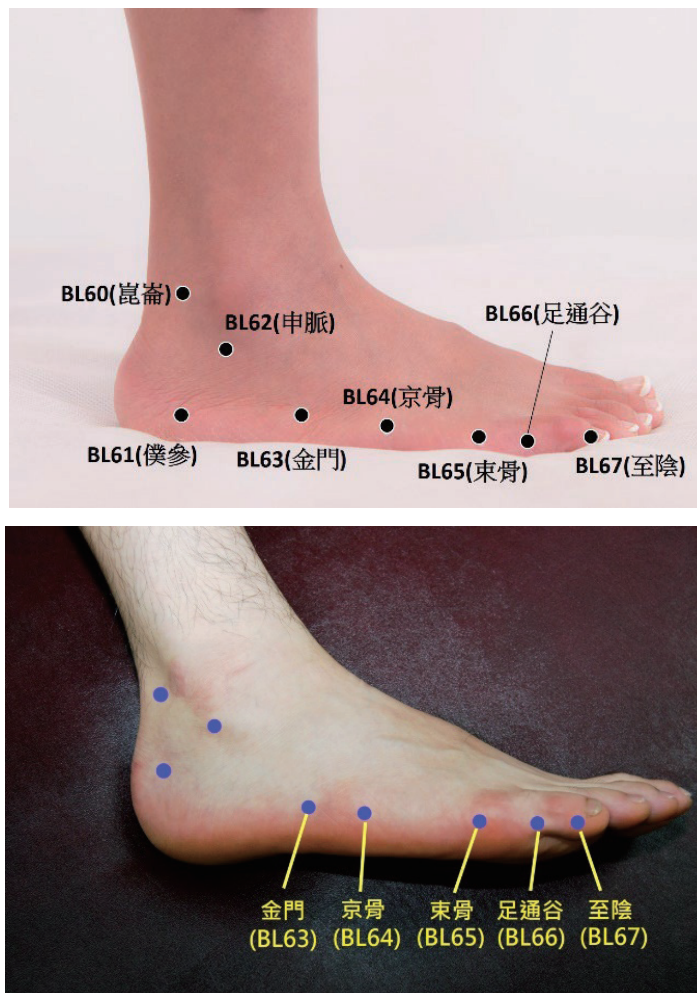


Figure 53

#### 64. *BL64 Jinggu Capital Bone* (京骨) (Figure 53)

**Location:** On lateral side of the foot below the process of the fifth metatarsal bone, and in the depression along the border of the red and white flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the lateral nerve and vein of the fifth toe - branch of the aortic arch and branch of the plantar nerve - abductor digiti minimi.

**Locating the acupoint:** The tuberosity of the posterior end of the fifth metatarsal

bone is called jinggu Capital Bone (BL64). The acupoint named after this is located in the depression along the border between the red and white flesh, anterior and interior to it. Palpate to locate the acupoint.

**Indications:** Headaches, pain in the nape of the neck, epilepsy, soreness and pain in the lumbar region and legs.

### 65. *BL65 Shugu Bundle Bone (束骨) (Figure 53)*

**Location:** Behind the base of the small toe on the lateral side, in the depression along the border of the red and white flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the lateral nerve and vein of the fifth toe - dorsal digital artery, branches of the lateral plantar nerve, artery, and vein - abductor digiti minimi.

**Locating the acupoint:** Behind the base of the small toe on the lateral side, posterior and superior to where the forward tip of the fifth metatarsal bone and the back end proximal phalanx meet, locate the acupoint in the depression along the border of the red and white flesh.

**Indications:** Headache or pain in head and nape of the neck, superficial visual obstruction (eye screen), epilepsy, pain in the lumbar region and legs, and psychological illness.

### 66. *BL66 Zutonggu Foot Valley Passage (足通骨) (Figure 53)*

**Location:** In the depression anterior to the base of the small toe.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the lateral nerve and vein of the fifth toe - dorsal digital artery, branches of the lateral plantar nerve, artery, and vein - abductor digiti minimi.

**Locating the acupoint:** At the front end of the base segment of the small toe, locate the acupoint at the end of the transverse crease when the toe is curled.

**Indications:** Headache, stiffness of the nape of the neck, dizzy vision, mania and withdrawal.



## 67. BL67 Zhiyin Reaching Yin (至陰) (Figure 53)

**Location:** At a small distance from the outer edge of the small toenail.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the lateral nerve and vein of the fifth toe - dorsal digital artery.

**Locating the acupoint:** On the lateral side of the tip of the small toe, locate the acupoint at approximately 1 fen from the corner of the nail.

**Indications:** Headache, ocular pain, nasal congestion, abnormal fetal position, and difficulty giving birth.

### Note:

According to the pathway of the bladder meridian (BL) channel and the principle of curing illnesses along with the channel courses, the acupoints on this channel can be used to treat patients with illnesses of the head (eyes, eyebrow, forehead, top of the head, back of the head, and nape of the neck), local illnesses between 1 and a half cun and 3 cun from the spine, sacrum, anus (hemorrhoids), backs of the thighs and calves (the yang side on the back of the legs), the posterior border of the external ankle, and lateral side of the dorsum of the foot (on the fifth toe). When locating the acupoints of the bladder meridian (BL) on the back, the vertical reference coordinates should be established first.

From the thoracic vertebrae to the sacral vertebrae, there are 22 vertebrae. The bladder meridian (BL) along the spine has acupoints at distances of 1 and a half cun, except for under the eighth thoracic vertebrae area where no acupoint exists. On the other bladder meridian (BL) course along the spine, at places where acupoints are located 3 cun away, no acupoints exist below the first, eighth, fifteenth, sixteenth, seventeenth, eighteenth, and twentieth vertebrae. Acupoints exist for all other positions below the vertebrae.

The horizontal coordinates for the bladder meridian must be established from dazhui Great Hammer (GV-14), or the first vertebra. The second reference is at tianzong Celestial Gathering (SI-11), which is level with the fourth vertebra. The third reference should be sought at the tip of the lower border of the scapula, where it is level with the seventh vertebra. The fourth reference is the navel, which is level with the fourteenth vertebra. The fifth reference is the anterior superior ilium, the top of which is level with the sixteenth vertebrae.

## Section 8. Acupoints on the Shaoyin Kidney Meridian (KI) Channel of the Foot

The shaoyin kidney channel of the foot (KI) contains 27 acupoints on one side, for a total of 54 acupoints for both sides. Among them, 10 are located on the medial and posterior aspect of the lower limbs, and the other 17 are located on both sides of the conception vessel (CV) running through the chest and the abdomen area. The first acupoint is yongquan Gushing Spring (KI-1), and the last acupoint is shufu Transport House (KI-27). The main indications are illnesses in the urinary, reproductive, nervous and psychological, respiratory, digestive, and circulatory systems, in addition to illnesses in the areas along the channel course.

### Contemporary Chart 8. The Shaoyin Kidney Meridian (KI) Channel of the Foot

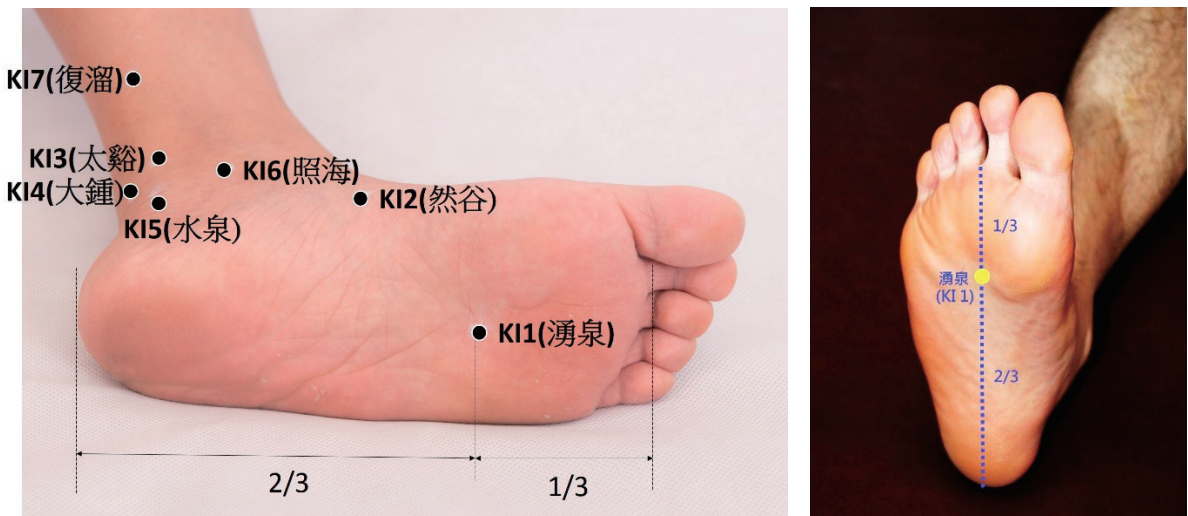


Figure 54

#### 1. KI1 Yongquan Gushing Spring (湧泉) (Figure 54)

**Location:** In the depression at the center of the soles of the feet.

**Acupoint anatomy:** Skin - subcutaneous tissue - cutaneous branches of the medial and lateral plantar nerve - plantar fascia - branches of the medial and lateral plantar artery

and vein - flexor digitorum brevis.

**Locating the acupoint:** With the patient lying in a supine position and their toes curled, locate the acupoint at the center of the depression in the sole of the foot, approximately 1/3 of the distance from the center of the sole to the tip of the toes, opposite taichung Great Thoroughfare (LV-3) on the dorsum of the foot (taichung Great Thoroughfare (LV-3) is 2 cun above the crevice between the hallux and the second toe).

**Indications:** Shock, summerheat stroke, loss of consciousness, fright wind in children, syndromes similar to wind stroke, pain on the top of the head, pain on the inside and backs of the thighs, pain in all five toes, an inability to place the feet on the ground, and hypertension.

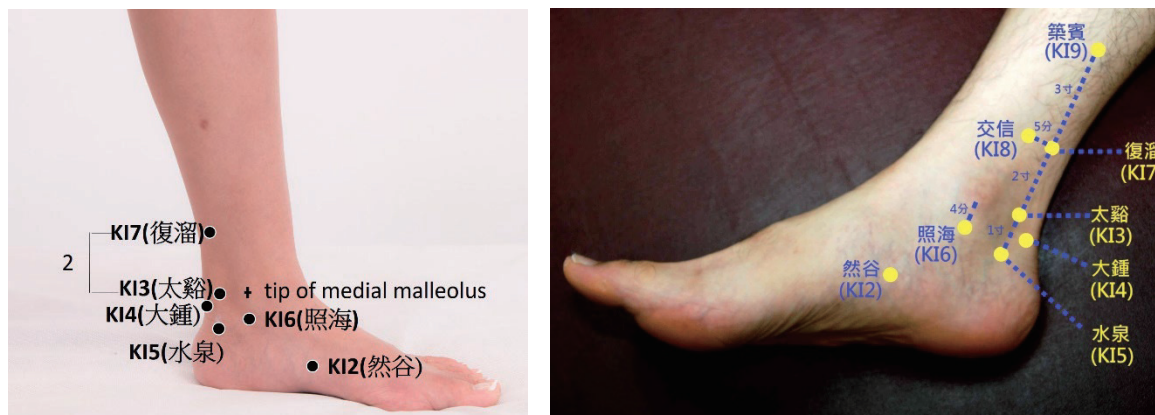


Figure 55

## 2. KI2 Rangu Blazing Valley (然谷) (Figure 55)

**Location:** In the inferior depression at the joints of the navicular bone and the cuneiform bones anterior and inferior to the inner ankle.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - medial cutaneous branch of the saphenous nerve - branch of the posterior tibial nerve and artery (medial plantar artery and nerve) - abductor hallucis, tendon of the flexor digitorum longus, and tendon of the flexor hallucis longus.

**Locating the acupoint:** With the patient lying in a supine position or with their foot sideways, locate the acupoint anterior and interior to the inner ankle, along the lower edge of the navicular tuberosity, in the depression 1 cun posterior to gongsun Yellow Emperor

(SP-4).

**Indications:** Swelling and soreness in the throat, lower abdominal distention with pain radiating into the chest and lateral costal area, throughflux diarrhea, soreness and pain in the calves, swelling in the instep with an inability to place the feet on the ground, seminal emissions, impotence, and menstrual disorders.

### 3. *KI3 Taixi Great Ravine (太谿) (Figure 55)*

**Location:** At 5 fens behind the inner ankle, in the depression above the calcaneus where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue -branches of the great saphenous vein – medial crural cutaneous branches of the saphenous nerve - posterior tibial nerve and artery - flexor digitorum longus and tibialis posterior and the flexor hallucis longus.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 5 fens posterior to the inner ankle between the medial malleolus and the Achilles tendon, opposite kunlun Kunlun-Mountains (BL60), which is located 5 fens posterior to the external ankle. Taixi is located where the posterior tibial artery can be palpated.

**Indications:** Impotence, menstrual disorders, sores on the legs, nephritis, cystitis, neurasthenia, lower limb paralysis, and swelling and pain in the heels.

### 4. *KI4 Dazhong Large Goblet (大鍾) (Figure 55)*

**Location:** In the middle of the heel between the two small muscles above and beside the bones.

**Acupoint anatomy:** Skin - subcutaneous tissue -branches of the great saphenous vein - medial crural cutaneous branches of the saphenous nerve - posterior tibial nerve and artery - flexor digitorum longus and tibialis posterior and flexor hallucis longus.

**Locating the acupoint:** Measure 5 fen down from taixi Great Ravine (KI-3), followed by another 5 fens back to arrive posterior to the superior border of the posterior calcaneus laterally near to a tendon. The acupoint is located beneath the tendon. This point is located at the corner formed by the tendon and the calcaneus. When pressure is applied, the patient experiences soreness and distention when raising the foot.

**Indications:** Stiffness and pain of the lumbar spine, swelling and pain in the heel, difficulty swallowing food, drowsiness, abdominal fullness, constipation, and difficulty urinating.

### 5. *KI5 Shuiquan Water Spring* (水泉) (Figure 55)

**Location:** At 1 cun below taixi Great Ravine (KI-3), posterior and inferior to the inner ankle, in the depression on the medial side of the calcaneus.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - medial crural cutaneous branches of the saphenous nerve - posterior tibial nerve and artery - flexor digitorum longus and tibialis posterior and the flexor hallucis longus.

**Locating the acupoint:** Behind the inner ankle and slightly forward of approximately 1 cun below taixi Great Ravine (KI-3). This acupoint forms a triangle with taixi Great Ravine (KI-3) and dazhong Large Goblet (KI4). Posterior and inferior to the zhaohai Shining Sea (KI-6), in the depression on the medial side of the calcaneus.

**Indications:** An inability to see objects at a distance, dysmenorrhea, uterine prolapse, pain in the abdomen, and dribbling urination.

### 6. *KI6 Zhaohai Shining Sea* (照海) (Figure 55)

**Location:** At 4 fens below the inner ankle, between the medial malleolus and the talus. Muscles pass anterior and posterior to the area where the acupoint is located.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - medial crural cutaneous branches of the saphenous nerve – branch of the posterior tibial nerve and artery - flexor digitorum longus and the tibialis posterior.

**Locating the acupoint:** Instruct the patient to sit in a stable position with the soles of their feet aligned opposite each other. Using a fingernail, palpate the area below the inner ankle. Zhaohai Shining Sea (KI-6) is located inside the slight crevice where the lower end of the tibia joins the talus, roughly opposite shenmai Extending Vessel (BL62) on the lateral or external side of the ankle.

**Indications:** Chronic pharyngitis, hemiplegia, menstrual disorders, pain in the lower abdomen, leucorrhea, uterine prolapse, kidney diarrhea at the fifth watch (3 am-5 am), and insomnia.

### 7. *KI7 Fuliu Recover Flow (復溜) (Figure 55)*

**Location:** In the depression between the muscle and bone at 2 cun above the inner ankle.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - medial crural cutaneous branches of the saphenous nerve - posterior tibial nerve, posterior tibial artery, and posterior tibial vein - flexor digitorum longus, tibialis posterior, and the flexor hallucis longus.

**Locating the acupoint:** At 2 cun above taixi Great Ravine (KI-3), behind the medial malleolus, and 5 fens behind jiaoxin Intersection Reach (KI-8). A tendon is located posterior to the acupoint.

**Indications:** Swelling of the limbs; incessant sweating; night sweats; hemorrhoids; induced pain in the lumbar spine area with an inability to bend forward and backward, stand, and sit; cold calves that cannot warm themselves, atrophy or wilting of the feet and legs, nephritis, and urinary tract infections.

### 8. *KI8 Jiaoxin Intersection Reach (交信) (Figure 55)*

**Location:** At 2 cun above the inner ankle before fuliu Recover Flow (KI-7), between the muscle and bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - medial crural cutaneous branches of the saphenous nerve - posterior tibial nerve, posterior tibial artery, and posterior tibial vein - flexor digitorum longus.

**Locating the acupoint:** At 2 cun above the inner ankle and beside fuliu Recover Flow (KI-7), at 5 fens anterior. One cun below and slightly posterior to sanyinjiao Three Yin Intersection (SP-6). Locate the acupoint along the posterior border of the tibia.

**Indications:** Incessant spotting in females; menstrual disorders; uterine prolapse; constipation; and pain in the lumbar region, thighs, and inside of the shins.

### 9. *KI9 Zhubin Guest House (築賓) (Figure 55)*

**Location:** At 5 cun above the inner ankle along the medial border of the gastrocnemius; in the space between the flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous

vein - medial crural cutaneous branches of the saphenous nerve – branches of the tibial nerve, posterior tibial artery, and posterior tibial vein - flexor digitorum longus and the gastrocnemius.

**Locating the acupoint:** With the patient sitting upright and their knees bent, at 3 cun above fuliu Recover Flow (KI-7) and 2 cun above sanyinjiao Three Yin Intersection (SP-6) and 1 cun and 2 fens behind the two points. This acupoint is located in the interstice between two muscles.

**Indications:** Weakness of the legs, swelling and pain in the feet and calves, mania, nephritis, cystitis, and spasms of the gastrocnemius.

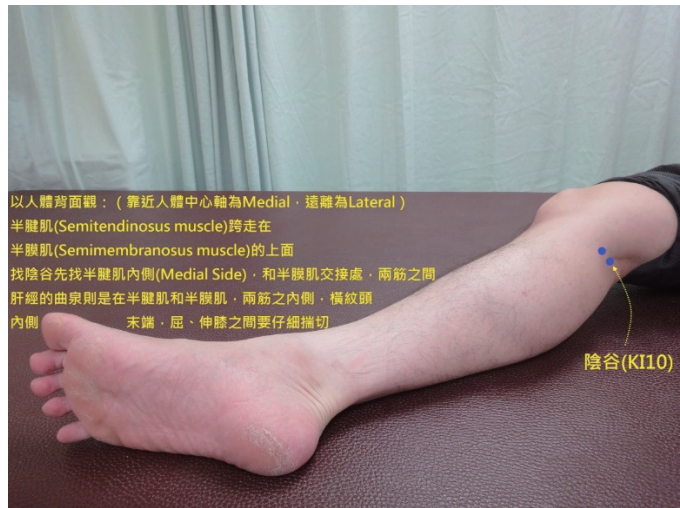
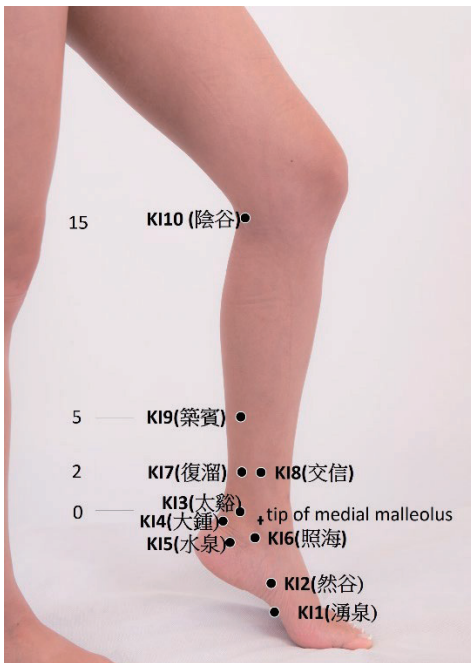


Figure 56

### 10. KI10 *Yingu Yin Valley* (陰谷) (Figure 56)

**Location:** On the medial side of the knee joint, posterior and superior to the head of the tibia, below the large muscle and above the small muscle, and medial to weizhong Bend Center (BL-40).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the great saphenous vein - branch of the saphenous nerve and cutaneous branches of the obturator nerve –

saphenous branch of the femoral artery and branch of the femoral vein – between semitendinosus and semimembranosus.

**Locating the acupoint:** With the patient sitting upright and their feet hanging down, squeeze the end or head of the popliteal crease and extend their foot. Palpate the patient’s knee bend to locate the space between the small and large muscles. When needling, the two muscles must be moved away before inserting the needles. This acupoint requires the deepest insertion on the yin side of the thigh (inner side of the thigh or inguinal region); thus, it was named yingu Yin Valley (KI-10). Furthermore, this acupoint is separated from ququan Spring at the Bend (LV-8) by a muscle.

**Indications:** Pain in the inside of the thigh, knee pain with difficulty bending and extending, difficulty urinating, frequent and urgent urination with induced pain in the genital area, drum-like distention and fullness in the abdomen with an inability to catch one’s breath, and incessant leucorrhea and spotting.

### 11. *KIII Henggu Pubic Bone* (橫骨) (Figure 57)

**Location:** In the lower abdomen, along the superior border of the pubic bone, and 2 fens lateral to the midline of the chest on both sides.

**Acupoint anatomy:** Skin - superficial epigastric artery and vein - subcutaneous tissue - anterior cutaneous branch of the iliohypogastric nerve (L1) and the ilioinguinal nerve (L1) - lateral cutaneous branch of the subcostal nerve - superficial external pudendal artery and vein - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia - inguinal ring - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun below dahe Great Manifestation (KI-12) and 5 fens lateral to qugu Curved Bone (CV-2). Palpate the pubic hair for the transverse bone, which is also called the joined bone and the pubic bone. The acupoint is 5 fens lateral to the midline on both sides, along the superior border of the transverse bone (which it is named after).

**Indications:** Lower abdominal fullness, difficulty urinating, swelling and pain in the external genitalia, seminal emissions, deficiencies in the five zhang, and redness and pain in inner canthus.



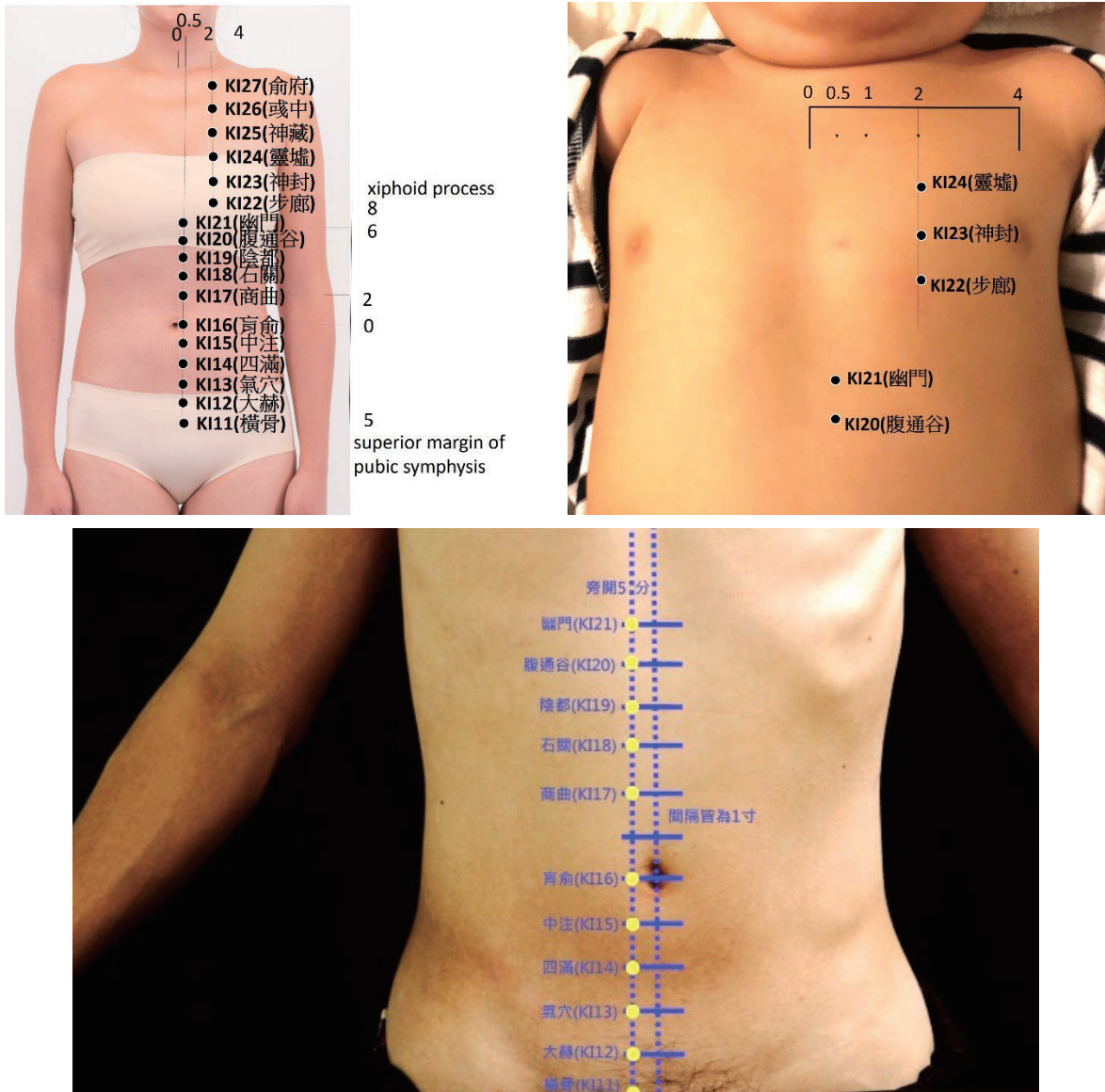


Figure 57

## 12. KI12 Dahe Great Manifestation (大赫) (Figure 57)

**Location:** On the lower abdomen, 4 cun below huangshu Huang Transport (KI-16), and 5 fens lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and the anterior

and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** At 1 cun below qixue Qi Point (KI-13), 1 cun above henggu Pubic Bone (KI-11), 5 fens lateral to zhongji Central Pole (CV-3), and 5 fens lateral to the midline, locate the acupoint on both sides.

**Indications:** Acute pain and distention in the lower abdomen, seminal emissions, induced pain in the genitals, penis pain, leucorrhea with red and white discharge, and redness and pain in the canthus.

### 13. *KI13 Qixue Qi Point* (氣穴) (Figure 57)

**Location:** On the lower abdomen at 3 cun below huangshu Huang Transport (KI-16) and 5 fens lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia—delving deeper will lead to the peritoneum.

**Locating the acupoint:** At 1 cun below siman Fourfold Fullness (KI-14), 2 cun above henggu Pubic Bone (KI-11), 5 fens lateral to guanyuan Pass Head (CV-4), and 5 fens lateral to the midline, locate the acupoint on both sides.

**Indications:** Menstrual disorders, counterflow qi with rushing and attacking in the abdomen, pain in the lateral costal area, lumbar pain, and incessant diarrhea.

### 14. *KI14 Siman Fourfold Fullness* (四滿) (Figure 57)

**Location:** On the lower abdomen at 2 cun below huangshu Huang Transport (KI-16) and 5 fens lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia –delving deeper will lead to the peritoneum.

**Locating the acupoint:** At 1 cun above qixue Qi Point (KI-13), 3 cun above henggu Pubic Bone (KI-11), 5 fens lateral to shimen Stone Gate (CV-5), and 5 fens lateral to the midline, locate the acupoint.

**Indications:** Mounting-conglomeration and accumulations below the navel, seminal emissions, metrorrhagia, menstrual disorders, inability to control urination, lateral costal area pain caused by attacking qi, and redness and pain in the inner canthus.

### 15. *KI15 Zhongzhu Central Flow* (中注) (Figure 57)

**Location:** On the lower abdomen at 1 cun below huangshu Huang Transport (KI-16) and 5 fens lateral to the midline of the abdomen on both sides.

**Acupoint anatomy:** Skin – branches of paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** At 1 cun below huangshu Huang Transport (KI-16), 1 cun above siman Fourfold Fullness (KI-14), 5 fens lateral to yinjiao Yin Intersection (CV-7), and 5 fens lateral to the midline, locate the acupoint.

**Indications:** Heat in the lower abdomen, constipation, dribbling urination, menstrual disorders, pain in the lumbar and abdomen, and redness and pain in the inner canthus.

### 16. *KI16 Huangshu Huang Transport* (育俞) (Figure 57)

**Location:** On the abdomen at 5 fens lateral to the navel on both sides.

**Acupoint anatomy:** Skin – branches of paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves - inferior epigastric artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 2 cun below shangqu Shang Bend (KI-17), and 5 fens lateral to the navel, or

5 fens lateral to shenque Spirit Gate Tower (CV-8).

**Indications:** Distention and fullness in the abdomen, abdominal pain with cold mounting, constipation, and redness and pain in the eyes.

### 17. *KI17 Shangqu Shang Bend* (商曲) (Figure 57)

**Location:** On the upper abdomen, at 1 cun below shiguan Stone Pass (KI-18), 2 cun above huangshu Huang Transport (KI-16), and 5 fens lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia –delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun below shiguan Stone Pass (KI-18), 5 fens lateral to the midline, or 5 fens lateral to xiawan Lower Stomach Duct (CV-10).

**Indications:** Cutting pain in the abdomen, accumulations, poor appetite, and constipation or sloppy diarrhea.

### 18. *KI18 Shiguan Stone Pass* (石關) (Figure 57)

**Location:** On the upper abdomen at 1 cun below yindu Yin Metropolis (KI-19), 3 cun above huangshu Huang Transport (KI-16), and 5 fens lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia –delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun above shangqu Shang Bend (KI-17), 3 cun below youmen Dark Gate (KI-21), and 5 fens lateral to the midline. Alternatively measure 5 fens from the jianli Interior Strengthening (CV-11) acupoint.

**Indications:** Belching, retching, and retching counterflow, cold deficiency of spleen and stomach, non-dispersion of food, infertility in females, dysmenorrhea, inability to defecate, redness and pain of eye.

### 19. *KI19 Yindu Yin Metropolis* (陰都) (Figure 57)

**Location:** At 1 cun below tonggu Open Valley (KI-20) on the upper abdomen, 4 cun above huangshu Huang Transport (KI-16), and 5 fens lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue -lateral cutaneous branches of intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transversus abdominis, transversalis fascia—delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 2 cun below youmen Dark Gate (KI-21), 2 cun above shiguan Stone Pass (KI-18), 5 fens lateral to the midline, or 5 fen lateral to zhongwan Central Stomach Duct (CV-12).

**Indications:** Abdominal distention, abdominal pain, vexation and oppression below the heart, heat and pain under the lateral costal area, and redness and pain in the eyes.

### 20. *KI20 Futonggu Open Valley* (腹通谷) (Figure 57)

**Location:** On the upper abdomen at 1 cun below youmen Dark Gate (KI-21), 5 cun above huangshu Huang Transport (KI-16), and 5 fens lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves - branches of the interior thoracic artery and veins (superior epigastric artery and veins) - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia –delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun below youmen Dark Gate (KI-21), 1 cun above yindu Yin Metropolis (KI-19), and 5 fens lateral to the midline or shangwan Upper Stomach Duct (CV-13).

**Indications:** Deviation of the mouth, to suddenly become dumb with an inability to

speak, the fullness of the chest and pain in the lateral costal area, indigestion, and gastritis.

### 21. *KI21 Youmen Dark Gate* (幽門) (Figure 57)

**Location:** On the upper abdomen, 6 cun above huangshu Huang Transport (KI-16), and 5 fens lateral to juque Great Tower Gate (CV-14) on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of the intercostal nerves and branches of the internal thoracic artery and vein - rectus sheath, rectus abdominis, transversus abdominis, and transversalis fascia - delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun above tonggui Open Valley (KI-20), 5 fens lateral to the midline, or 5 fen lateral to juque Great Tower Gate (CV-14).

**Indications:** Induced pain in the chest; oppression, fullness, and pain below the heart; poor appetite; pain in the stomach; distention and fullness of the lower abdomen; diarrhea with pus and blood, and redness and pain in the eyes.

### 22. *KI22 Bulang Corridor Walk* (步廊) (Figure 58)

**Location:** Between the fifth and sixth ribs on the front of chest at 1 cun and 6 fens below shenfeng Spirit Seal (KI-23) and 2 cun lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – near the medial side of the lower border of the fifth rib - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - intercostal artery, vein, and nerve - pectoralis major and the intercostal muscles.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens below shenfeng Spirit Seal (KI-23), 2 cun lateral to zhongting Center Palace (CV-16), and in the depression inside the fifth intercostal space.

**Indications:** Fullness of the chest and pain in the lateral costal area, vomiting with poor appetite, and intercostal neuralgia.

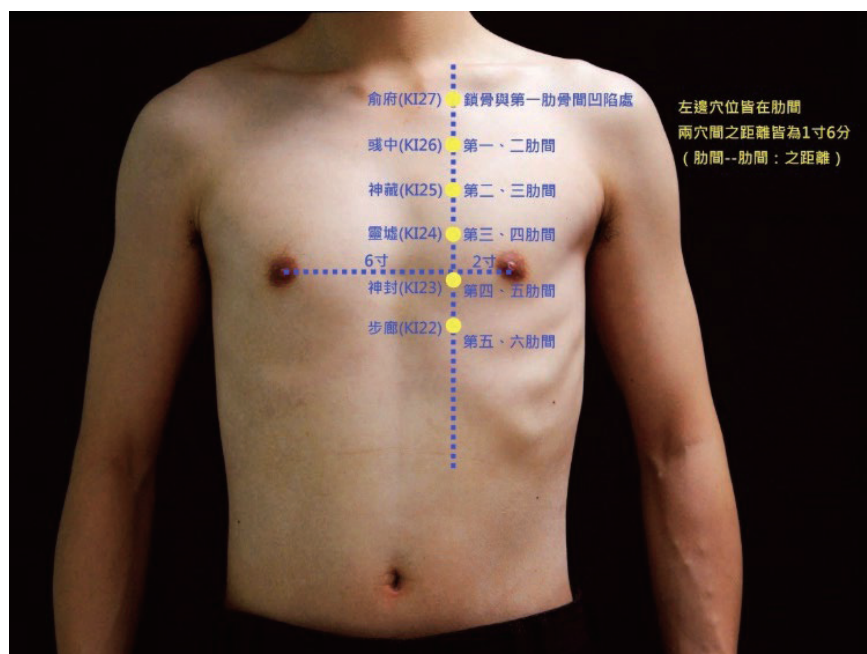
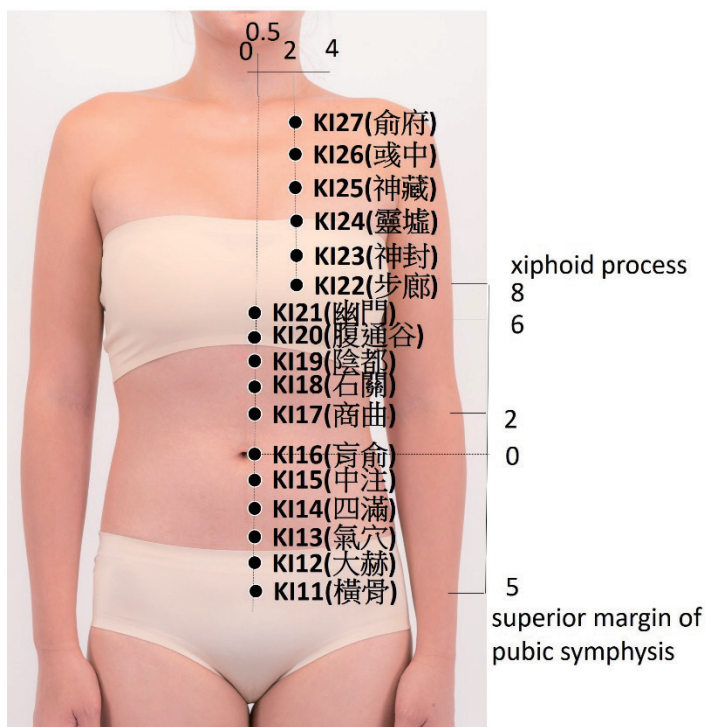


Figure 58

### 23. *KI23 Shenfeng Spirit Seal (神封) (Figure 58)*

**Location:** Between the fourth and fifth ribs on the front of the chest at 1 cun and 6 fens below lingxu Spirit Ruins (KI-24) and 2 cun lateral to the midline of the chest on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – near the medial side of the lower border of the fourth rib - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - intercostal artery, vein, and nerve - pectoralis major and the intercostal muscles.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens above bulong Corridor Walk (KI-22), 1 cun and 6 fens below lingxu Spirit Ruins (KI-24), 2 cun lateral to the midline, and 2 cun lateral to tanzhong Chest Center (CV-17), between the fourth and fifth ribs.

**Indications:** Fullness and pain in the chest and lateral costal area, coughing and counterflow with an inability to catch one's breath, vomiting, poor appetite, and intercostal neuralgia.

### 24. *KI24 Lingxu Spirit Ruins (靈墟) (Figure 58)*

**Location:** Between the third and fourth ribs on the front of the chest, at 1 cun and 6 fens below shencang Spirit Storehouse (KI-25), and 2 cun lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – near the medial side of the lower border of the third rib - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - intercostal artery, vein, and nerve - pectoralis major and the intercostal muscles.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 6 fens below shencang Spirit Storehouse (KI-25), 1 cun and 6 fens above shenfeng Spirit Seal (KI-23), and 2 cun lateral to yutang Jade Hall (CV-18), or 2 cun lateral to the midline between the third and fourth ribs.

**Indications:** Fullness and pain in the chest and diaphragm, incessant coughing and counterflow, vomiting, the fullness of the chest with a poor appetite, and intercostal neuralgia.



## 25. *KI25 Shencang Spirit Storehouse* (神藏) (Figure 58)

**Location:** Between the second and third ribs in the front of the chest, at 1 cun and 6 fens below yuzhong Lively Center (KI-26), and 2 cun lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - near the medial side of the lower border of the second rib - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - intercostal artery, vein, and nerve - pectoralis major and the intercostal muscles.

**Locating the acupoint:** At 1 cun and 6 fens below yuzhong Lively Center (KI-26), 1 cun and 6 fens above lingxu Spirit Ruins (KI-24), locate the acupoint in the depression 2 cun lateral to zhigong Purple Palace (CV-19), or 2 cun lateral to the midline between the second and third ribs.

**Indications:** Fullness in the chest and lateral costal area, coughing and counterflow with an inability to catch one's breath, vomiting, poor appetite, bronchitis, and intercostal neuralgia.

## 26. *KI26 Yuzhong Lively Center* (彘中) (Figure 58)

**Location:** Between the first and second ribs on the front of the chest, at 1 cun and 6 fen below shufu Transport House (KI-27), and 2 cun lateral to the midline on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – near the medial side of the lower border of the first rib - supraclavicular nerve and anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - intercostal artery, vein, and nerve - pectoralis major and the intercostal muscles.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun 6 fen below shufu Transport House (KI-27), 1 cun and 6 fen above shencang Spirit Storehouse (KI-25), 2 cun lateral to huagai Florid Canopy (CV-20), and 1 cun lateral to the midline, between the first and second ribs.

**Indications:** Coughing and counterflow, panting, an inability to eat, distention and fullness in the chest and lateral costal area, bronchitis, and intercostal neuralgia.

## 27. *KI27 Shufu Transport House* (俞府) (Figure 58)

**Location:** Between the clavicle and the first rib in the front of the chest and 2 cun

lateral to xuanji Jade Swivel (CV-21) (at the midline of the chest) on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue – near the medial side, between the clavicle and the first rib - supraclavicular nerve - perforating branch of the internal thoracic vein - internal thoracic artery and vein – contains the internal jugular vein and brachiocephalic artery - pectoralis major - further insertion may cause damage to the lungs.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint in the depression below the clavicle at 2 cun lateral to xuanji Jade Swivel (CV-21), and 2 cun lateral to the midline.

**Indications:** Coughing and counterflow with qi ascent, vomiting with no ingestion of food, and pain in the chest.

## Section 9. Acupoints on the Jueyin Pericardium Meridian Channel of the Hand pericardium meridian (PC)

The jueyin Pericardium meridian channel of the hand (PC) contains 9 acupoints on one side, for a total of 18 acupoints on both sides. On one side, 8 of the acupoints are located on the midline of the palmar side of the upper limbs, and 1 acupoint is located on the upper aspect of the anterior chest. The first acupoint is tianchi Celestial Pool (PC-1) (天池), and the last acupoint is zhongchong Central Hub (PC-9) (中衝). The main indications are illnesses in the chest, heart, and circulatory systems, nervous system illnesses, as well as illnesses in the areas along the channel course.

### Contemporary Chart 9. The Jueyin Pericardium Meridian Channel of the Hand pericardium meridian (PC)

#### 1. *PC1 Tianchi Celestial Pool* (天池) (Figure 59)

**Location:** At 3 cun below the armpit, between the fourth and fifth ribs, and 1 cun lateral to the nipple.

**Acupoint anatomy:** Skin - subcutaneous tissue - mammary tissues – lymphatic tissues - lateral cutaneous branches of the intercostal artery and nerve - pectoralis major and pectoralis minor - internal thoracic nerve, long thoracic nerve, and lateral thoracic artery.

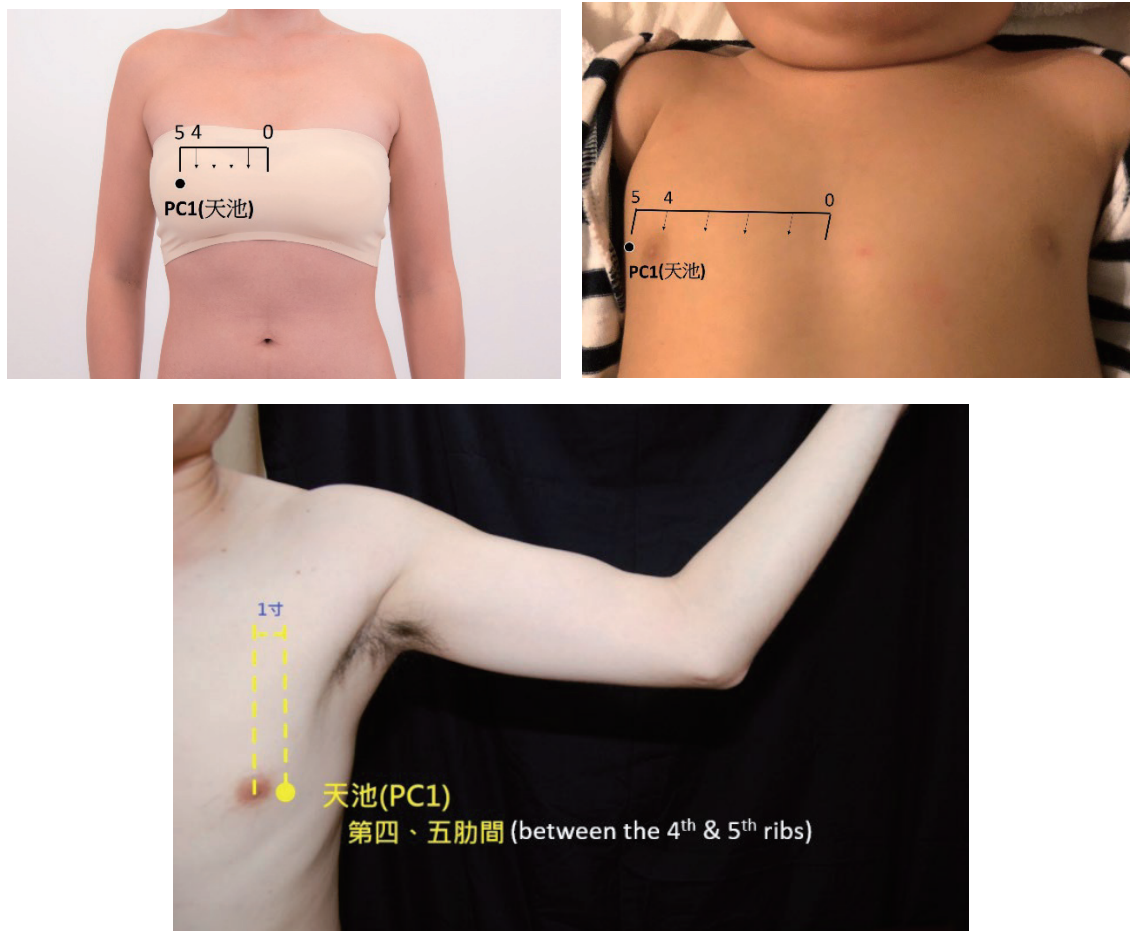


Figure 59

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 1 cun lateral to the nipple and 3 cun inferior to the axillary crease (underarm crease), in the depression between the fourth and fifth ribs.

**Indications:** Febrile diseases without sweating, headaches, vexation and fullness in the chest, pain in the lateral costal area, and axillary swelling.

## 2. PC2 Tianquan Celestial Spring (天泉) (Figure 60)

**Location:** On the medial side of the upper arm, 2 cun below the armpit (axillary crease) on the arm axillary fold (曲腋).

**Acupoint anatomy:** Skin - subcutaneous tissue - medial antebrachial cutaneous

nerve and the intercostobrachial nerve – branch of the cephalic vein – biceps brachii, coracobrachialis, and brachialis – musculocutaneous nerves and branches of the brachial artery.

**Locating the acupoint:** Raise the patient’s arm to locate the acupoint. From the end of the axillary crease axillary fold, measure 2 cun from the armpit down the inner side of the arm. Palpate to identify the two muscles; the acupoint is located between them.

**Indications:** Heart pain; fullness and pain in the chest and lateral costal area; pain in the shoulder blades, arms, back, and chest; and coughing and counterflow.

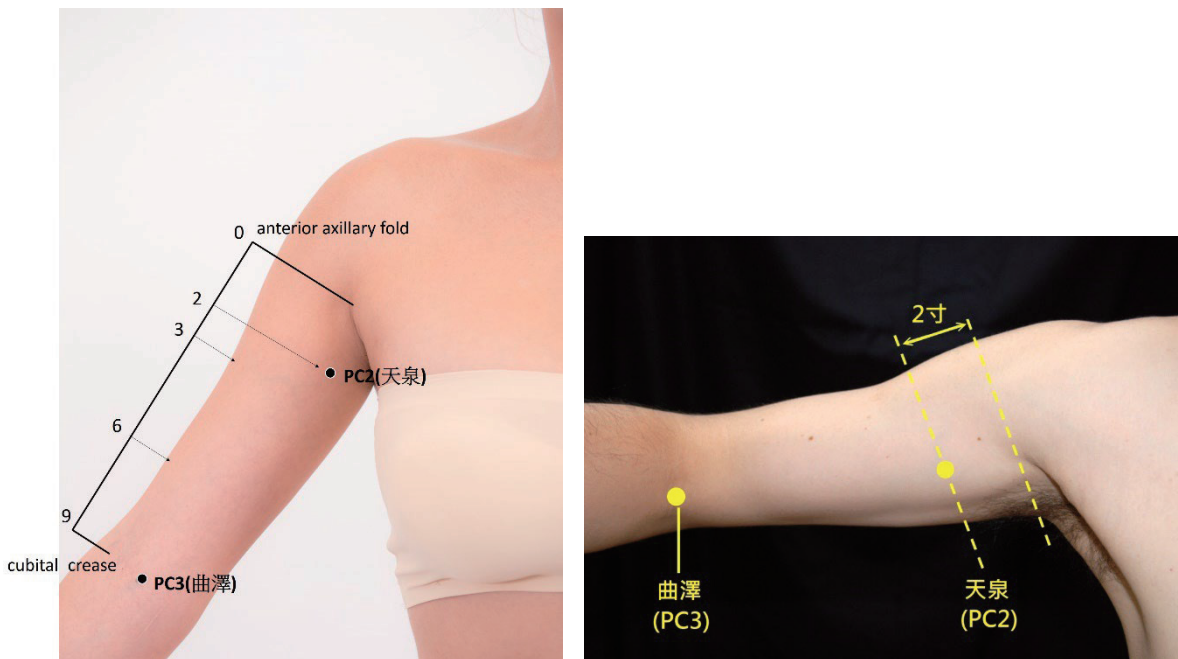


Figure 60

### 3. *PC3 Quze Marsh at the Bend* (曲澤) (Figure 60)

**Location:** In the elbow, at the midpoint of the transverse cubital crease, and between acupoints qize Marsh at the Bend (PC-3) and shaohai Lesser Sea (HT-3), or at the ulnar border of the tendon of the biceps brachialis, where the brachial artery pulse can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue – anterior and posterior branches of the medial antebrachial cutaneous nerve – branches of the brachial vein - pronator teres

and brachialis – brachial artery, median nerve, and – elbow-joint branch of the musculocutaneous nerve.

**Locating the acupoint:** With the patient's elbow slightly bent, palpate the area to locate the acupoint in the depression above the cubital crease, between where the humerus and the radius meet. An artery can be palpated when pressed. The patient should experience soreness and distention when significant pressure is applied. The acupoint is located between chize Cubit Marsh (LU-5) and the shaohai Lesser Sea (HT-3).

**Indications:** Heat in the body, vexation and thirst, epigastric pain, vomiting, diarrhea, tremors in the arms and elbows, and pulling pain with an inability to extend.

#### 4. *PC4 Ximen Cleft Gate* (郄門) (Figure 61)

**Location:** Behind the palm, at 5 cun above the wrist, and in the depression between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue – anterior and posterior branches of the medial antebrachial cutaneous nerve, lateral antebrachial cutaneous nerve, and palmar branch of the median nerve - median antebrachial vein – between the flexor carpi radialis and palmaris longus - flexor digitorum superficialis and flexor digitorum profundus - anterior interosseous artery and nerve and the median nerve.

**Locating the acupoint:** With the patient's palms facing upward, locate the acupoint at 5 cun above the center of the transverse crease of the wrist, between the radius, ulna, and two muscles. Instruct the patient to make a fist to show the depression between two muscles next to the wrist. Follow the groove upward with a finger to locate the acupoint easily.

**Indications:** Pain in the chest or heart, vomiting of blood, sniveling and nosebleeds, vexation and heat in the five hearts (center of the palms, soles of the feet, and chest), and fear and fright.

#### 5. *PC5 Jianshi Intermediary Courier* (間使) (Figure 61)

**Location:** Above the palm, at 3 cun above the wrist, and in the depression between two muscles.

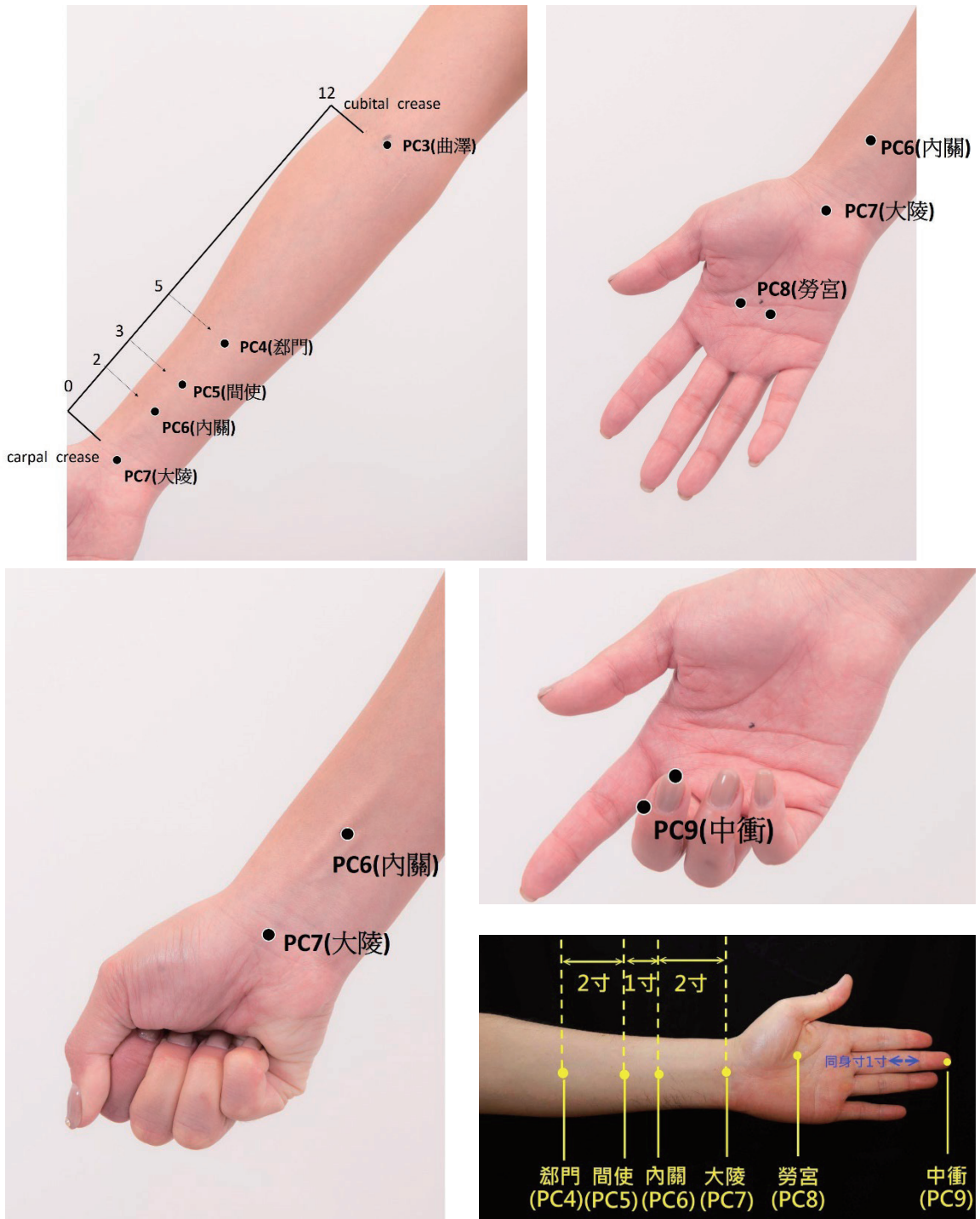


Figure 61

**Acupoint anatomy:** Skin - subcutaneous tissue - medial antebrachial cutaneous nerve, lateral antebrachial cutaneous nerve, and palmar branch of the median nerve - median antebrachial vein – between the flexor carpi radialis and palmaris longus - flexor digitorum superficialis and the tendon of the flexor digitorum profundus - anterior interosseous artery and nerve and the median nerve.

**Locating the acupoint:** At 3 cun above daling Great Mound (PC-7) (大陵), 1 cun above neiguan Inner Pass (PC-6) (內關), and 2 cun below Ximen Cleft Gate (PC-4). Measure 3 cun upward from the center of the transverse crease of the wrist to locate the acupoint between the radius, ulnar, and two muscles, and opposite zhigou Branch Ditch (TE-6) (支溝) on the outside of the arm. The patient should experience extreme soreness and distention when the acupoint is pressed.

**Indications:** Sudden heart pain, tendency to fright, axillary swelling and spasms of the elbows, wind stroke with qi blockage, sudden mania, dry retching, menstrual disorders, and fright reversal (convulsions) among children.

## 6. PC6 Neiguan Inner Pass (內關) (Figure 61)

**Location:** Below the palm, 2 cun above the wrist, and between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial antebrachial cutaneous nerve, lateral antebrachial cutaneous nerve, and palmar branch of the median nerve - median antebrachial vein - between the flexor carpi radialis and palmaris longus - flexor digitorum superficialis and the tendon of the flexor digitorum profundus - median nerve.

**Locating the acupoint:** Measure 2 cun upward from the middle of the transverse crease of the wrist, between the ulna, the radius, and two muscles, locate the acupoint opposite waiguan Outer Pass (TE-5) (外關). The patient should experience extreme soreness and distention when this acupoint is pressed. To locate the acupoint easily, instruct the patient to curl their hand into a fist to reveal the depression between the muscles.

**Indications:** Insomnia; dizziness; fearful throbbing; axillary swelling; elbow spasms; angina pectoris; fullness, distention, and pain in the chest, vomiting, and morning sickness or malign obstruction.

## 7. *PC7 Daling Great Mound (大陵) (Figure 61)*

**Location:** Below the palm, at the middle of the transverse crease of the wrist joint, where two muscles and two bones form a depression.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial antebrachial cutaneous nerve, lateral antebrachial cutaneous nerve, and palmar branch of the median nerve - median antebrachial vein - palmar carpal branches of the radial artery and ulnar artery - between the flexor carpi radialis and palmaris longus - palmar carpal ligament - pronator quadratus and the tendon of the flexor digitorum profundus - median nerve.

**Locating the acupoint:** With the patient's palm upturned, in the center of the transverse crease of the wrist on the palmar side below the palm, locate the acupoint at the intersection between the line from the middle finger and from the wrist crease, below the space between two bones, and in the depression of the starting point of the space between two muscles. If firm pressure is applied to the acupoint or it is pinched, extending the palm backwards almost always causes the patient to experience soreness and distention.

**Indications:** Heat in the body, headaches, shortness of breath, pain in the chest and lateral costal area, spasms and pain in the elbows and arms, redness and pain in the eyes, psychasthenia, and halitosis.

## 8. *PC8 Laogong Palace of Toil (勞宮) (Figure 61)*

**Location:** At the center of the palm, on the artery between the third and fourth metacarpal bones.

**Acupoint anatomy:** Skin - subcutaneous tissue - palmar branch of the median nerve, branches of palmar vein - palmar aponeurosis - superficial and deep palmar arterial arch - the median nerve - adductor pollicis and the lumbrical muscles.

**Locating the acupoint:** Instruct the patient to curl their hand into a fist. Locate the acupoint between the tips of the middle finger and the ring finger, along the palmar crease between the third and fourth metacarpal bones. The patient should experience a unique soreness and distention when pressure is applied to this acupoint.

**Indications:** Wind stroke, stupor, heart pain, mania and withdrawal, visceral agitation, pain in the chest and lateral costal area, epigastric pain, and oral sores (canker



sores) and rotting gums.

### 9. *PC9 Zhongchong Central Hub* (中衝) (Figure 61)

**Location:** At the tip of the middle finger, in the depression a short distance from the corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue - proper palmar digital branch of the median nerve and proper palmar digital arteries.

**Locating the acupoint:** On the tip of the middle finger, locate the acupoint at slightly more than 1 fen medial to the nail.

**Indications:** Wind stroke with loss of consciousness, summerheat stroke, loss of consciousness, febrile diseases without sweating, headache with heat in the body, tongue stiffness and pain, and epigastric pain.

## Section 10. Acupoints on the Shaoyang Triple Energizer Meridian Channel of the Hand

The shaoyang triple energizer meridian channel of the hand (TE) contains 23 acupoints on one side, which totals 46 acupoints for both sides. Of the acupoints, 13 are located on the midline of the dorsal side of the upper limbs, and 10 are located on the neck and side of the head. The first acupoint is guanchong Passage Hub (TE-1) (關衝), and the last acupoint is sizhukong Silk Bamboo Hole (TE-23) (絲竹空). The main indications are illnesses of the chest, heart, lungs, and throat; febrile illnesses; illnesses on the side of the head, illnesses of the eyes and ears, and in the areas along with the channel courses.

### Contemporary Chart 10. The Shaoyang Triple Energizer Meridian Channel of the Hand

#### 1. *TE1 Guanchong Passage Hub* (關衝) (Figure 62)

**Location:** On the ulnar side of the ring finger, at a short distance from the corner of the nail.

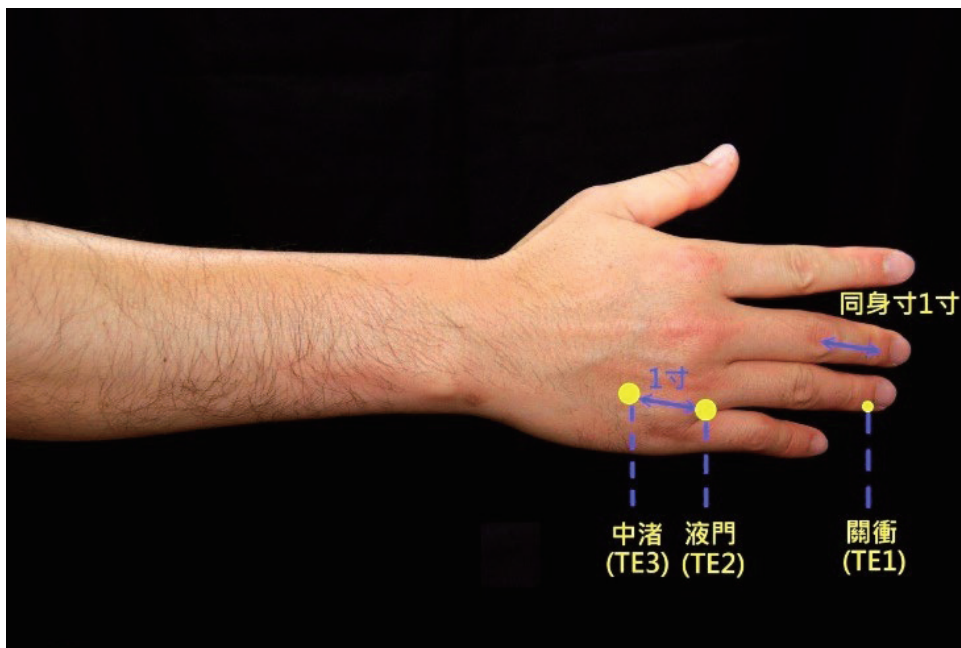
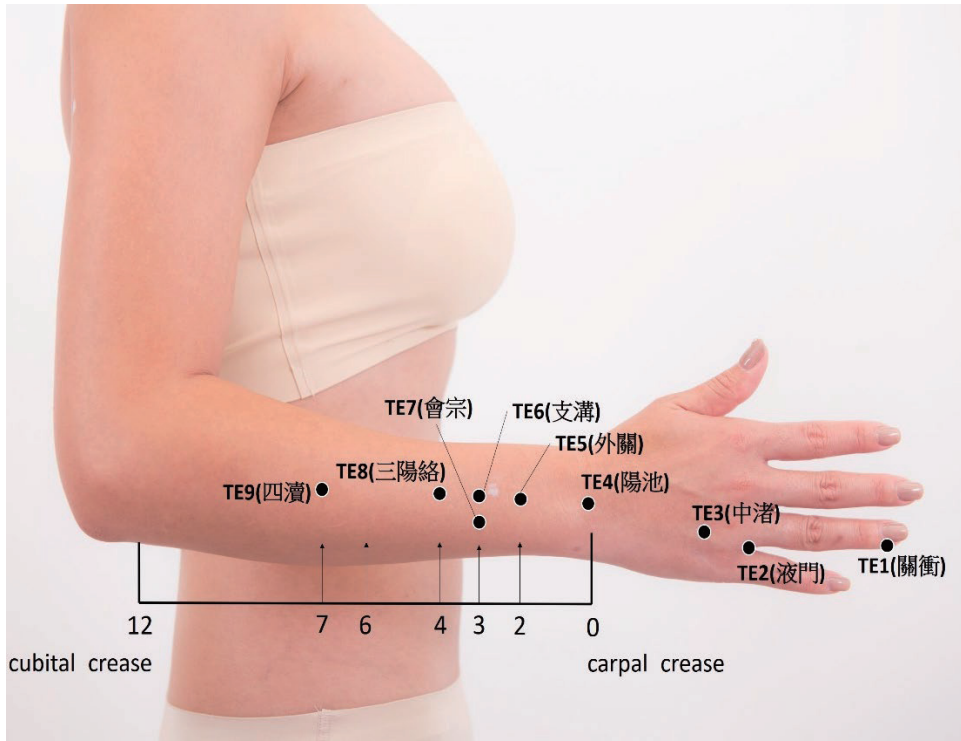


Figure 62

**Acupoint anatomy:** Skin - subcutaneous tissue – the dorsal digital nerve and vein - dorsal branches of the proper palmar digital branches of the ulnar nerve and proper palmar digital arteries - fourth distal phalanx (distal phalanx of the ring finger).

**Locating the acupoint:** On the ulnar tip of the ring finger, locate the acupoint at slightly more than 1 fen from the corner of the nail.

**Indications:** Headaches, inflammation of the throat, dry mouth, fever, cloudy vision (nebulous eye screen), pain in the elbows and forearms with an inability to raise these areas, and summerheat stroke.

## 2. *TE2 Yemen Humor Gate (液門) (Figure 62)*

**Location:** Slightly in front of the space between the fourth and fifth metacarpophalangeal joints on the dorsal portion of the hand, in the depression along the crevice between the fingers.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein – dorsal digital branches of the dorsal branch of the ulnar nerve and the dorsal digital artery - dorsal interosseous muscles.

**Locating the acupoint:** With the patient's palm facing downward and their fingers spread apart, locate the acupoint in the space between their little finger and ring finger. Applying pressure to the space between the little finger and ring finger, in the direction of the ring finger, induces strong sensations of soreness and distention in the patient. When the patient clenches their hand into a fist, the distention becomes extreme. The acupoint is located in the depression in front of the base segment of the ring finger.

**Indications:** Redness and swelling of the back of the hand, spasms and tension of the five fingers, weakness of the wrist, fright palpitations with raving, headaches and dizzy vision, sudden deafness, toothaches, and swelling of the throat.

## 3. *TE3 Zhongzhu Central Islet (中渚) (Figure 62)*

**Location:** In the depression behind the base joint of the ring finger, at 1 cun above yemen Humor Gate (TE-2).

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal metacarpal artery - dorsal branch of the ulnar nerve - dorsal interosseous muscles.

**Locating the acupoint:** Instruct the patient to close their hand into a fist. Locate the acupoint in the depression in the center of the space between the fourth and fifth metacarpal bones, 1 cun above yemen Humor Gate (TE-2). Extend the patient's palm and apply and maintain pressure on the acupoint. When pressure is applied, the patient should experience soreness and distention if they close and open their hand.

**Indications:** Febrile disease without sweating, pain in and difficulty bending extending the arms and fingers, headaches and dizzy vision, tinnitus, deafness, cloudy vision (nebulous eye screen), and swelling of the throat.

#### 4. *TE4 Yangchi Yang Pool* (陽池) (Figure 63)

**Location:** On the dorsal side of the wrist joint, between the wrist bone and the arm bone, and in the depression along the transverse crease.

**Acupoint anatomy:** Skin - subcutaneous tissue - brachial vein - dorsal carpal arch - dorsal branch of the ulnar nerve and posterior antebrachial cutaneous nerve of the radial nerve - tendons of the extensor digitorum, extensor digiti minimi, and extensor indicis – Carpal bones.

**Locating the acupoint:** With the patient's palm facing down, locate the depression in the transverse crease at the upper end of the fourth metacarpal bone, in the center of the dorsal wrist joint. The ring finger should be above and the head of the ulna below. When the patient's palm faces upwards, an obvious depression appears, revealing the location of the acupoint. The patient should experience distention and pain when this acupoint is squeezed or pressure from side to side is applied.

**Indications:** Spasms and paralysis of the muscles in the forearm; pain, weakness, and difficulty bending and extending the wrist; common colds; rheumatism; and arthritis.

#### 5. *TE5 Waiguan Outer Pass* (外關) (Figure 63)

**Location:** At 2 cun above the wrist joint on the dorsal side, between the ulna and the radius, and opposite neiguan Inner Pass (PC-6).

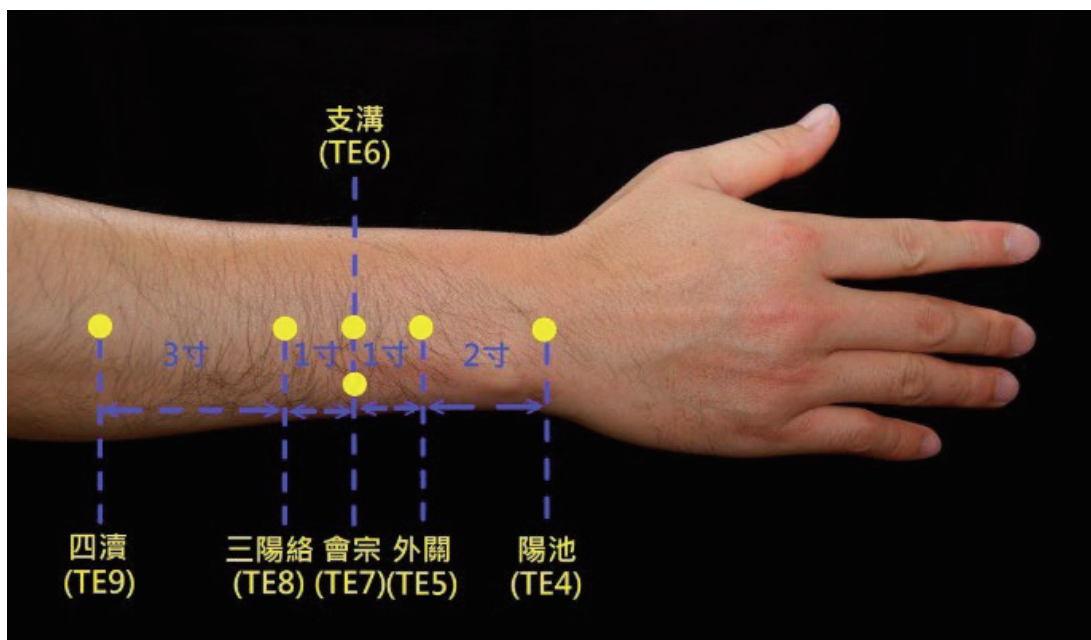
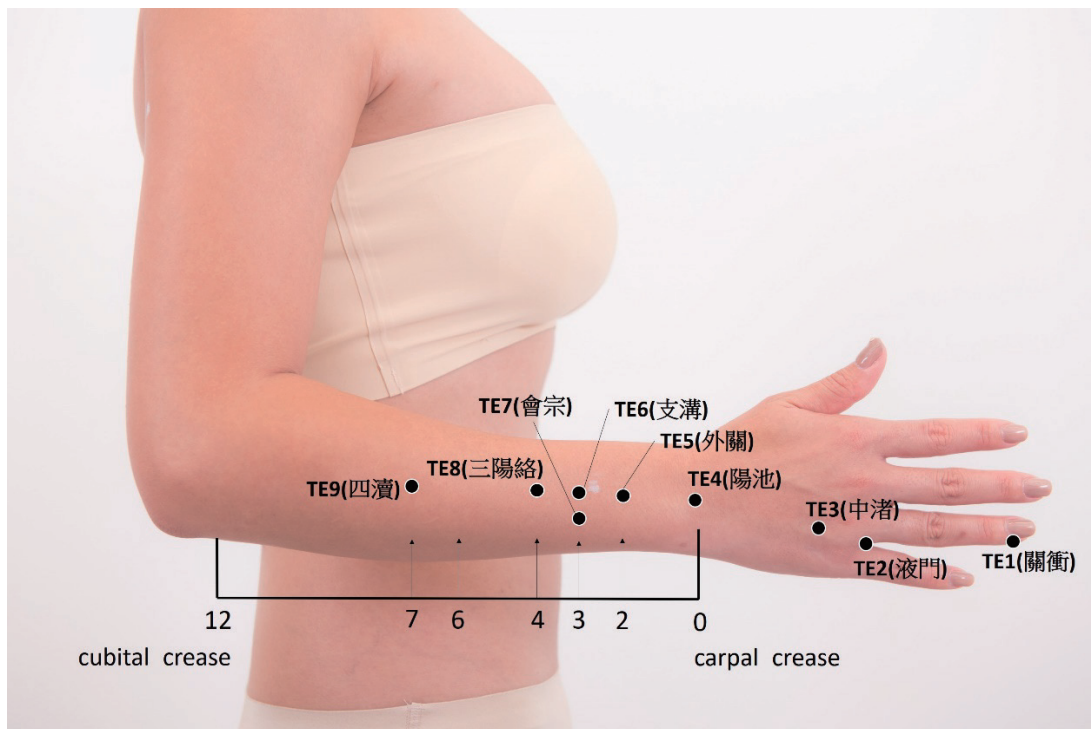


Figure 63

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and posterior branch of the medial antebrachial cutaneous nerve - branch of the radial nerve, posterior interosseous artery, and posterior interosseous nerve - extensor digiti minimi, extensor digitorum, and extensor indicis - between the ulna and radius.

**Locating the acupoint:** With the patient's palms facing down, measure 2 cun up from yangchi Yang Pool (TE-4) and 1 cun below zhigou Branch Ditch (TE-6), between the ulna and radius. Locate the acupoint slightly to the radial side, opposite neiguan Inner Pass (PC-6).

**Indications:** Common colds, fevers, headaches, difficulty bending and extending the forearms and elbows, pain in all five fingers with an inability to grasp objects, bi-syndrome in the upper limbs, deafness, and pain in the chest and lateral costal area.

## 6. *TE6 Zhigou Branch Ditch (支溝) (Figure 63)*

**Location:** At 3 cun above the wrist joint on the dorsal side, between the ulna and radius.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and a posterior branch of the medial antebrachial cutaneous nerve - branch of the radial nerve, posterior interosseous artery, the posterior interosseous nerve - extensor digiti minimi, extensor digitorum, and extensor pollicis longus - between the ulna and radius.

**Locating the acupoint:** At 3 cun above yangchi Yang Pool (TE-4), 1 cun above waiguan Outer Pass (TE-5), locate the acupoint between two bones, and opposite jianshi.

**Indications:** Febrile diseases without sweating; soreness, heaviness, and pain in the shoulders and arms; bi-syndrome or paralysis of the upper limbs, pain in the lateral costal area, vomiting, constipation, and edema in the limbs.

## 7. *TE7 Huizong Convergence and Gathering (會宗) (Figure 63)*

**Location:** At 3 cun above the wrist joint on the dorsal side, in the space 1 cun from zhigou Branch Ditch (TE-6).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein,

posterior antebrachial cutaneous nerve, and posterior branch of the medial antebrachial cutaneous nerve - branch of the radial nerve, posterior interosseous artery, and posterior interosseous nerve - extensor digiti minimi, extensor digitorum, and extensor pollicis longus - between the ulna and radius.

**Locating the acupoint:** At 3 cun above yangchi Yang Pool (TE-4), measure 1 cun lateral from zhigou Branch Ditch (TE-6), close to the outer border of the ulna, and directly above the little finger. Palpate the area to locate the acupoint in a slight vertical crevice.

**Indications:** Deafness, heat in the skin and flesh, epilepsy.

### 8. *TE8 Sanyangluo Three Yang Connection* (三陽絡) (Figure 63)

**Location:** On the dorsal side of the wrist joint, 1 cun above zhigou Branch Ditch (TE-6).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and posterior branch of the medial antebrachial cutaneous nerve - branch of the radial nerve, posterior interosseous artery, and posterior interosseous nerve - extensor digiti minimi, extensor digitorum, and extensor pollicis longus – between the ulna and radius.

**Locating the acupoint:** At 4 cun above yangchi Yang Pool (TE-4), between the radius and ulna, locate the acupoint 2 cun below sidu Four Rivers (TE-9) (四瀆).

**Indications:** Soreness, pain, and an inability to raise the forearms and elbows, drowsiness, no desire to move the body, sudden deafness, and sudden loss of voice with an inability to speak.

### 9. *TE9 Sidu Four Rivers* (四瀆) (Figure 63)

**Location:** On the dorsal side of the forearm, at 5 cun below the tip of the elbow Tip (LI-12) (肘尖), and in the depression along the outer border of the boneouter face (外廉).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and posterior branch of the medial antebrachial cutaneous nerve - branch of the radial nerve, a posterior interosseous artery, and posterior interosseous nerve - extensor digiti minimi, extensor digitorum, and abductor pollicis longus - between the ulna and radius.

**Locating the acupoint:** Between yangchi Yang Pool (TE-4) and the tip of the elbow (LI-12), locate the acupoint above the outer border outer face of the ulna, in a vertical line with huizong Convergence and Gathering (TE-7).

**Indications:** Deafness, tinnitus, toothaches, and pain in the forearms or elbow joints.

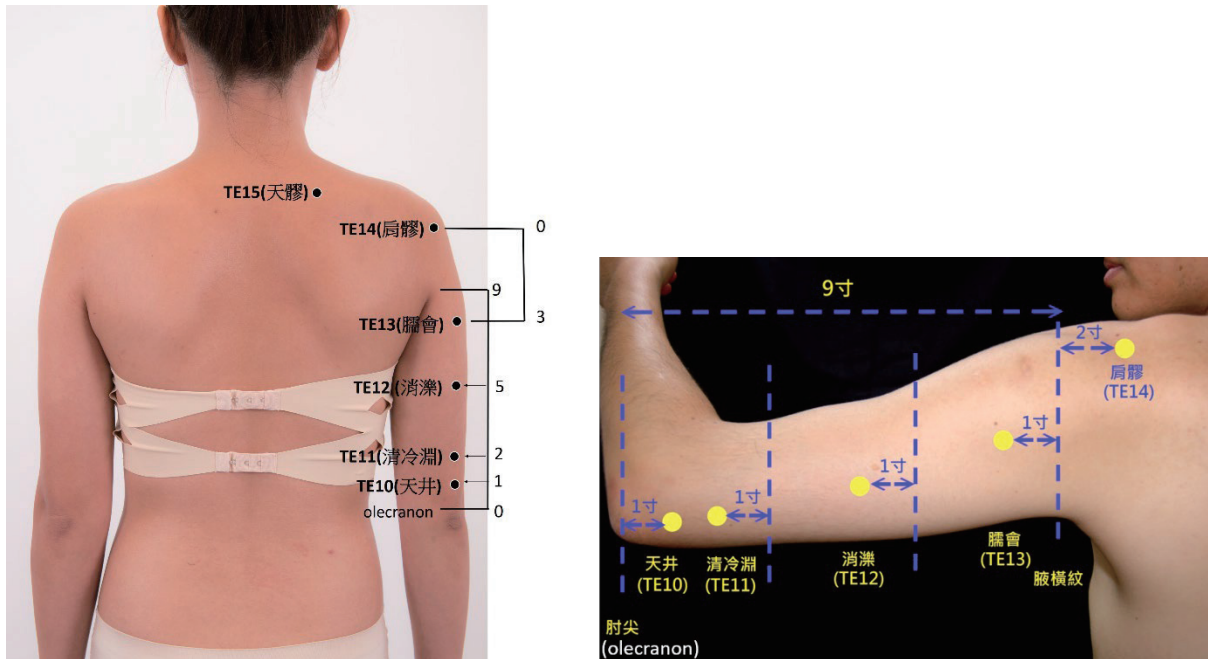


Figure 64

## 10. TE10 Tianjing Celestial Well (天井) (Figure 64)

**Location:** On the dorsal side of the elbow joint, 1 cun above the tip of the elbow Tip (LI-12), and between two muscles and in the crevice created by a bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and the medial antebrachial cutaneous nerve - tendon of the triceps brachii - branches of the radial and ulnar nerves - middle collateral artery and arteries of the elbow.

**Locating the acupoint:** With the patient's elbow curved, locate the acupoint in the depression 1 cun above the tip of the elbow (LI-12). The depression fills if the patient's fingers are clenched as pressure is applied to the acupoint. When the patient releases their fingers, the depression reappears. Applying pressure to the acupoint when the elbow is



extended generates sensations of soreness between the two muscles. When the elbow is flat and extended, the point uniting point (合穴) is located at the transverse crease because it does not go beyond the elbow. When needling, the patient should be instructed to rest their hand on their knee before the needle is inserted.

**Indications:** Redness and swelling in the outer canthus; pain in the head, neck, shoulders, and back; tinnitus and deafness; pain in the elbows and upper arms, epilepsy, various types of scrofula, and sores and swelling.

### 11. *TE11 Qinglengyuan Clear Cold Abyss* (清冷淵) (Figure 64)

**Location:** On the dorsal side of the elbow joint, at 2 cun above the tip of the elbow (LI-12).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior antebrachial cutaneous nerve, and medial antebrachial cutaneous nerve - tendon of the triceps brachii - branches of the radial and ulnar nerves - middle collateral artery and profunda brachii artery.

**Locating the acupoint:** With the patient's elbow extended and arm raised, locate the acupoint at 1 cun above tianjing Celestial Well (TE-10) and 2 cun above the elbow.

**Indications:** Pain and difficulty bending and extending the shoulders, back, elbows, and arms; ocular pain, and pain in the lateral costal area.

### 12. *TE12 Xiaoluo Dispersing Riverbed* (消灑) (Figure 64)

**Location:** In the center of the outside of the upper arm, between qinglengyuan Clear Cold Abyss (TE-11) and naohui Upper Arm Convergence (TE-13) (臑會).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the cephalic vein, posterior brachial cutaneous nerve, and medial brachial cutaneous nerve - triceps brachii - middle collateral artery, branch of the radial nerve, and profunda brachii artery.

**Locating the acupoint:** With the patient sitting upright, draw a line from jianliao Shoulder Bone-Hole (TE-14) (肩髃) to tianjing Celestial Well (TE-10). Locate the acupoint at 3 cun above qinglengyuan Clear Cold Abyss (TE-11).

**Indications:** Stiffness, pain, and swelling of the nape and neck, chills and fever with headaches, and dizzy head.

### 13. *TE13 Naohui Upper Arm Convergence* (臑會) (Figure 64)

**Location:** Behind the upper arm, on the back edge of the deltoid, and 3 cun above xiaoluo Dispersing Riverbed (TE-12).

**Acupoint anatomy:** Skin - subcutaneous tissue - posterior brachial cutaneous nerve and medial brachial cutaneous nerve - triceps brachii and the posterior border of the deltoid - branch of the profunda brachii artery.

**Locating the acupoint:** With the patient sitting upright, on the outer arm, measure 3 cun from jianliao Shoulder Bone-Hole (TE-14), above tianjing Celestial Well (TE-10) in the back third of the upper arm, and along the posterior border of the deltoid. Raise the patient's arm outward diagonally, with their forearm facing forward to cause the deltoid to bulge. The acupoint is located in the depression between the deltoid and the bulging lateral head of the triceps brachii.

**Indications:** Goiter and qi tumors in the nape of the neck; scrofula and pain in the scapula, shoulders, and arms.

### 14. *TE14 Jianliao Shoulder Bone-Hole* (肩髃) (Figure 64)

**Location:** At the joints of the scapula and humerus, in the depression along the inferior border of the posterior edge of the shoulder tip's lateral side.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial branch of the posterior circumflex humeral vein, lateral supraclavicular nerve, posterior circumflex humeral artery, and branches of axillary nerves - deltoid and infraspinatus - infraspinous branch of the suprascapular artery and the suprascapular nerve – the scapula.

**Locating the acupoint:** With the patient sitting upright, above naohui Upper Arm Convergence (TE-13), locate the acupoint more than 1 cun behind jianyu Shoulder Bone (LI-15) (肩髃), and slightly posterior to the lateral side of the shoulder tip. Raise the patient's arm diagonally to locate the acupoint in the depression. Three acupoints are located around the shoulder joint: jianyu Shoulder Bone (LI-15) is in front, naoshu Upper Arm Transport (SI-10) (臑俞) is behind, and this point, jianliao Shoulder Bone-Hole (TE-14), is on the lateral side of the middle.

**Indications:** Pain in the shoulders and arms with an inability to raise these parts, wind stroke with hemiplegia, and shoulder arthritis.

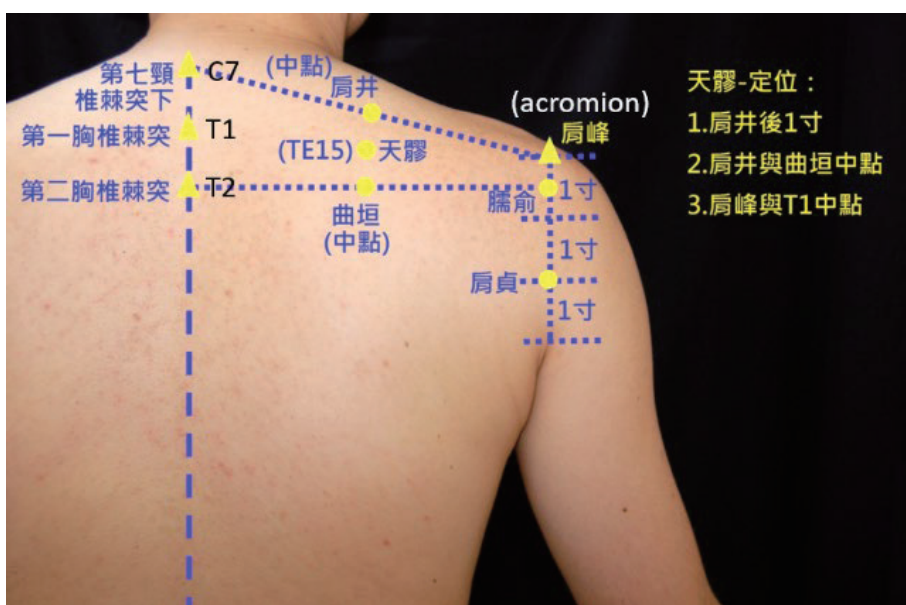


Figure 65

**15. TE15 Tianliao Celestial Bone-Hole (天膠) (Figure 65)**

**Location:** On the superior part of the scapula, above quepen Empty Basin (ST-12) (缺盆), at 1 cun behind and below jianjing Shoulder Well (GB-21) (肩井), where the flesh

rises when pressed.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral supraclavicular nerve and accessory nerve – trapezius and supraspinatus - suprascapular artery, suprascapular nerve, and transverse cervical artery.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint at the midpoint between the spine and the shoulder tip on the superior part of the scapula, 1 cun in front and above quyuan Crooked Wall (SI-13) (曲垣), and 1 cun behind and below jianjing Shoulder Well (GB-21). Depression is located immediately above it. Locate the acupoint on the highest point of the muscle or where the muscle begins.

**Indications:** Soreness and pain in the shoulders and back, induced pain in the arms and elbows with an inability to raise these areas, stiffness of the nape and neck, vexation and oppression in the chest, and pain in the quepen area.

## 16. *TE16 Tianyou Celestial Window* (天牖) (Figure 66)

**Location:** Along the lateral border of the large muscle in the neck, above quepen Empty Basin (ST-12), before tianzhu Celestial Pillar (BL-10) (天柱), behind tianrong Celestial Countenance (SI-17) (天容), below wangu Completion Bone (GB-12) (完骨), and above the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - cervical plexus (lesser occipital nerve and the great auricular nerve) - sternocleidomastoid muscle and splenius capitis-occipital artery, occipital vein, and accessory nerve.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint between two acupoints, that is, before tianzhu Celestial Pillar (BL-10) and behind tianrong Celestial Countenance (SI-17). The acupoint is above the hairline, behind and below wangu Completion Bone (GB-12) (below the ear), along the posterior border of the large muscle in the neck.

**Indications:** Pain in the shoulders, back, and arms; stiffness in the neck and nape with an inability to turn the head and look behind; head wind; and facial swelling.

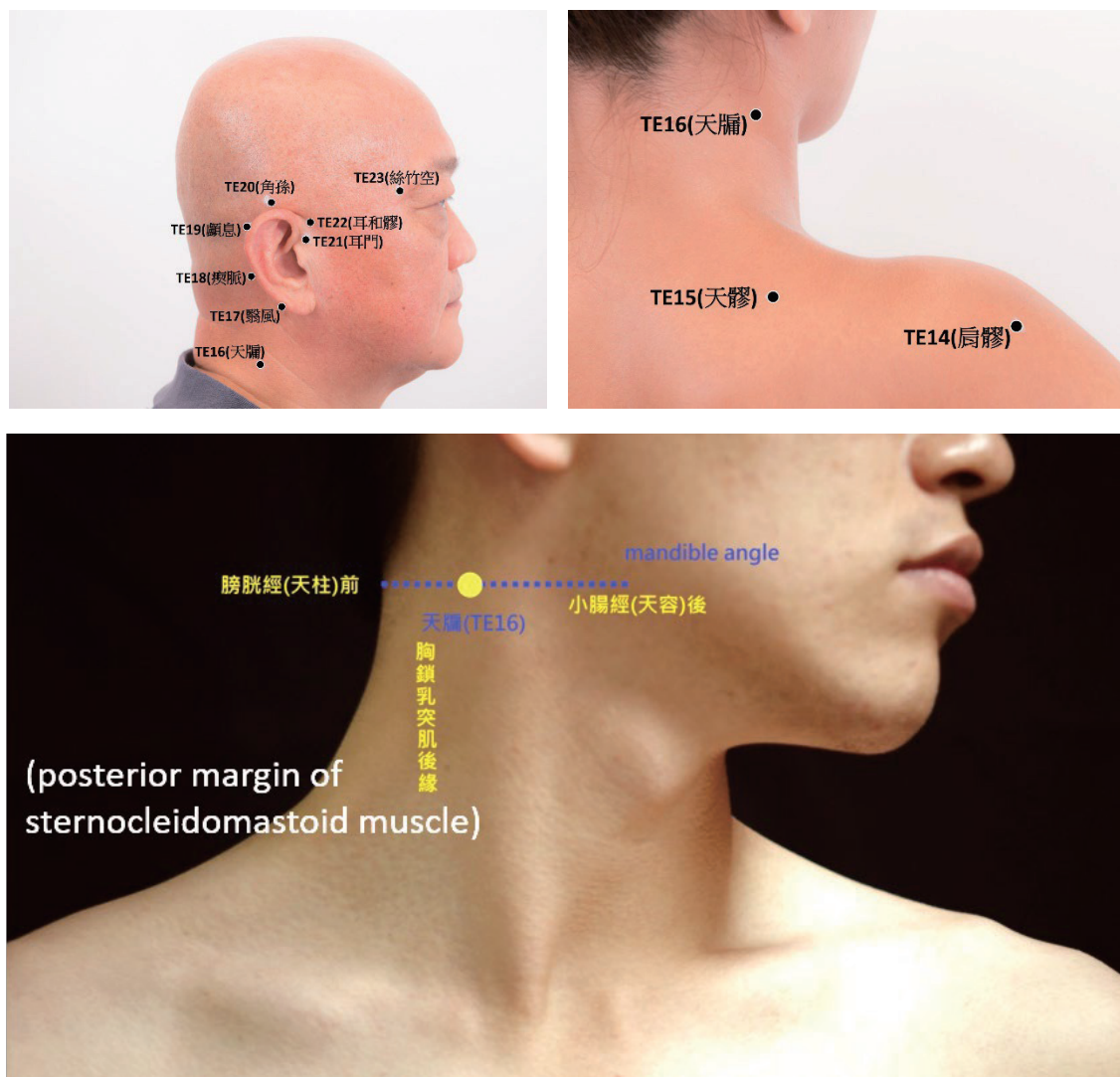


Figure 66

### 17. TE17 *Yifeng* Wind Screen (翳風) (Figure 67)

**Location:** Posterior and inferior to the root of the ear, in the depression at the sharp corner of the jaw (mandibular angle).

**Acupoint anatomy:** Skin - subcutaneous tissue - parotid gland - branches from the cervical nerve (great auricular nerve and lesser occipital nerve) - posterior auricular artery and posterior auricular vein - anterior border of the sternocleidomastoid muscle and

posterior belly of the digastric muscle - posterior auricular nerve and trunk of the facial nerve.

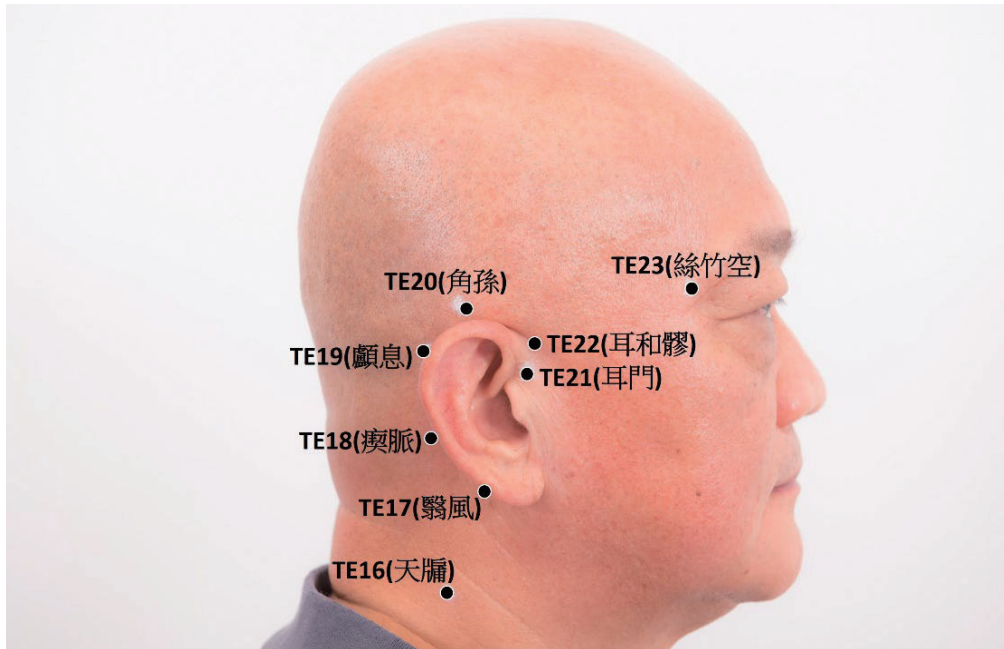


Figure 67

**Locating the acupoint:** With the patient sitting upright, press their earlobes flat against their face. Then locate the acupoint behind and below the root of the ear wing in the depression formed when the mouth is open. When pressure is applied to this acupoint, the patient should experience induced pain in the ear.

**Indications:** Deafness, deviations of the mouth and eyes, lockjaw, swelling of the cheeks, pain in the lower jaw, facial nerve palsy, and trigeminal neuralgia.

### 18. TE18 Chimai Tugging Vessel (瘰脈) (Figure 67)

**Location:** Posterior to the ear, in a central depression on the mastoid process, where a blue vein forms the shape of a chicken's foot.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis posterior - branches of the cervical nerve (great auricular nerve and lesser occipital nerve) - posterior auricular artery and posterior auricular vein - posterior auricular nerve.

**Locating the acupoint:** At 1 cun above yifeng Wind Screen (TE-17), near the bone ridge along the root of the ear, and on the line from yifeng Wind Screen (TE-17) to jiaosun Angle Vertex (TE-20) along the hairline, locate the acupoint at 1/3 of the distance to yifeng Wind Screen (TE-17). The bone behind the ear has a depression, which should generate significant soreness and distention when pressure is applied.

**Indications:** Headaches, tinnitus, fright epilepsy among children, tugging and slackening, vomiting, and diarrhea.

### 19. TE19 Luxi Skull Rest (顛息) (Figure 67)

**Location:** Posterior to the ear, in the depression between the bones anterior and superior to the mastoid process, where a blue vein is located.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis posterior - branches of the cervical nerve (great auricular nerve and lesser occipital nerve) - posterior auricular artery and posterior auricular vein - posterior auricular nerve.

**Locating the acupoint:** Proceed up from chimai Tugging Vessel (TE-18) along the root of the ear for approximately 1 cun; the acupoint is in the blue vein. Similar to finding chimai Tugging Vessel (TE-18), this acupoint is located 1/3 of the distance to jiaosun Angle Vertex (TE-20) (角孫), where a vein passes into the ear.

**Indications:** Heat in the body, the heaviness of the head, tinnitus, swelling and pain in the ear, vomiting among children, and panting.

## 20. *TE20 Jiaosun Angle Vertex* (角孫) (Figure 67)

**Location:** On the temporal bone above the apex of the auricle, and below the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis superior and the temporalis - posterior auricular nerve and a temporal branch of the facial nerve - an auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** With the patient sitting upright, fold their auricles (external portions of the ears). Palpate above the apex of the auricle to reach the depression along the hairline. Space appears when the patient opens their mouth. Movement can also be felt when the patient opens and closes their mouth. If the pressure is applied to the small moving muscles, the patient should experience soreness and distention.

**Indications:** Auricular pain, swelling and pain in gums, stiffness of the lips, nebula or membrane-like visual obstruction (eye screen), and pain and stiffness in the head and the nape of the neck.

## 21. *TE21 Ermen Ear Gate* (耳門) (Figure 68)

**Location:** Anterior to the ear and above the tragus, in the depression anterior to the notch of the ear.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis anterior - temporal branch of the facial nerve - auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint on the superior part of the tragus, and in the depression slightly anterior to the notch of the ear at the edge of the bone. The depression becomes more obvious when the patient opens their mouth. This acupoint is level with the outer canthus of the eye and inferior to the zygomatic arch.

**Indications:** Deafness, tinnitus, pus flowing from the ears, sores in the ears, and toothaches.



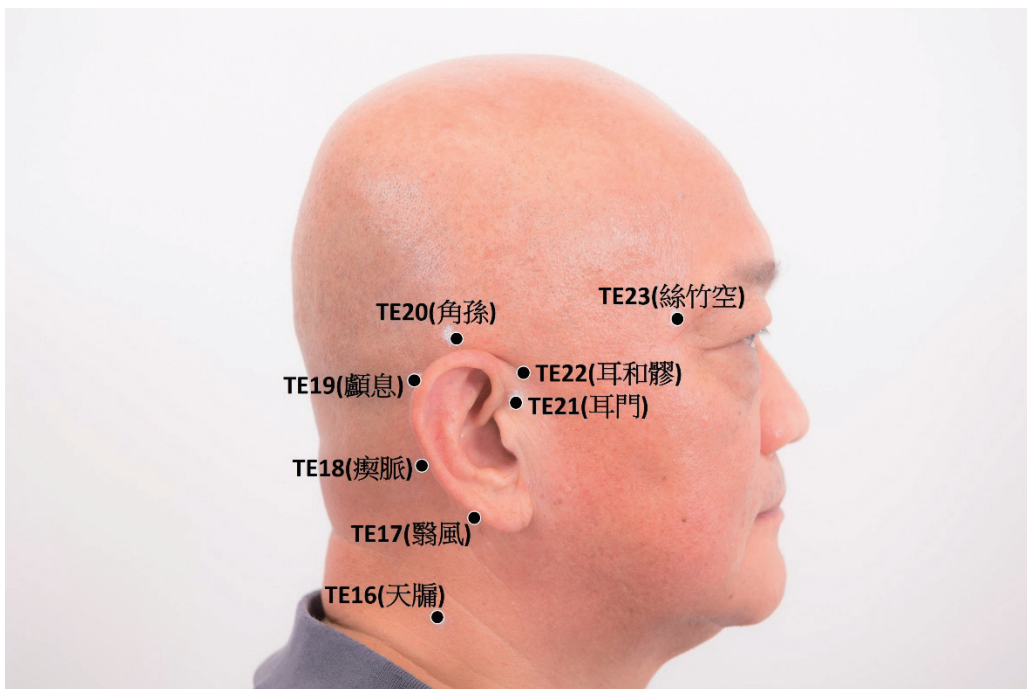


Figure 68

## 22. *TE22 Erheliao Ear Harmony Crevice* (耳和髎) (Figure 68)

**Location:** Anterior to the ear and level with the sharp corner of the hairline, where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue – temporalis and auricularis anterior - temporal branch of the facial nerve - auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** At approximately 3 fens anterior and slightly superior to ermen, on the sharp corner of the hairline, above the zygomatic arch and level with the upper border of the root of the ear, locate the acupoint in the depression where the artery can be palpated.

**Indications:** Headaches, tinnitus, swollen cheeks and jaw, and deviations of the mouth and eyes.

## 23. *TE23 Sizhukong Silk Bamboo Hole* (絲竹空) (Figure 68)

**Location:** In the depression at the lateral end of the eyebrow.

**Acupoint anatomy:** Skin - subcutaneous tissue - orbicularis oculi - branch of the trigeminal nerve (zygomaticotemporal nerve) and the temporal branch of the facial nerve - zygomaticotemporal artery and vein.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint in the depression at the lateral end of the eyebrow directly above tongziliao Pupil Bone-Hole (GB-1) (瞳子髎).

**Indications:** Hemilateral or medial headache, dizzy vision, ocular redness with swelling and pain, tearing with an aversion to light, and epilepsy.

## Section 11. Acupoints on the Shaoyang Gallbladder Meridian Channel of the Foot

The shaoyang gallbladder meridian channel of the foot (GB) contains 44 acupoints on one side, which totals 88 acupoints for both sides. Among these, 15 are located in the lateral side of the lower limbs, and 29 are located on the hips, lateral side of the chest, and the lateral side of the head. The first acupoint is tongziliao Pupil Bone-Hole (GB-1), and

the last acupoint is zuqiaoyin Foot Orifice Yin (GB-44) (足竅陰). The main indications are illnesses of the chest, lateral costal area, liver, and gallbladder; febrile illnesses; illnesses of the nervous system, lateral side of the head, eyes, ears, and throat; and illnesses in the areas along with the channel courses.

## Contemporary Chart 11. The Shaoyang Gallbladder Meridian Channel of the Foot

### 1. *GB1 Tongziliao Pupil Bone-Hole* (絲竹空) (Figure 69)

**Location:** At 5 fens lateral to the outer canthus.

**Acupoint anatomy:** Skin - subcutaneous tissue - orbicularis oculi – branch of the trigeminal nerve (zygomaticotemporal nerve) and temporal branch of the facial nerve - zygomaticotemporal artery and vein.

**Locating the acupoint:** Instruct the patient to close their eyes. Then, locate the acupoint in the depression along the border of the lateral orbital margin, 5 fens lateral to the outer canthus, at the end of the corner fold of the outer canthus. The patient should experience soreness and distention when pressure is applied to this acupoint.

**Indications:** Headaches; redness, swelling and pain in the outer canthus; loss of visual acuity; farsightedness; juvenile nearsightedness; facial nerve palsy; trigeminal neuralgia; keratitis; conjunctivitis; glaucoma; and optic atrophy.



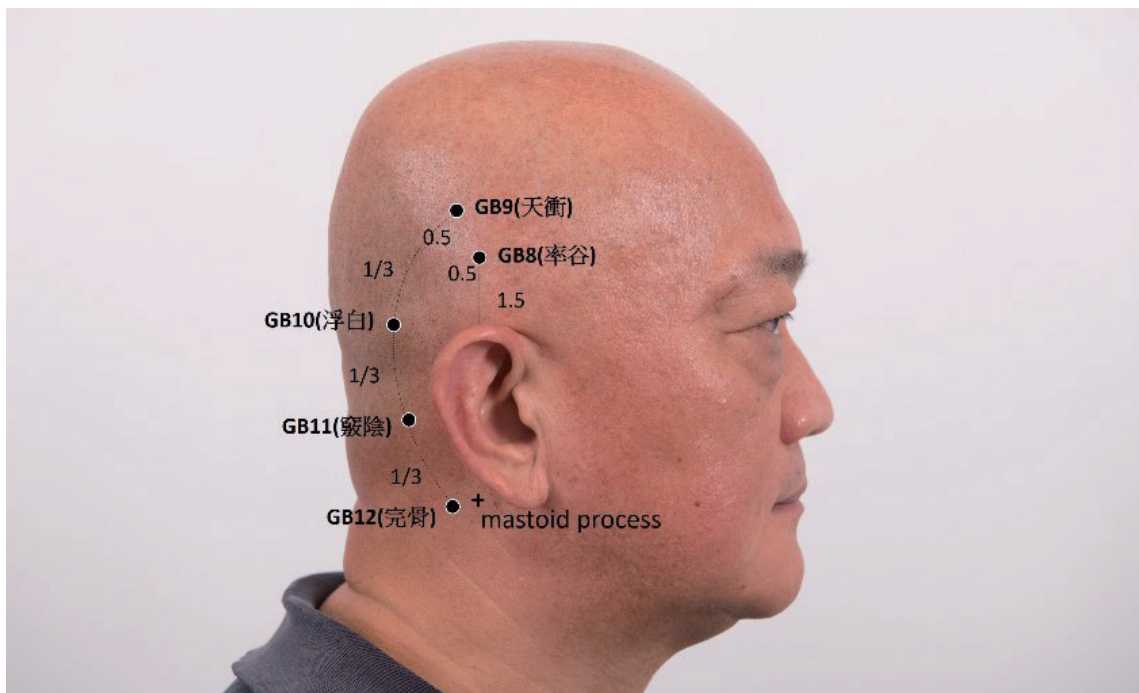


Figure 70

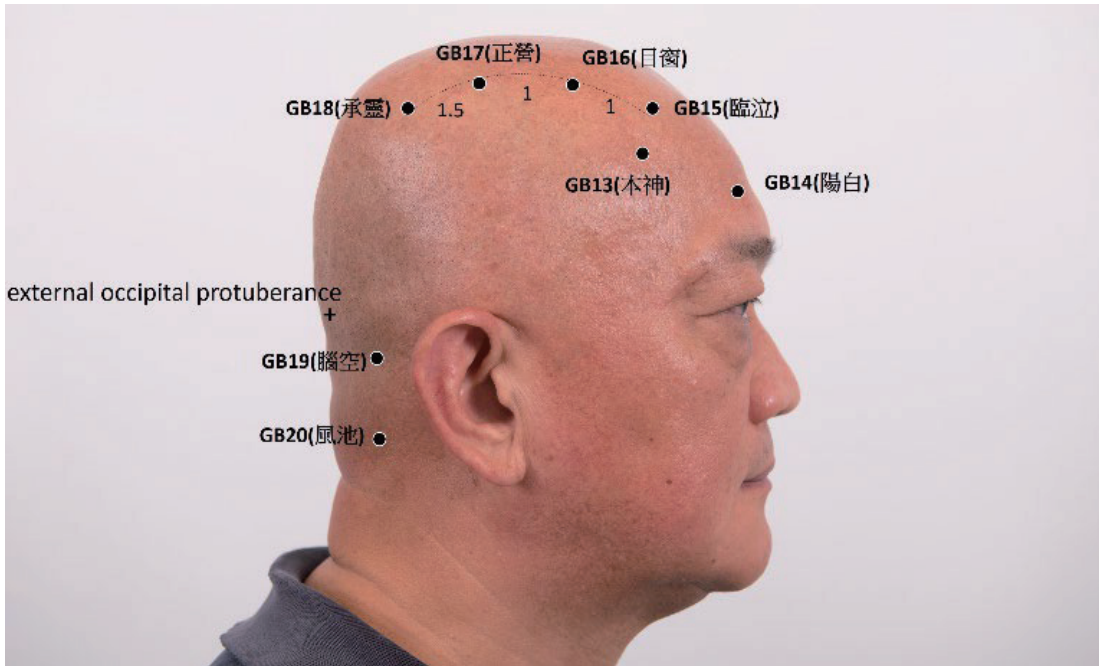


Figure 70 (續)

## 2. *GB2 Tinghui Auditory Convergence* (聽會) (Figure 70)

**Location:** Anterior to the ear, in the depression slightly anterior and inferior to the earlobe. The patient's mouth must be opened for this acupoint to be located.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis anterior - parotid gland - branches of the facial nerve - auriculotemporal branch of the trigeminal nerve and the great auricular nerve - branches of the superficial temporal artery and vein – the masseter.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint along the posterior border of the mandible when the patient's mouth is closed. When the patient opens their mouth, a depression forms below the tragus, directly below the tinggong Auditory Palace (SI-19) (聽宮).

**Indications:** Tinnitus, deafness, toothaches, temporomandibular joint dysfunction, wind stroke with a deviation of the mouth and eyes, facial nerve palsy, and otitis media.

## 3. *GB3 Shangguan Upper Gate* (上關) (Figure 70)

**Location:** Along the superior border Upper Ridge (LI-9) of the bone beginning in front of the ear (zygomatic arch), where space appears when the mouth is opened.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis anterior - temporal branch of the facial nerve - auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** With the patient sitting upright, search along the superior border of the zygomatic arch, directly above xiaguan Below the Joint (ST-7) (下關), at approximately 1 cun from the anterior border of the auricle. The acupoint is located where a space appears when the patient opens their mouth. The patient should experience soreness and distention when pressure is applied to this acupoint.

**Indications:** Hemilateral wind, deviations of the mouth and eyes, toothaches, deafness, tinnitus, various eye illnesses, otitis media, and facial nerve palsy.

## 4. *GB4 Hanyan Forehead Fullness* (頤厭) (Figure 70)

**Location:** In the forehead, below the corner of the hairline, superior to the temples Upper Ridge (LI-9), and below touwei Head Corner (ST-8) (頭維).

**Acupoint anatomy:** Skin - subcutaneous tissue -temporal branch of the facial nerve

- auriculotemporal branch and zygomaticotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** Located at the corner of the patient’s hairline, 1 cun below touwei Head Corner (ST-8). Instruct the patient to perform chewing actions with their mouth. The acupoint is located where the chewing muscles can be observed moving at the hairline corner. Dividing the distance from touwei Head Corner (ST-8) to qubin Temporal Hairline Curve (GB-7) (曲鬢) into four sections, the border of the first section is hanyan Forehead Fullness (GB-4), the border of the second section is xuanlu Suspended Skull (GB-5) (懸顱), the border of the third section is xuanli Suspended Straight (GB-6) (懸釐), and the border of the fourth section is qubin Temporal Hairline Curve (GB-7).

**Indications:** Dizzy head and dizzy vision, hemilateral headaches, tinnitus, pain in the neck and nape, deviations of the mouth and eyes, fright epilepsy, trigeminal neuralgia, and facial nerve palsy.

### 5. *GB5 Xuanlu Temporal Hairline Curve* (懸顱) (Figure 70)

**Location:** In the forehead below the corner of the hairline on the middle of the temples, and diagonally below hanyan Forehead Fullness (GB-4).

**Acupoint anatomy:** Skin - subcutaneous tissue - temporal branch of the facial nerve - auriculotemporal branch and zygomaticotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** Below hanyan Forehead Fullness (GB-4), proceed diagonally along the hairline for slightly more than 1 cun. The acupoint is located at the curve where the hairline bends toward the face.

**Indications:** Headaches, hemilateral headaches, redness and swelling in the outer canthus, toothaches, heat in the body, a lack of sweat, facial swelling, and trigeminal neuralgia.

### 6. *GB6 Xuanli Suspended Straight* (懸釐) (Figure 70)

**Location:** In the forehead below the corner of the hairline on the lower part of the temples Lower Ridge (LI-8), and diagonally below xuanlu Suspended Skull (GB-5).

**Acupoint anatomy:** Skin - subcutaneous tissue - temporal branch of the facial nerve



- auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** Below xuanlu Suspended Skull (GB-5), proceed diagonally along the hairline for 1 cun, between xuanlu Suspended Skull (GB-5) and qubin Temporal Hairline Curve (GB-7).

**Indications:** Hemilateral headaches, febrile diseases with heart vexation, a lack of sweat, pain in the outer canthus, tinnitus, toothaches, facial swelling, trigeminal neuralgia, and conjunctivitis.

### 7. *GB7 Qubin Temporal Hairline Curve* (曲鬢) (Figure 70)

**Location:** Anterior and superior to the ear, in the depression in the curved section curved corner 曲隅 of the hairline, where a space forms when the jaw is clenched.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis superior - temporal branch of the facial nerve - auriculotemporal branch of the trigeminal nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** Slightly anterior to the top of the ear, locate the acupoint in a depression in the middle of the curved section curved corner (曲隅) of the hairline, in front of the root of the auricle, where space appears when the mouth is opened. Or measure 1 cun anterior from jiaosun Angle Vertex (TE-20); the acupoint is level with the ear flap and the end of the brow.

**Indications:** Sudden loss of the voice; swelling and pain in cheeks and jaw; toothaches; lockjaw; stiffness and pain in the neck and nape with an inability to turn the head and look behind; hemilateral headaches; redness, swelling, and pain in the eyes; retinal hemorrhage and other eye illnesses; and trigeminal neuralgia.

### 8. *GB8 Shuaigu Valley Lead* (率谷) (Figure 70)

**Location:** Directly above the ear, in the depression 1 and a half cun into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - auricularis superior - posterior auricular branch of the facial nerve - auriculotemporal branch of the trigeminal nerve - lesser occipital nerve - branches of the superficial temporal artery and vein – the temporalis.

**Locating the acupoint:** Begin at the middle of the upper root of the ear (shangergen), and locate the acupoint at 1 cun and 5 fens inside the hairline, and diagonally above qubin Temporal Hairline Curve (GB-7). When the patient performs the motion of chewing, the area where movement appears is the acupoint.

**Indications:** Pain at the corners of the head, hemilateral or medial head wind, eye illnesses, coldness in the stomach, vexation and fullness, vomiting, dizziness, acute or chronic fright wind among children, conjunctivitis, keratitis, and facial nerve palsy.

### 9. *GB9 Tianchong Celestial Hub* (天衝) (Figure 70)

**Location:** Posterior and superior to the ear, at 3 fens behind shuaigu Valley Lead (GB-8) and 2 cun in the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - posterior auricular branch of the facial nerve - lesser occipital nerve - branches of the posterior auricular artery and vein – the temporalis.

**Locating the acupoint:** Slightly posterior to the upper root of the ear and 2 cun into the hairline, measure 3 fens horizontally backward from shuaigu Valley Lead (GB-8), then 5 fens directly upward to reach this acupoint at 5 fens above shuaigu Valley Lead (GB-8).

**Indications:** Fear and fright, headaches, epilepsy, swelling and pain in the gums, quiet insanity, tetany, and swelling of the thyroid.

### 10. *GB10 Fubai Floating White* (浮白) (Figure 70)

**Location:** Along the posterior border of the mastoid process behind the ear, approximately 1 cun from luxi Skull Rest (TE-19) into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - posterior auricular branch of the facial nerve - branches of the lesser occipital nerve and great auricular nerve - branches of the posterior auricular artery and vein - auricularis posterior.

**Locating the acupoint:** Along the posterior root of the upper ear and 1 cun into the hairline, measure 1 cun backward from the hairline behind luxi Skull Rest (TE-19). Locate this acupoint behind the superior border of the large bone Completion Bone (GB-12) (完骨) behind the ear.

**Indications:** Coughing and counterflow, fullness of the chest with an inability to catch one's breath, inflammation of the throat, toothaches, deafness, tinnitus, pain and swelling in the neck and nape, an inability to raise the arms and shoulders, an inability to walk using the legs, swelling of the thyroid, and tonsillitis.

### 11. *GB11 Touqiaoyin Head Orifice Yin* (頭竅陰) (Figure 70)

**Location:** Along the posterior border of the mastoid process behind the ear, above the bone Completion Bone (GB-12) below the occipital bone. A crevice appears or space is felt when the head is shaken or rotated gently.

**Acupoint anatomy:** Skin - subcutaneous tissue - posterior auricular branch of the facial nerve - branches of the lesser occipital nerve and great auricular nerve - branches of the posterior auricular artery and vein - auricularis posterior.

**Locating the acupoint:** With the patient sitting upright and their head dipped diagonally, locate the acupoint at 1 cun below fubai Floating White (GB-10) and 7 fens above wangu Completion Bone (GB-12) (below the ear). From the back of the head, palpate toward the ear to locate a ridge called the occipital bone. The acupoint is located in the crevice formed by this ridge and the high bone behind the ear (called wangu Completion Bone (GB-12) (complete bone) also the mastoid process of the temporal bone). The acupoint is above the wangu Completion Bone (GB-12) bone and below the occipital bone.

**Indications:** Pain in the head and nape of the neck, dizziness, ocular pain, tinnitus, deafness, stiffness of the tongue, pain in the lateral costal area, cramping of the limbs, vexation and heat in the hands and feet, and trigeminal neuralgia.

### 12. *GB12 Wangu (below the ear) Completion Bone* (完骨) (Figure 70)

**Location:** Along the lower end of the posterior border of the mastoid process behind the ear, at the depression 4 fen into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the lesser occipital nerve and great auricular nerve - branches of the posterior auricular artery and vein – the sternocleidomastoid muscle.

**Locating the acupoint:** With the patient sitting upright and their head dipped

forward, palpate in the central portion behind the ear, 4 fens into the hairline and 7 fens below touqiaoyin Orifice Yin (head) (GB-11) (竅陰), at the lower edge of the mastoid process of the temporal bone Completion Bone (GB-12), to locate the acupoint in this depression, and level with fengchi Wind Pool (GB-20) (風池) (which is behind it). The patient should experience soreness and distention when pressure is applied to this acupoint.

**Indications:** Headaches, head wind, tinnitus, neck and nape pain with an inability to turn the head and look behind, inflammation of the throat, toothaches, swelling of the cheeks, deviation of the mouth and eyes, limp wilting and weakness in the legs, insomnia, and malaria.

### 13. *GB13 Benshen Root Spirit* (本神) (Figure 70)

**Location:** On the forehead, 5 fens into the hairline, and 3 cun lateral to shenting Spirit Court (GV-24) (神庭).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the supratrochlear and supraorbital nerve - branches of the supratrochlear and supraorbital artery and vein – the frontalis.

**Locating the acupoint:** With the patient sitting upright, proceed 5 fens into the hairline, 3 cun lateral to shenting Spirit Court (GV-24). Locate the acupoint at 1 cun and 5 fens lateral to qucha Deviating Turn (BL-4) (曲差), and 1 cun and 5 fens medial to touwei Head Corner (ST-8) (頭維).

**Indications:** Wind stroke with loss of consciousness, hemiplegia, headaches, dizzy vision, neck and nape pain with an inability to turn, pain in the chest and lateral costal area, epilepsy, fright epilepsy with foaming of the mouth, and fright wind among children.

### 14. *GB14 Yangbai Yang White* (陽白) (Figure 70)

**Location:** At approximately 1 cun above the center of the eyebrow, directly above the pupil.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the supratrochlear and supraorbital nerve - temporal branch of the facial nerve - branches of the supratrochlear and supraorbital artery and vein – the frontalis.

**Locating the acupoint:** With the patient sitting upright and looking directly to the front, locate the acupoint 1 cun above the center of the eyebrow, in a vertical line with the pupil.

**Indications:** Headaches; redness, swelling, and pain in the eyes; twitching of the eyelids; nearsightedness; dizzy vision, dimness of vision; deviated mouth and eyes, facial nerve palsy, conjunctivitis, and trigeminal neuralgia.

### 15. *GB15 Toulinqi Head Overlooking Tears* (頭臨泣) (Figure 70)

**Location:** On the forehead directly above the pupil, in the depression 5 fen into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the supratrochlear and supraorbital nerve - temporal branch of the facial nerve - branches of the supratrochlear and supraorbital artery and vein – the frontalis.

**Locating the acupoint:** With the patient sitting upright and their eyes looking forward, proceed 5 fens into the hairline upward from yangbai Yang White (GB-14), in a vertical line with the pupils. Between qucha Deviating Turn (BL-4) (曲差) and benshen Root Spirit (GB-13), or shenting Spirit Court GV-24 and touwei Head Corner (ST-8), locate the acupoint at 2 cun, 2 fen, and 5 li from the center of the head.

**Indications:** Pain in the outer canthus, dizzy vision, tearing, redness and pain in the eye, various ocular illnesses, nasal congestion, wind stroke with an inability to recognize people, fright epilepsy combined with eyes rolled to one side, conjunctivitis, keratitis, and supraorbital neuralgia.

### 16. *GB16 Muchuang Eye Window* (目窗) (Figure 71)

**Location:** On the front part of the head, 1 cun behind toulinqi Head Overlooking Tears (GB-15), and 1 cun and 5 fens into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - epicranial aponeurosis - supraorbital branch of the trigeminal nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** Instruct the patient to sit upright, with their forehead leaning slightly forward and their eyes looking directly ahead. From toulinqi Head Overlooking

Tears (GB-15), measure 1 cun upward to locate this acupoint.

**Indications:** Sudden redness, swelling, and pain in the outer canthus; headaches; dizziness; edema of the facial region, dimness of distance vision, nearsightedness, glaucoma (clear-eyed blindness), nasal congestion, fever without sweating, swelling and decay in the upper teeth, and conjunctivitis.

### 17. *GB17 Zhengying Upright Construction* (正營) (Figure 71)

**Location:** On the top of the head, 1 cun behind the muchuang Eye Window (GB-16).

**Acupoint anatomy:** Skin - subcutaneous tissue - epicranial aponeurosis - supraorbital branch of the trigeminal nerve - branch of the greater occipital nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** With the patient sitting upright and their eyes looking directly ahead, locate the acupoint at 2 cun and 5 fens behind toulinqi Head Overlooking Tears (GB-15).

**Indications:** Headaches and dizzy vision, stiffness and pain in the nape of the neck and head, toothaches, inhibited jaw, dizziness, vomiting, and trigeminal neuralgia.

### 18. *GB18 Chengling Spirit Support* (承靈) (Figure 71)

**Location:** On the side of the head, 1 cun and 5 fens behind zhengying Upright Construction (GB-17).

**Acupoint anatomy:** Skin - subcutaneous tissue - epicranial aponeurosis - branch of the greater occipital nerve - branches of the superficial temporal artery and vein.

**Locating the acupoint:** At 3 cun and 5 fens behind toulinqi Head Overlooking Tears (GB-15), 3 cun lateral to baihui Hundred Convergences (GV-20) (百會), locate the acupoint 1 cun and 5 fens from tongtian Celestial Connection (BL-7) (通天), in a vertical line with erjian Tip of the Ear below.

**Indications:** Brain wind with headaches, an aversion to wind, ocular pain, dizziness, deep-source nasal congestion, nosebleeds, nasal congestion, panting and labored breathing, and bronchitis.

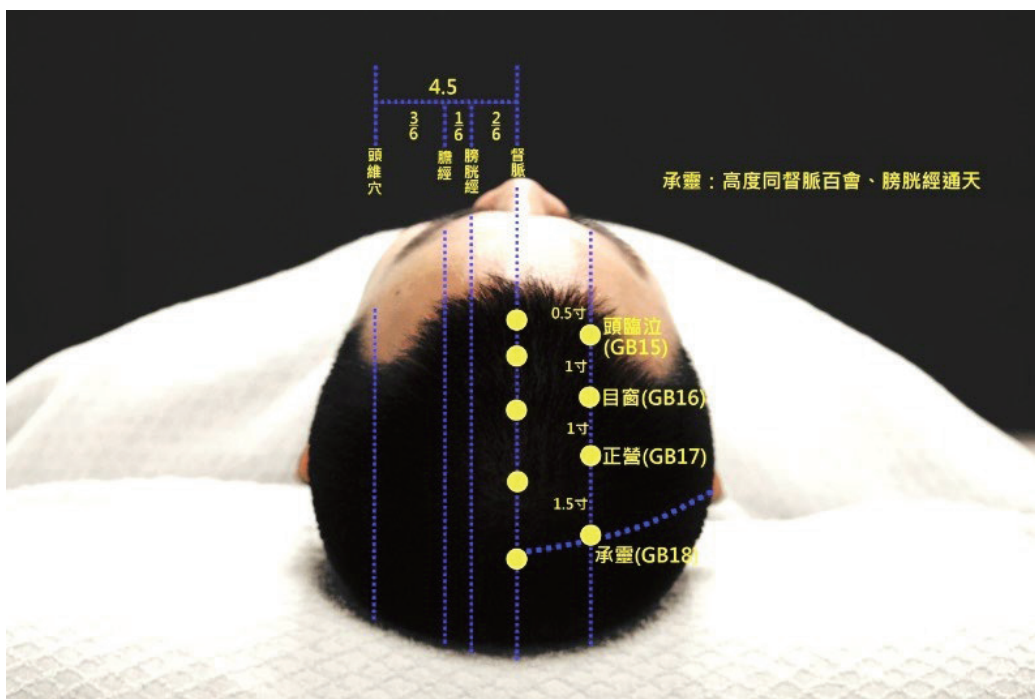
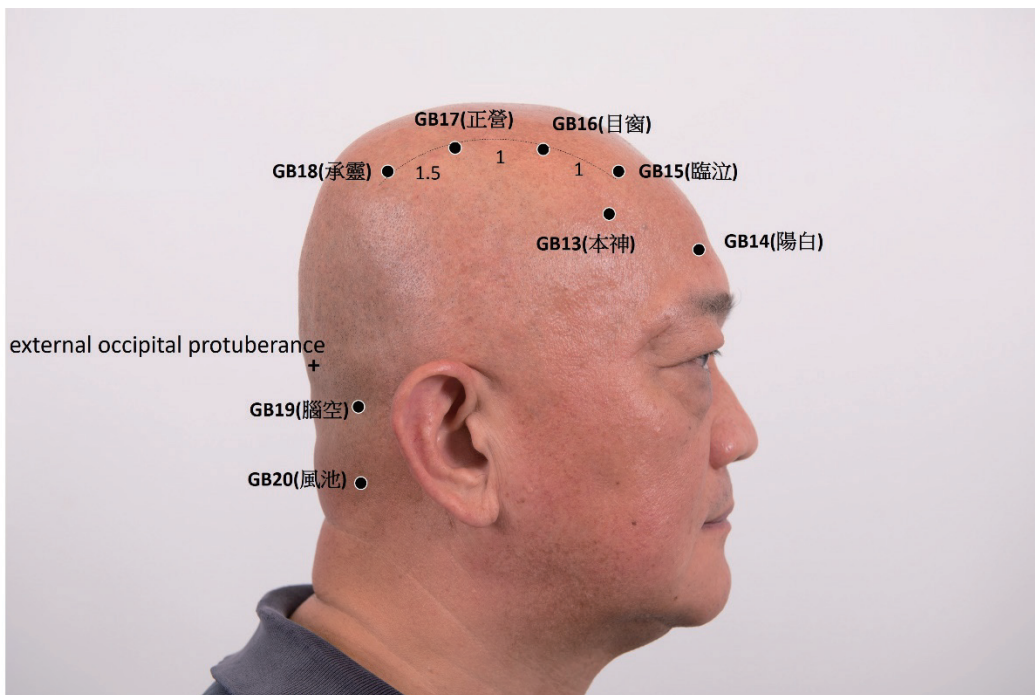


Figure 71

### 19. GB19 Naokong Brain Hollow (腦空) (Figure 72)

**Location:** On the back of the head, 1 cun and 5 fens behind chengling Spirit Support (GB-18), near the side of yuzhen Jade Pillow (BL-9) (玉枕), and in the depression of the bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve - branches of the occipital artery and nerve – the occipitalis.

**Locating the acupoint:** Behind chengling Spirit Support (GB-18), in a vertical line with fengchi Wind Pool (GB-20) below, 2 cun lateral to naohu Brain's Door (GV-17) (腦戶) on the governor vessel, and level with the naohu Brain's Door (GV-17) and yuzhen Jade Pillow (BL-9) acupoints.

**Indications:** Unbearable brain wind and headache; stiffness in the neck with an inability to turn the head and look back; dizziness; fright palpitations; deafness; epilepsy; febrile diseases; redness, swelling, and pain in the eyes; pain in the nose; and glaucoma.

### 20. GB20 Fengchii Wind Pool (風池) (Figure 72)

**Location:** Behind the mastoid process posterior to the ear, on the lateral border outer face of the large muscle, below naokong Brain Hollow (GB-19), and in the depression in the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the greater occipital and lesser occipital nerves - branches of the occipital artery and nerve - trapezius, sternocleidomastoid muscle, semispinalis capitis, and splenius capitis.

**Locating the acupoint:** With the patient sitting upright and their head bowed, at behind the high bone behind the ear (mastoid process) and above the hairline, on the lateral border outer face of the large muscle in the neck (trapezius), locate the acupoint in the depression 2 cun lateral but level with fengfu Wind House (GV-16) (風府).

**Indications:** Wind stroke; hemilateral or medial headache; cold-induced febrile diseases without sweating; stiffness of the neck with an inability to turn the head and look back; crick in the neck; summerheat disease; redness, pain, dizziness, and tearing of the eyes; sniveling and nosebleeds; nasal congestion; deafness; bi-syndrome; stiffness and pain in the spine and paravertebral sinews; dizziness; epilepsy; and malaria.



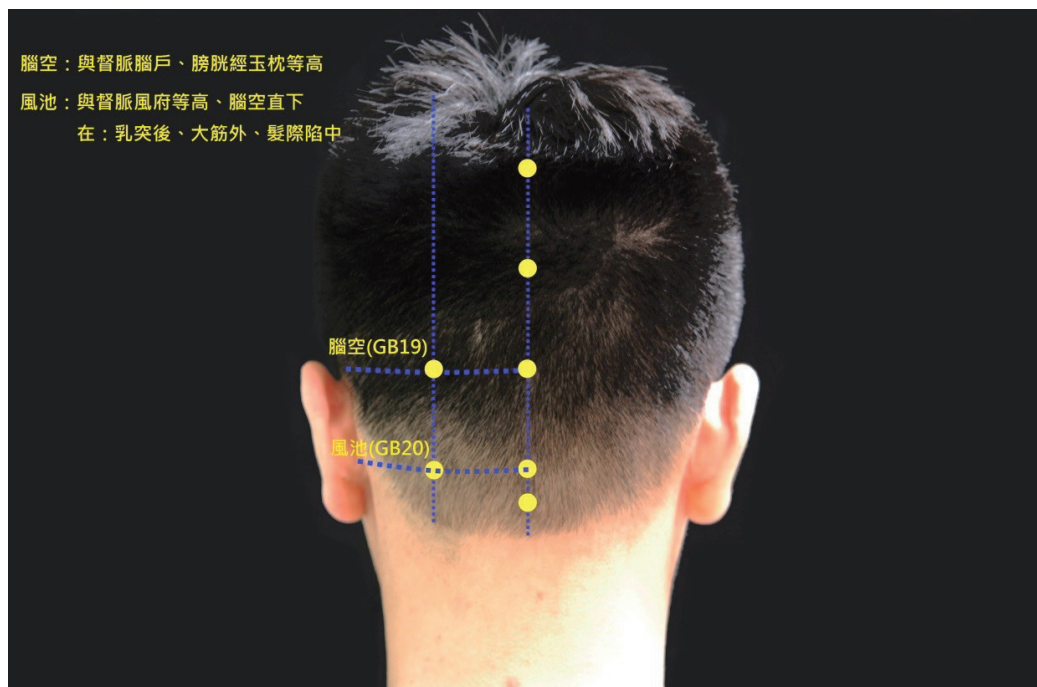
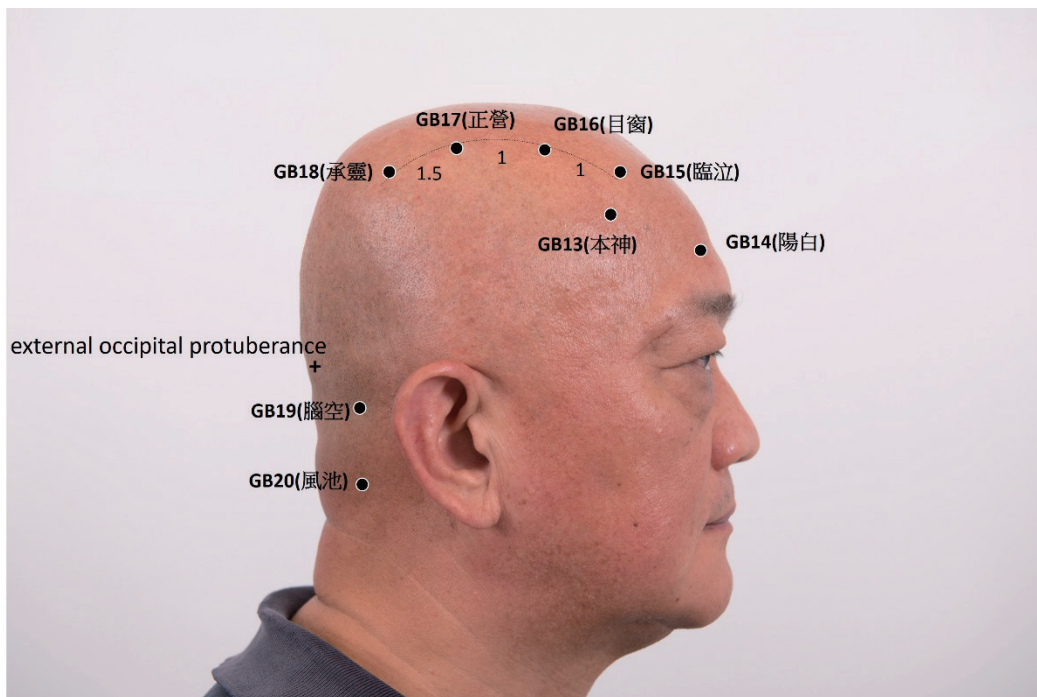


Figure 72

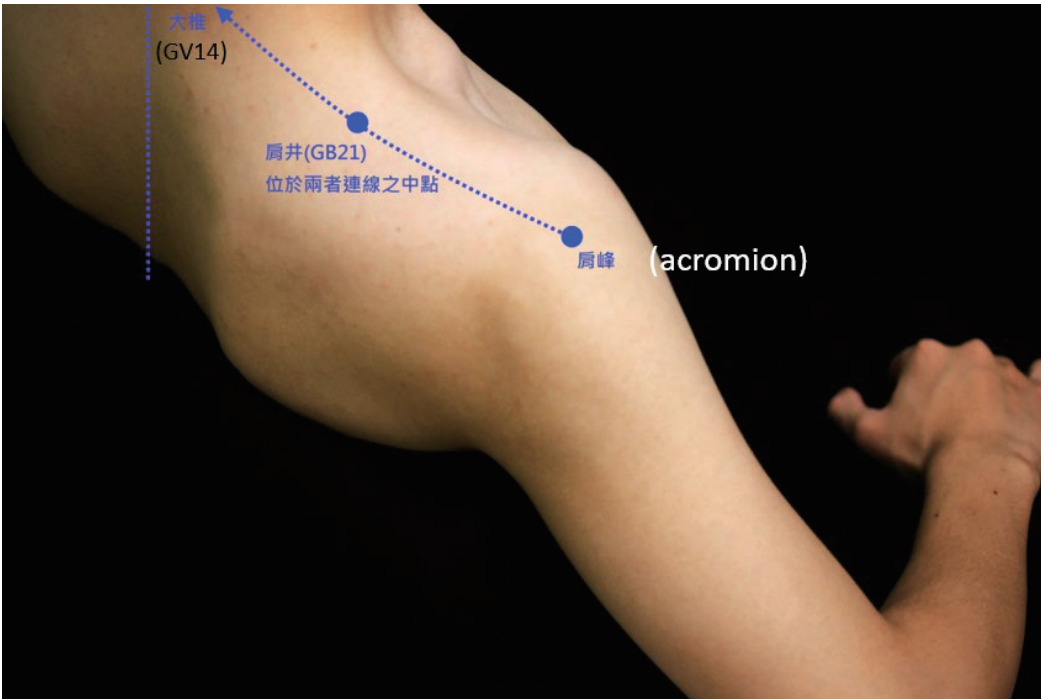


Figure 73

## 21. GB21 *Jianjing Shoulder Well* (肩井) (Figure 73)

**Location:** In the depression between the superior spine of scapula and clavicle, above quepen Empty Basin (ST-12) (缺盆).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the supraclavicular nerve - medial cutaneous branches of the dorsal rami of spinal nerves - branch of the accessory nerve - transverse cervical artery and vein – the trapezius.

**Locating the acupoint:** With the patient sitting upright, proceed from the shoulder at the midpoint between the spine and the end or tip of the shoulder, locate the depression in the crest of shoulder muscle, above quepen Empty Basin (ST-12) in the front, behind the clavicle. From the back, the depression is 1 and a half cun in front of the scapula, or 1 cun above tianliao Celestial Bone-Hole (TB-15). The acupoint is located in this depression and crevice between two muscles. When pressure is applied, the patient should experience extreme soreness and distention.

**Indications:** Wind stroke with qi blockage; an upsurge of phlegm-drool; loss of the ability to speak; pain in the head, neck, and nape of the neck; pain in the arms with an inability to raise these areas, welling-abscess of the breast, and terminated lactation.

## 22. GB22 *Yuanye Abyss Humor* (淵夜) (Figure 74)

**Location:** At 3 cun below the armpit, in the fourth intercostal space on the side of the chest depression (宛宛).

**Acupoint anatomy:** Skin - subcutaneous tissue - serratus anterior - long thoracic nerve - lateral thoracic artery - intercostal nerve, artery, and vein.

**Locating the acupoint:** With the patient lying on their side, raise their arm and measure 3 cun downward from the center of their armpit. Locate the soft flesh between the fourth and fifth ribs that are visible from the side. Palpate the space between ribs under the nipple, following the space laterally until below the armpit. The tianchi Celestial Pool (PC-1) acupoint is 1 cun lateral to the nipple; tianxi Celestial Ravine (SP-18) (天谿) is 2 cun away, zhejin Sinew Seat (GB-23) (軛筋) 3 cun away, and yuanye Abyss Humor (GB-22) is directly under the armpit.

**Indications:** Fullness of the chest, pain in the lateral costal area, intercostal neuralgia, bi-syndrome pain in the upper limbs, an inability to raise the arms, and axillary swelling.

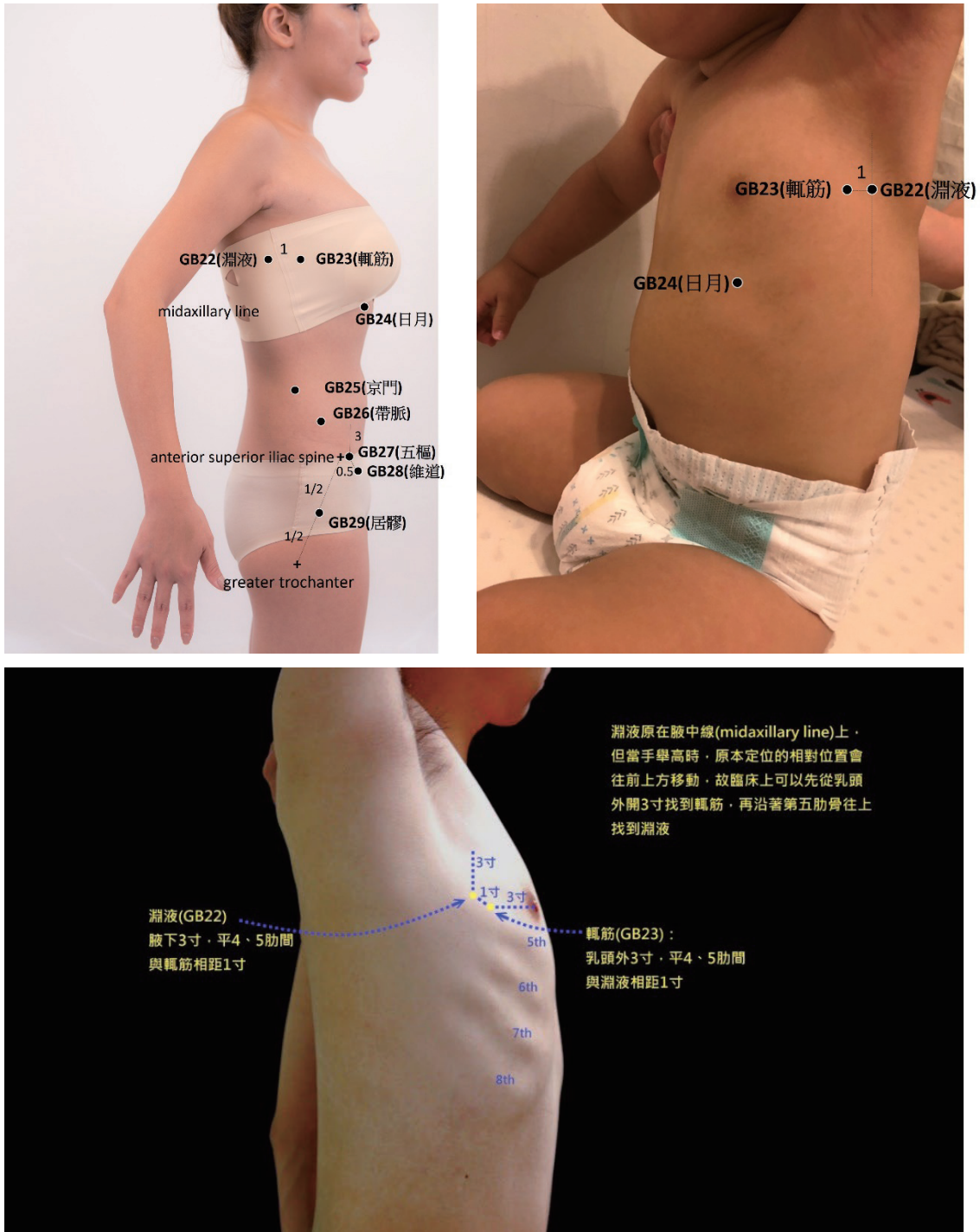


Figure 74

### 23. GB23 Zhejin Sinew Seat (軛筋) (Figure 74)

**Location:** From 3 cun below the armpit, follow the ribs 1 cun forward to locate the acupoint at 1 cun in front of yuanye Abyss Humor (GB-22) and 3 cun lateral to the nipple.

**Acupoint anatomy:** Skin - subcutaneous tissue - serratus anterior - long thoracic nerve - lateral thoracic artery - intercostal nerve, artery, and vein.

**Locating the acupoint:** At 1 cun forward from yuanye Abyss Humor (GB-22), between the fourth and fifth visible ribs, the acupoint is 7 cun and 5 fens lateral to the sternum, and level with the nipples. Instruct the patient to lie on their side with their upper legs bent to locate this acupoint.

**Indications:** Sudden fullness in the chest with sleeplessness, acid regurgitation, acid swallowing, pain in the lateral costal area, axillary swelling, pain in the shoulders and arms, and intercostal neuralgia.

### 24. GB24 Riyue Sun and Moon (日月) (Figure 75)

**Location:** At 1 cun and 6 fens below qimen Cycle Gate (LR-14) (期門).

**Acupoint anatomy:** Skin - subcutaneous tissue - external obliques - lateral cutaneous branches of intercostal nerves - lateral cutaneous branches of the intercostal artery.

**Locating the acupoint:** With the patient lying in a supine position, proceed two ribs (tips of the ribs) down from the nipple to locate qimen Cycle Gate (LR-14), then proceed 1 cun and 6 fens below qimen Cycle Gate (LR-14) to arrive at this acupoint.

The Systematic Classic of Acupuncture and Moxibustion A-B Classic of Acupuncture and Moxibustion (甲乙經) stated that this point is 1 cun and 5 fens below qimen Cycle Gate (LR-14), at the tip of the third rib below the nipple, or between the seventh and eighth ribs and directly below the nipple.

**Indications:** Vomiting, acid swallowing, hiccups, gastroduodenal ulcers, gripping pain in the gallbladder, jaundice, intercostal neuralgia, spasms of the diaphragm, acute and chronic hepatitis, and cholecystitis.

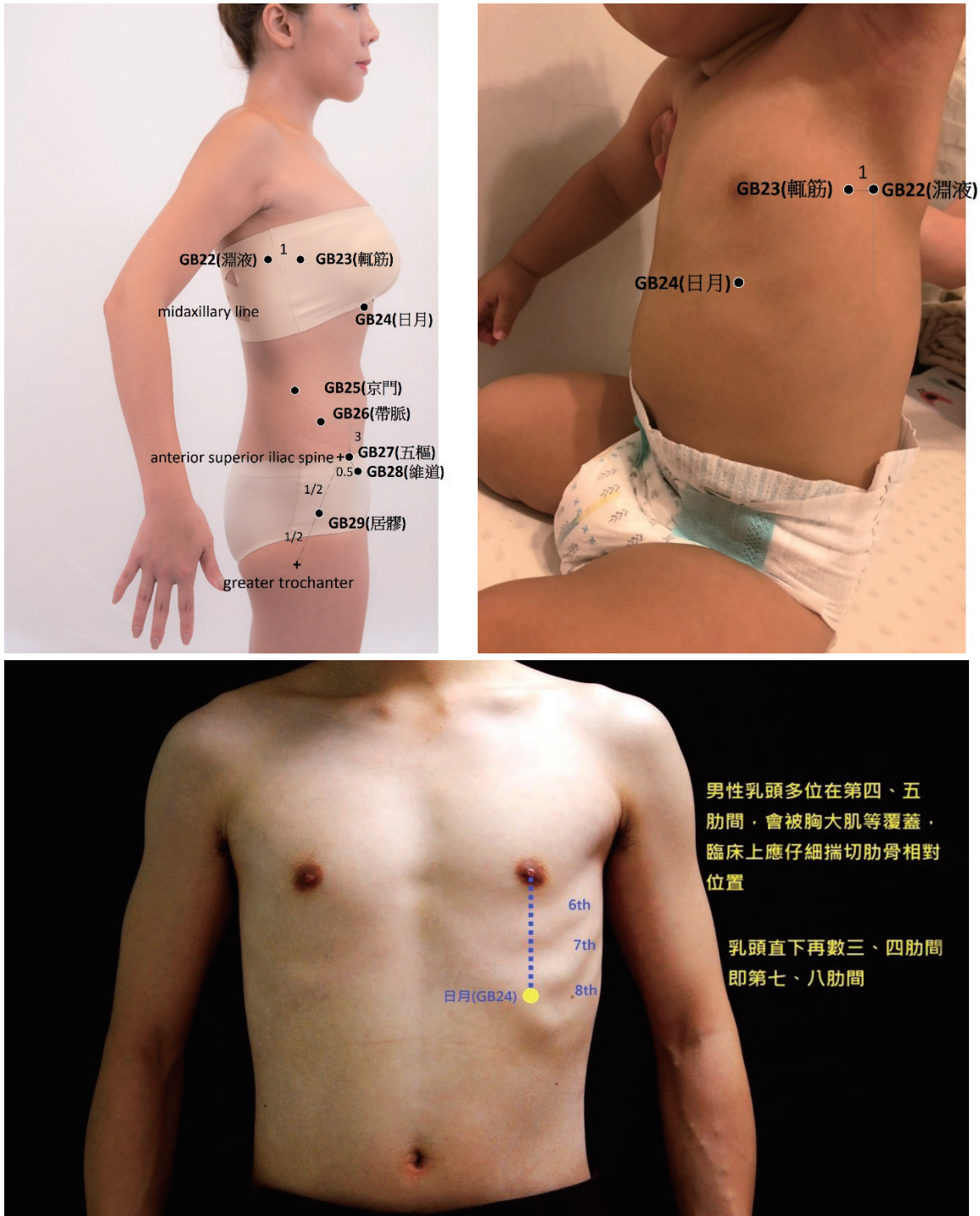


Figure 75

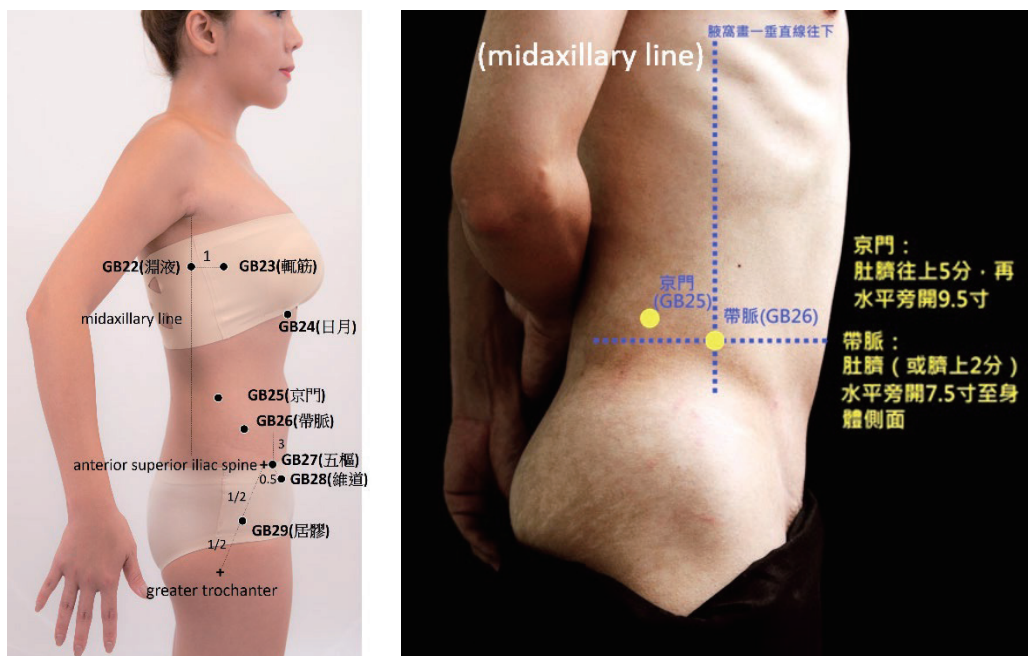


Figure 76

## 25. GB25 Jingmen Capital Gate (京門) (Figure 76)

**Location:** At the end of the twelfth rib in the lumbar area.

**Acupoint anatomy:** Skin - subcutaneous tissue - external obliques and internal obliques - lateral cutaneous branch of the subcostal nerve – anastomosis of the lower intercostal, subcostal, and lumbar arteries.

**Locating the acupoint:** With the patient lying on their side, their upper legs bent, lower legs extended, and their arms raised, palpate for the tip of the twelfth rib at 5 fens above the navel and 9 and a half cun laterally to locate the acupoint.

**Indications:** Pain in the shoulders, back, and lumbar area; induced pain in the hip joints; an inability to bend forward and backward and an inability to stand for long durations, abdominal distention, acute pain in the lower abdomen, borborygmus with throughflux diarrhea, urinary difficulty, and edema.

## 26. GB26 Daimai Girdling Vessel (帶脈) (Figure 76)

**Location:** At 1 cun and 8 fens below the tip of the eleventh rib, or 2 fens above and

7 and a half cun lateral to the navel on both sides.

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the thoracoepigastric vein - external obliques and internal obliques - lateral cutaneous branch of the subcostal nerve – anastomotic branches of the lower intercostal, subcostal, and lumbar arteries.

**Locating the acupoint:** With the patient lying on their side, locate the acupoint at 1 cun and 8 fens below zhangmen Camphorwood Gate (LV-13) (章門), or 2 fens above and 7 and a half cun lateral to the navel on both sides. This point is also described as below and medial to zhangmen Camphorwood Gate (LV-13) and level with the navel.

**Indications:** A sensation of water around the waist, amenorrhea, menstrual disorders, leucorrhea, abdominal pain, and pain in the lateral costal area and lumbar areas.

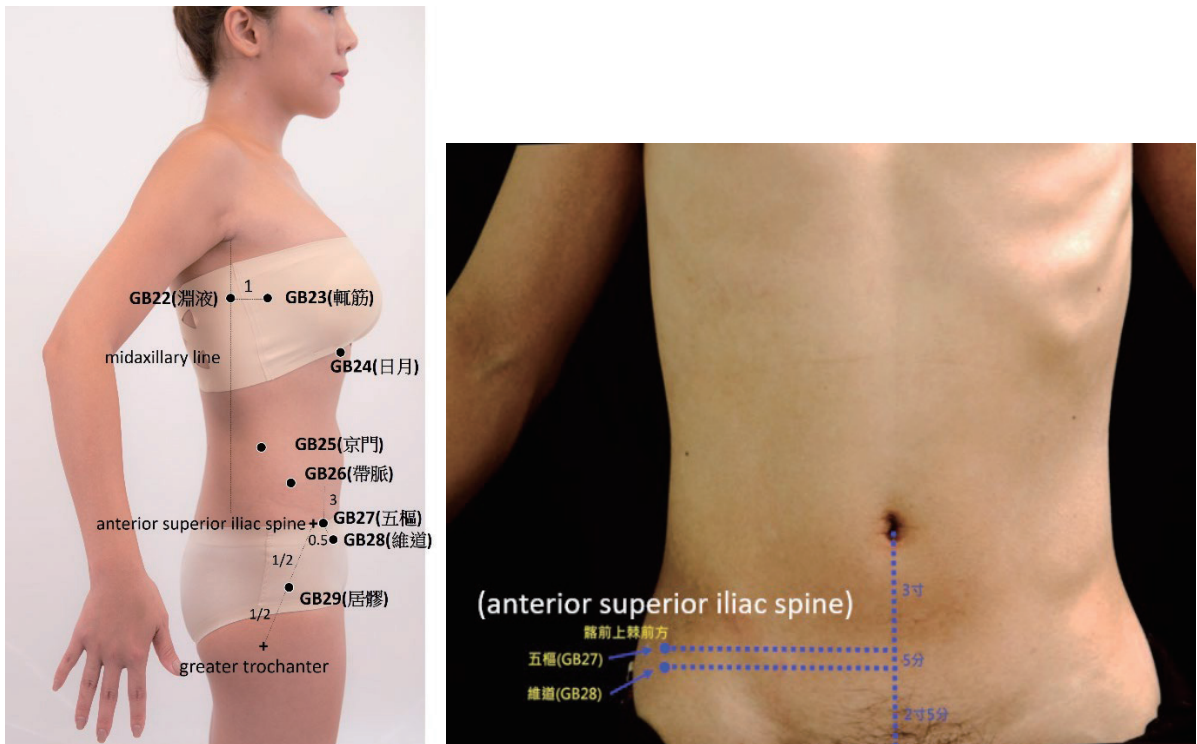


Figure 77

### 27. GB27 Wushu Fifth Pivot (五樞) (Figure 77)

**Location:** At the border of the iliac bone, 3 cun below daimai Belt vessel (GB-26), and 5 cun and 5 fen lateral to shuidao Waterway (ST-28) (水道).



**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the superficial epigastric vein - external obliques and internal obliques - lateral cutaneous branch of the subcostal nerve, lateral cutaneous branch of the iliohypogastric nerve - branches of the deep and superficial circumflex iliac arteries.

**Locating the acupoint:** With the patient lying on their side, locate the acupoint at 3 cun below daimai Belt vessel (GB-26), slightly medially and diagonally inclined. Or locate the acupoint at 5 cun and 5 fen lateral to shuidao Waterway (ST-28), on the upper border of the ilium on the side of the body, 4 cun and 8 fen below zhangmen Camphorwood Gate (LV-13).

**Indications:** Pain in the lumbar region and legs, lower abdominal pain, leucorrhea with red and white discharge, constipation, and mounting qi.

## 28. GB28 Weidao Linking Path (維道) (Figure 77)

**Location:** At 5 cun and 3 fens below zhangmen Camphorwood Gate (LV-13), and 5 fen below wushu Fifth Pivot (GB-27).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the superficial epigastric vein - external obliques and internal obliques - lateral cutaneous branch of the subcostal nerve and lateral cutaneous branch of the iliohypogastric nerve - branches of the deep and superficial circumflex iliac arteries.

**Locating the acupoint:** From zhangmen Camphorwood Gate (LV-13), proceed downward 5 cun and 3 fens to locate the acupoint immediately before the anterior superior iliac spine, at the superior border slightly in front of the ilium, and 5 fens diagonally below wushu Fifth Pivot (GB-27).

**Indications:** Edema, retching counterflow, pain caused by intestinal mounting pain, pain in the lumbar area and legs, leucorrhea, nephritis, and pelvic inflammation.

## 29. GB29 Juliao Squatting Bone-Hole (居膠) (Figure 78)

**Location:** In the depression of the iliac bone, at 8 cun and 3 fen below zhangmen Camphorwood Gate (LV-13), and 3 cun below weidao Linking Path (GB-28).

WHO standard acupoint position



Figure 78

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the superficial epigastric vein - fascia lata - lateral femoral cutaneous nerve and lateral cutaneous branch of the iliohypogastric nerve - tensor fasciae latae - lateral circumflex femoral artery.

**Locating the acupoint:** From the depression below the iliac bone, measure 3 cun lateral and slightly above huantiao Jumping Round (GB-30) (環跳), at the anterior border of the gluteus maximus, locate the acupoint 3 cun below and 5 fen lateral to weidao Linking Path (GB-28).

**Indications:** Lumbar pain with induced pain in the lower abdomen, various illnesses of the lower limbs, and arthritis of the hip.

### 30. GB30 Huantiao Jumping Round (環跳) (Figure 79)

**Location:** In the hip joint of the femur Thigh Pivot (髀樞).

**Acupoint anatomy:** Skin - subcutaneous tissue - inferior gluteal nerve - gluteus maximus, quadratus femoris, and inferior gemellus - inferior gluteal nerve and sciatic nerve - inferior gluteal artery.

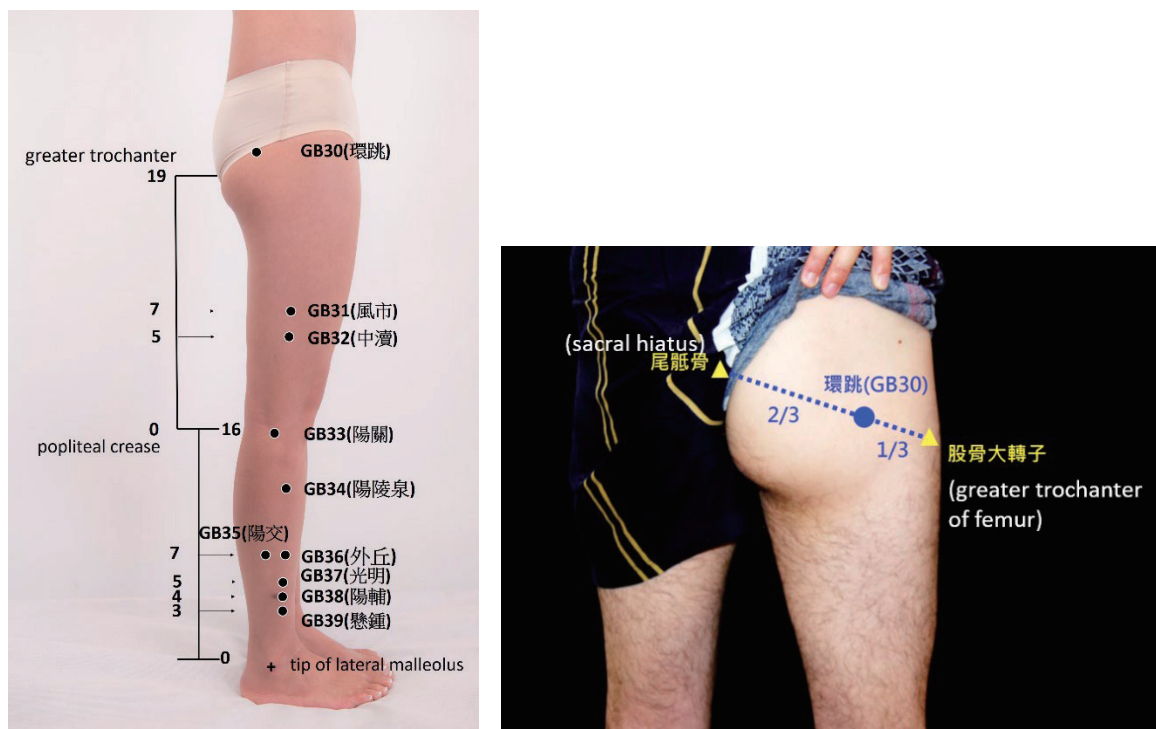


Figure 79

**Locating the acupoint:** Instruct the patient to lie on their side and, with their upper leg bent and lower leg extended, raise the leg toward the patient’s back. Locate the acupoint where the patient’s heel touches the body. Or with the patient standing and both feet together, locate the acupoint in the depression below their waist. Alternatively, with the patient lying in a prone position, use both hands to palpate for the coccyx and lateral prominence of the femur. At the midpoint of the line from these two points, palpate to locate this acupoint inside a large crevice.

**Indications:** Hemiplegia; pain in the lumbar spine, lumbar, and hip; wind papules (rubella) throughout the body, sciatica, bi-syndrome of the lower limbs with paralysis and numbness, sciatica, and arthritis of the hip.

### 31. GB31 Fengshi Wind Market (風市) (Figure 80)

**Location:** On the midline of the lateral side of the thigh, at 7 cun above the knee, and between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve -

branches of the great saphenous vein - iliotibial band- lateral and medial heads of the quadriceps femoris – branches of the lateral circumflex femoral artery - branches of the femoral nerve.

**Locating the acupoint:** Instruct the patient to stand upright, with both hands flat against their thighs. The acupoint is located in the depression under the tip of their middle finger in this position. Alternatively, locate this acupoint on the midline in the lateral side of the thigh, in the depression 7 cun above the knee.

**Indications:** Wind stroke with paralysis, weakness in the knees and legs, itching across the body, post-polio syndrome, urticaria, sciatica, and neurodermatitis.

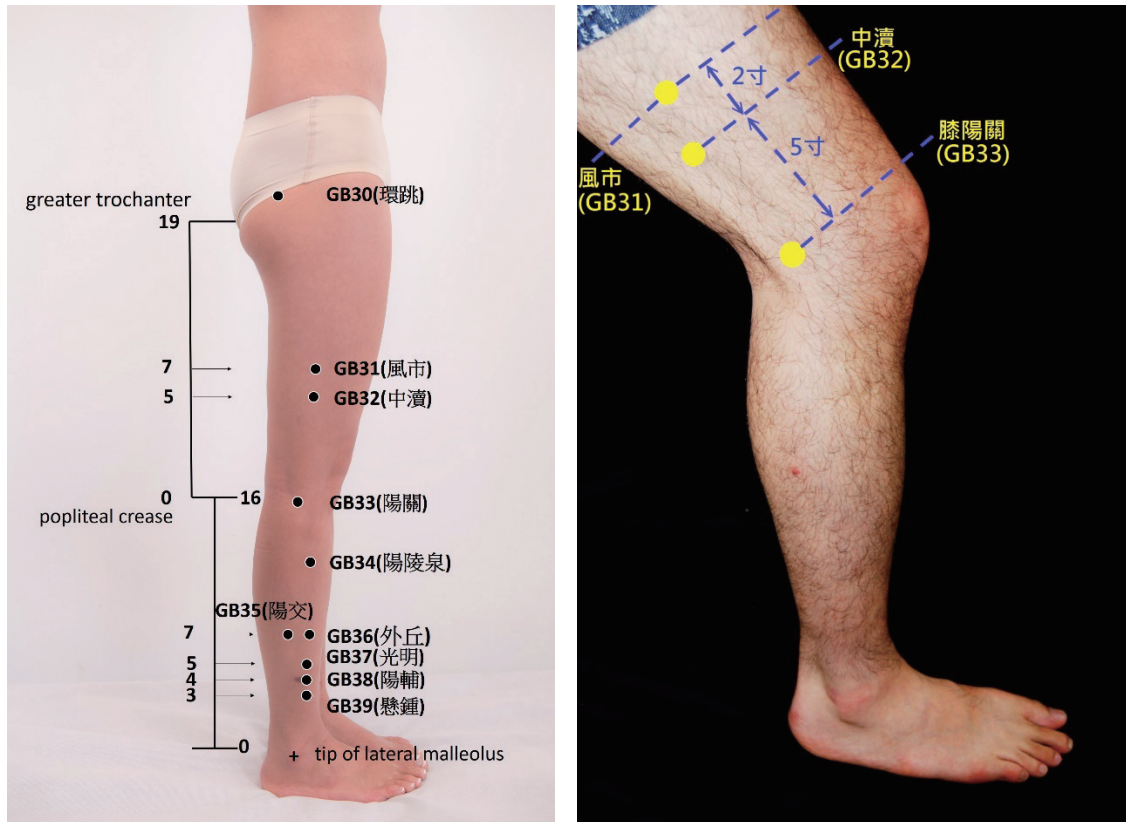


Figure 80

### 32. GB32 Zhongdu Central River (中瀆) (Figure 80)

**Location:** On the midline of the lateral side of the thigh, 5 cun above the knee in the

depression between the flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve - branches of the great saphenous vein - iliotibial band- lateral and medial heads of the quadriceps femoris - branches of the lateral circumflex femoral artery- branches of the femoral nerve.

**Locating the acupoint:** From the tip of the popliteal crease, proceed 5 cun upward when 2 cun below fengshi Wind Market (GB-31), and locate the acupoint between two muscles on the lateral side of the thigh.

**Indications:** Lower limb hemiplegia, pain in the lumbar and hip area, sciatica, and arthritis of the knee.

### 33. *GB33 Xiyangguan Knee Yang Joint* (膝陽關) (Figure 80)

**Location:** At 3 cun above yanglingquan Yang Mound Spring (GB-34) (陽陵泉), in the depression lateral to dubi Calf's Nose (ST-35) (犢鼻).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral femoral cutaneous nerve - branches of the great saphenous vein - lateral head of the quadriceps femoris - superior lateral genicular artery – branches of the femoral nerve and branch of the common fibular nerve.

**Locating the acupoint:** On the lateral side of the knee joint at the tip of the popliteal crease. To locate this acupoint, first mark the end of the popliteal crease with ink, then extend the patient's leg. The acupoint is located in the crevice between the muscle and the bone.

**Indications:** Bi-syndrome caused by preponderant wind and numbness, coldness and pain in the knees and thighs, difficulty bending and extending the limbs, numbness in the calves, arthritis of the knees, and sciatica.

### 34. *GB34 Yanglingquan Yang Mound Spring* (陽陵泉) (Figure 81)

**Location:** On the lateral side of the calves, 1 cun below the knee, and in the depression behind the tibia and before the fibula.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - fibularis longus and extensor digitorum longus -

superficial fibular nerve and deep fibular nerve - anterior tibial artery.

**Locating the acupoint:** With the patient sitting upright, their knees bent, and their legs hanging down, locate the acupoint at 1 cun below the knee, 2 cun and 5 fens lateral, in the depression slightly anterior to the bulge at the upper end of the fibula.

**Indications:** Pain in the lateral costal area, bitter taste in the mouth, hemiplegia, bi-syndrome caused by preponderant cold and numbness in the lower limbs, swelling and pain in the knees, leg qi, sciatica, hypertension, intercostal neuralgia, hepatitis, jaundice, cholecystitis, and gripping pain in the gallbladder.

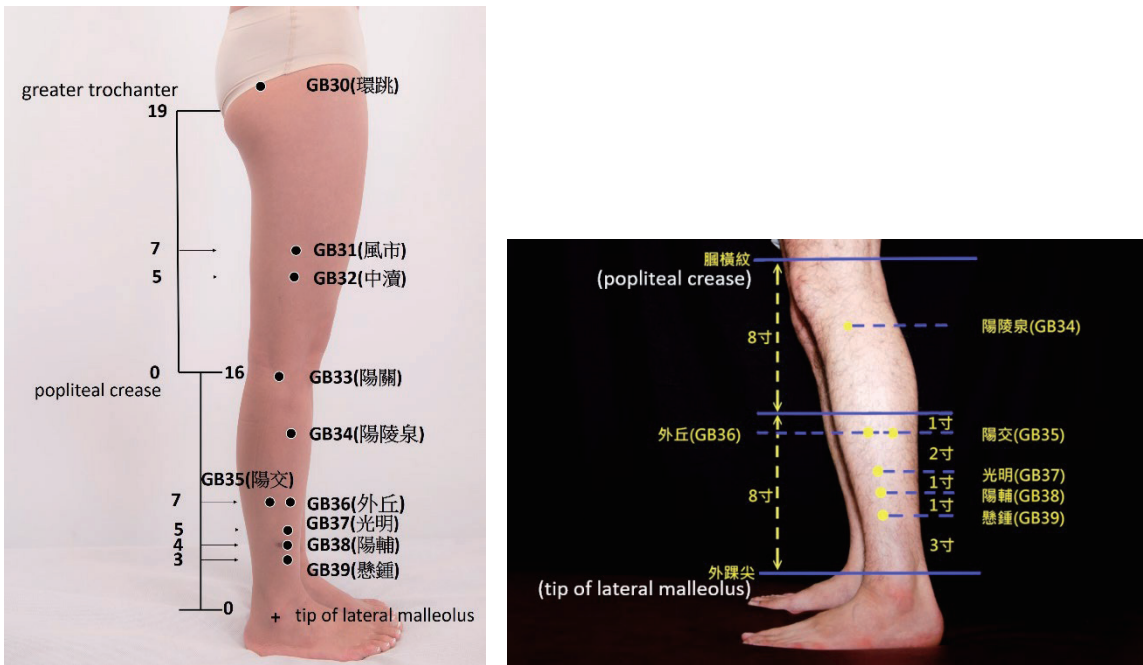


Figure 81

### 35. GB35 Yangjiao Yang Intersection (陽交) (Figure 81)

**Location:** Behind waiqiu Outer Hill (GB-36) (外丘), at 7 cun above the external ankle, slightly diagonally posterior and in the space between the flesh.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - fibularis longus and fibularis brevis - superficial fibular nerve - branch of the fibular artery.

**Locating the acupoint:** With the patient sitting upright and their knees hanging

down, measure 7 cun upward from the external ankle along the posterior border of the fibula. Apply pressure to this area by hand. This acupoint is located along the posterior border of the fibula, above Kunlun Mountains (BL-60) (崑崙), and level with waiqiu Outer Hill (GB-36) in front on the same meridian channel and feiyang Taking Flight (BL-58) (飛揚) behind on the bladder meridian channel pang guang jing (膀胱經); thus, these three acupoints form a horizontal line.

**Indications:** Fullness of the chest with inflammation of the throat; pain, cold, and reversal in the knees; edema of the facial region; and sciatica.

### 36. *GB36 Waiqiu Outer Hill* (外丘) (Figure 81)

**Location:** At 7 cun above the external ankle, in front of yangjiao Yang Intersection (GB-35).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - fibularis longus and extensor digitorum longus - superficial fibular nerve – branches of the anterior tibial artery.

**Locating the acupoint:** With the patient sitting upright and their legs hanging down, measure 7 cun up from the external ankle along the posterior border of the fibula. Apply pressure to this area by hand. Locate the acupoint in front of the tibia and level with yangjiao Yang Intersection (GB-35); it is separated from yangjiao only by the fibula.

**Indications:** Pain in the neck and nape, distention and fullness in the chest, flaccid paralysis in the lower limbs, madness, leg qi, sciatica, and intercostal neuralgia.

### 37. *GB37 Guangming Bright Light* (光明) (Figure 81)

**Location:** At 5 cun above the external ankle (the ankle should not be counted when measuring), 2 cun below waiqiu Outer Hill (GB-36).

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - extensor digitorum longus - deep fibular nerve and the superficial fibular nerve - branches of the anterior tibial artery.

**Locating the acupoint:** With the patient sitting upright and their legs hanging down, measure 5 cun up from the external ankle (from the prominence), along the anterior border of the fibula. Locate the acupoint at 2 cun below waiqiu Outer Hill (GB-36), opposite

ligou Woodworm Canal (LV-5) (蠡溝), which is 5 cun above the thinner ankle.

**Indications:** Soreness and pain in the shins with an inability to stand for long durations; an inability to stand from a sitting position; flaccid paralysis and numbness in the lower limbs; various eye illnesses; febrile diseases without sweating; and hemilateral headaches.

### 38. *GB38 Yangfu Yang Assistance* (陽輔) (Figure 81)

**Location:** At 4 cun above the external ankle, between the fibula and tibia, along the anterior border of the fibula.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - extensor digitorum longus - deep fibular nerve and superficial fibular nerve - branches of the anterior tibial artery.

**Locating the acupoint:** Measure 4 cun upward from the upper border of the external ankle and then proceed forward 1 or 2 fens along the anterior border of the fibula. Alternatively, locate the acupoint at 1 cun above juegu Severed Bone (絕骨) and 1 cun below guangming Bright Light (GB-37).

**Indications:** Soreness and pain in the lumbar and shin regions with an inability to walk or stand, paralysis, flaccid paralysis, coldness in the waist as if sitting in water, sciatica, and swelling of the skin below the knees.

### 39. *GB39 Xuanzhong Suspended Bell* (懸鍾) (Figure 81)

**Location:** At 3 cun above the external ankle, along the anterior border of the fibula, and at the tip of the sharp bone.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral sural cutaneous nerve - branches of the great saphenous vein - extensor digitorum longus - deep fibular nerve and superficial fibular nerve - branches of the anterior tibial artery.

**Locating the acupoint:** With the patient sitting upright and their legs hanging down, measure 3 cun upward from the external ankle (the ankle should not be counted when measuring), and palpate for the tip of the sharp bone. The acupoint is located in the depression anterior to the sharp bone, or the anterior border of the fibula. The numbness generated by needling this acupoint radiates to the dorsum of the foot.



**Indications:** Wind stroke with paralysis of the arms and legs, pain in the neck and nape, pain in the lumbar area and knees, soreness and pain in the calves, leg qi, distention and fullness in the epigastric and abdominal areas, distention and pain in the chest and lateral costal area, crick in the neck, sciatica, and intercostal neuralgia.

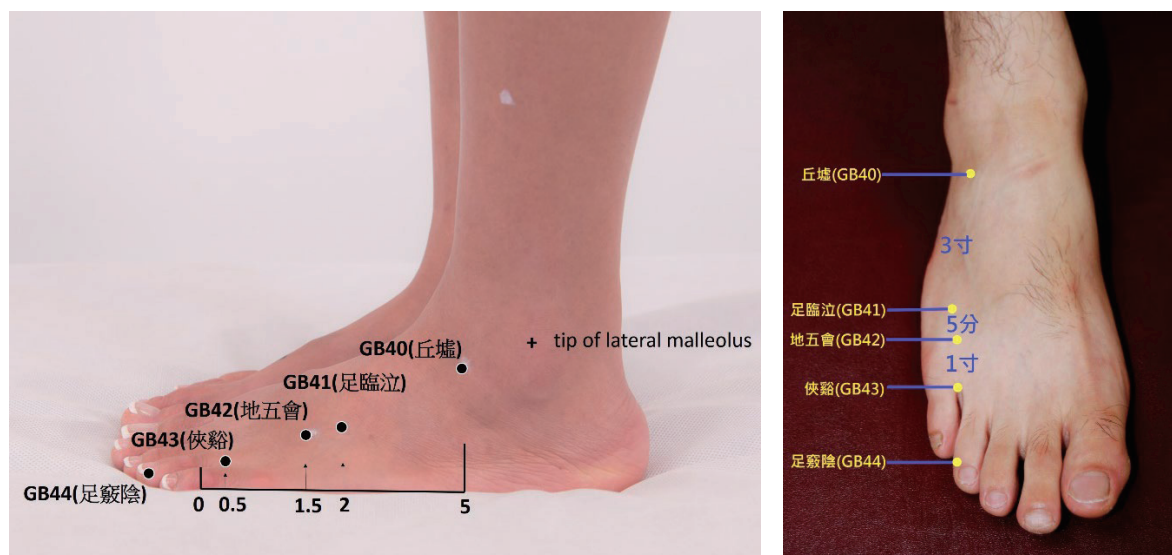


Figure 82

#### 40. GB40 *Qiuxu Hill Ruins* (丘墟) (Figure 82)

**Location:** In the depression anterior and inferior to the external ankle, 3 cun from zulinqi Foot Overlooking Tears (GB-41) (足臨泣).

**Acupoint anatomy:** Skin - subcutaneous tissue – branch of the superficial fibular nerve – branch of the small saphenous vein - cruciate crural ligament - extensor digitorum brevis and extensor hallucis brevis – lateral branch of the deep fibular nerve - anterior lateral malleolar artery.

**Locating the acupoint:** Proceeding upward along the fourth toe, locate the acupoint in the depression on the transverse crease anterior to the external ankle, which is visible when the foot is raised. This acupoint is separated from jiexi Ravine Divide (ST-41) by one muscle. It can be located with the patient sitting upright and their legs hanging down, or lying in a supine position.

**Indications:** Fullness and pain in the chest and lateral costal area with an inability

to catch one's breath, wilting reversal, pain in the hip joint, soreness and pain in the lumbar region and legs, sciatica, cramps, mounting qi, swelling and pain in the external ankle, and illnesses of the gallbladder.

#### 41. *GB41 Zulinqi Foot Overlooking Tears* (足臨泣) (Figure 82)

**Location:** In the depression behind the base joint of the lateral side of the fourth toe on the dorsum of the foot, and 1 cun and 5 fen away from xiaxi Pinched Ravine (GB-43) (俠谿).

**Acupoint anatomy:** Skin - subcutaneous tissue –intermediate dorsal cutaneous branch of the superficial fibular nerve- branches of the dorsalis pedis artery - extensor digitorum brevis and dorsal interosseous muscles.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright with their legs hanging down, locate the acupoint in the depression anterior to the joint between the fourth and fifth metatarsal bone, 3 cun below qiuxu Hill Ruins (GB-40), 5 fen behind diwuhui Earth Fivefold Convergence (GB-42) (地五會), and 1 cun and 5 fen above xiaxi Pinched Ravine (GB-43). The patient should feel extreme soreness and distention when pressure is applied to this point.

**Indications:** Fullness and pain in the chest; dizzy vision; pain in the back of the head; bi-syndrome pain throughout the body, with no part feeling normal; reverse flow; menstrual disorders; fullness and pain in the free rib region; and welling-abscess of the breast.

#### 42. *GB42 Diwuhui Earth Fivefold Convergence* (地五會) (Figure 82)

**Location:** On the lateral side of the fourth toe on the dorsum of the foot, in the depression behind the base joint, 1 cun from xiaxi Pinched Ravine (GB-43).

**Acupoint anatomy:** Skin - subcutaneous tissue –dorsal branch of the superficial fibular nerve – branches of the dorsalis pedis artery - dorsal interosseous muscles.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright with their legs hanging down, locate the acupoint between the fourth and fifth metatarsal bones, on the lateral side of the fourth toe, in the depression behind the base joint, 1 cun above xiaxi Pinched Ravine (GB-43), and 5 fen below zulinqi Foot Overlooking Tears

(GB-41). The patient should experience extreme soreness and distention when pressure is applied to this acupoint.

**Indications:** Swelling and pain in the dorsum of the foot, headaches, redness and pain in the eyes, deafness, tinnitus, pain in the lateral costal area, axillary pain, internal injury with blood ejection, and welling-abscess of the breast.

#### 43. *GB43 Xiaksi Pinched Ravine (俠溪) (Figure 82)*

**Location:** In the depression before the base joint of the fourth toe on the lateral side, at 5 fen from the groove between the fourth and fifth toes.

**Acupoint anatomy:** Skin - subcutaneous tissue – dorsal digital branches of the superficial fibular nerve – branch of the dorsal digital artery and anterior perforating branches of the plantar metatarsal arteries.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright with their legs hanging down, locate the acupoint in the groove between the fourth and the fifth toes, in front of the base joint 5 fen from the groove, and 1 cun below diwuhui Earth Fivefold Convergence (GB-42).

**Indications:** Swelling and pain in the dorsum of the foot, spasms in the five toes, propping fullness in the chest and lateral costal area, coldness or febrile disease without sweating, redness and swelling in the outer canthus, intercostal neuralgia, and hypertension.

#### 44. *GB44 Zuqiaoyin Foot Orifice Yin (足竅陰) (Figure 82)*

**Location:** On the lateral side of the fourth toe, at a small distance from the corner of the nail.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal branches of the proper plantar digital arteries and nerves.

**Locating the acupoint:** On the lateral side of the fourth toe at the base or root of the nail, locate the acupoint at approximately 1 fen from the corner of the nail.

**Indications:** Headaches, ocular pain, pain in the lateral costal area, coughing and counterflow with an inability to catch one's breath, vexation and heat in the hands and feet, deafness, hypertension, and intercostal neuralgia.

## Section 12. Acupoints on the Jueyin Liver Meridian Channel of the Foot

The jueyin liver meridian channel of the foot (LR) contains 14 acupoints on one side, which totals 28 acupoints for both sides. On one side, 12 acupoints are located along the middle of the medial side of the lower limbs, and 2 are located in the chest and abdomen. The first acupoint is dadun Large Pile (LR-1) (大敦), and the last acupoint is qimen Cycle Gate (LR-14) (期門). The main indications are illnesses of the urinary, reproductive, and nervous systems, illnesses of the liver and gallbladder, and illnesses in the areas along with the channel courses.

### Contemporary Chart 12. The Jueyin Liver Meridian Channel of the Foot



Figure 83

#### 1. LR1 Dadun Large Pile (大敦) (Figure 83)

**Location:** On the tip of the hallux (big toe), among the hairs a short distance from

the corner of the nail. According to some, the medial side is known as yinbai Hidden White (SP-1) (隱白), and the lateral side as dadun Large Pile (LR-1).

**Acupoint anatomy:** Skin - subcutaneous tissue - branches of the dorsal digital nerves and veins of the hallux - dorsal digital branches of the superficial fibular nerve and the dorsal digital artery – distal phalanx of the hallux.

**Locating the acupoint:** Lateral side of the hallux at the base of the nail, locate the acupoint at approximately 1 fen from the corner of nail and 1 fen above, before the first and second joints of the hallux, slightly to the lateral side.

**Indications:** Five stranguries and seven mountings, frequent and uncontrolled urination, abdominal distention and fullness, drowsiness, wind stroke and loss of consciousness (clouding reversal), and blood flooding.

## 2. *LR2 Xingjian Moving Between* (行間) (Figure 83)

**Location:** In the groove between the hallux and the second toe, in the depression where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - dorsal digital nerve and vein – between the first and second toe - dorsal digital artery.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, locate the acupoint 5 fen from the groove between the hallux and the second toe. A depression appears when this acupoint is pressed. According to the example of xiashi Pinched Ravine (GB-43) on the gallbladder meridian channel, this acupoint should be located in front of the base joint of the hallux and second toe.

**Indications:** Lacrimation, coughing and counterflow, pain in the chest and heart, distention in the chest and lateral costal area, swelling in the lower abdomen, metrostaxis, lumbar pain with an inability to bend back and forth, wind stroke with deviation of the mouth and eyes, fright wind among children, and epilepsy.

## 3. *LR3 Taichong Great Thoroughfare* (太衝) (Figure 83)

**Location:** At 2 cun behind the base joint of the hallux, or in the depression 1 and a half cun behind the joint where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue – medial branch of the deep fibular

nerve - between the first and second toe – contains dorsal metatarsal arteries - extensor hallucis longus and extensor hallucis brevis - dorsal interosseous muscles.

**Locating the acupoint:** With the patient sitting upright or lying in a supine position, locate the acupoint on the lateral side of the hallux, in a depression 2 cun above the cleavage of the toes in the crevice between the juncture of two bones, and where the artery can be palpated. From between the hallux and the second toe, proceed upward along the toe groove to its end to locate the acupoint at 1 cun and 5 fens from Xingjian Moving Between (LR-2). Although an artery is located in this area, it is not prominent. The patient should experience soreness and distention when pressure is applied to this acupoint. Proceed upward and diagonally in a lateral direction for slightly more than 1 cun to reach the chongyang Surging Yang (ST-42) (衝陽) acupoint on the stomach meridian, where the artery can be palpated. (Chongyang Surging Yang (ST-42) is located between the second and third metatarsal bones.)

**Indications:** Fearfulness, qi deficiency, fullness and pain in the chest and lateral costal area, sloppy diarrhea, urinary difficulty, enuresis, mounting qi, amenorrhea or incessant spotting, aching shins and painful ankles, headaches, dizziness, insomnia, and hypertension.

#### 4. *LR4 Zhongfeng Mound Center (中封) (Figure 83)*

**Location:** One cun anterior and slightly inferior to the inner ankle, in the space or depression between the muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue – medial dorsal cutaneous nerve branches of the superficial fibular nerve and branches of the saphenous nerve - cruciate crural ligament – between the tibialis anterior and extensor hallucis longus – contains the anterior medial malleolar artery.

**Locating the acupoint:** With the patient sitting upright and their foot raised, locate the acupoint in the depression anterior to the inner ankle, level with and medial to Jiexi Ravine Divide (ST-41), at a distance of 4 or 5 fens. This point was named zhongfeng Mound Center (LR-4) because it is sealed (feng) between two muscles. A chapter of “On Acupoints” in Spiritual Pivot states (靈樞·本腧篇) that “if the flow is inversed, this area becomes blocked (stagnant when the foot is raised, with stiffness in both large muscles).

If the flow is balanced, then this area is well irrigated (smooth when extending the foot). Shake the patient's foot to locate this acupoint (shaking the ankle separates the two large tendons in the tarsus to reveal the acupoint).” Jiexi Ravine Divide (ST-41) is located outside the two muscles, shangqiu Shang Hill (SP-5) (商丘) is located medially to the muscles, and this acupoint is in the sealed space between the muscles.

**Indications:** Umbilical pain, swelling and pain in the lower abdomen, reversal cold in the legs, swelling and pain at the inner ankle, poor appetite, constipation, cold mounting with wilting reversal, retraction of the genitals into the abdomen with induced pain, and seminal emissions.

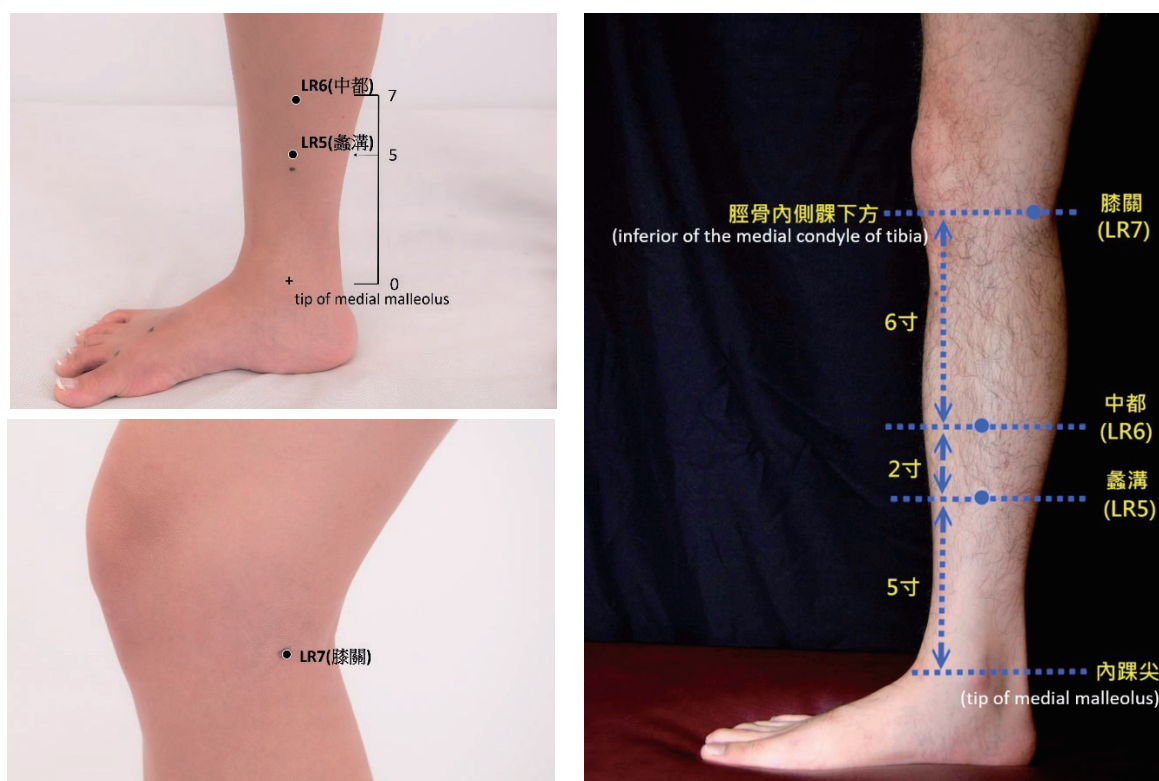


Figure 84

### 5. LR5 Ligou Woodworm Canal (蠡溝) (Figure 84)

**Location:** At 5 cun above the inner ankle on the medial border of the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein - crural fascia

- medial crural cutaneous branches of the saphenous nerve - soleus - tibial nerve and posterior tibial artery and vein - the tibia.

**Locating the acupoint:** With the patient sitting upright and their knees bent, measure 5 cun upward from the superior border of the medial malleolus to locate the acupoint along the medial border of the tibia, opposite guangming Bright Light (GB-37), which is located at 5 cun above the external ankle.

**Indications:** Painful mounting qi, lower abdominal distention and pain, urinary difficulty, menstrual disorders, leucorrhea with red and white discharge, contracture in the lumbar and back area with an inability to bend back and forth, and coldness and aching in the legs and shins with difficulty bending and extending.

## 6. *LR6 Zhongdu Central Metropolis* (中都) (Figure 84)

**Location:** At 7 cun above the inner ankle, along the medial border of the tibia.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein - crural fascia - medial crural cutaneous branches of the saphenous nerve - soleus - tibial nerve and the posterior tibial artery and vein – the tibia.

**Locating the acupoint:** At 7 cun above the inner ankle, 2 cun above ligou Woodworm Canal (LR-5), and along the medial border of the tibia, locate the acupoint.

**Indications:** Mounting qi, lower abdominal pain, coldness and bi-syndrome pain in the shins, an inability to walk or stand, flooding in women, and persistent flow of lochia postpartum.

## 7. *LR7 Xiguan Knee Joint* (膝關) (Figure 84)

**Location:** On the superior region of the medial part of the tibia, 2 cun below dubi Calf's Nose (ST-35), and in the depression diagonal and medial to this part.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein - crural fascia - medial crural cutaneous branches of the saphenous nerve – soleus and gastrocnemius – infrapatellar branch of the saphenous nerve and inferior medial genicular artery - the tibia.

**Locating the acupoint:** Instruct the patient to sit upright with their knees bent and legs hanging down. From the depression medial and inferior to the patella bone, or 2 cun down from dubi Calf's Nose (ST-35), proceed medially to the side to locate the acupoint



at slightly more than 1 cun behind yinlingquan Yin Mound Spring (SP-9), in the depression below ququan Spring at the Bend (LR-8) (曲泉), and in a vertical line with taixi Great Ravine (KI-3) (太谿) below.

**Indications:** Bi-syndrome caused by preponderant wind, swelling and pain in the medial aspect of the knees with induced pain to the patella and difficulty bending and extending the legs, flaccid paralysis in the lower limbs, cold and damp with traveling influx (moving impediment), wind pain with joint running, pain in the throat, arthritis of the knee, and rheumatoid arthritis.



Figure 85

## 8. LR8 Ququan Spring at the Bend (曲泉) (Figure 85)

**Location:** On the medial side of the knee joint, in the depression between the large muscles above and the small muscles below, and at the tip of the popliteal crease.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein - cutaneous branches of the obturator nerve – superior border of the semimembranosus - saphenous nerve saphenous branch of the descending genicular artery - the femur.

**Locating the acupoint:** Instruct the patient to sit upright with their knees bent and legs hanging down. Proceeding from the center of the medial edge of the knees, locate the depression at the head of the popliteal crease, where the semitendinosus and semimembranosus terminate. To locate the acupoint, first bend the patient's knee as much

as possible, squeeze and hold the head of the popliteal crease at the medial side of the knee, and then extend the knee. The area under the finger is beneath a small muscle and above a large muscle. The acupoint is located in the depression formed between these muscles. Proceeding from this acupoint, in the depression under the large muscle horizontally behind the knee, the acupoint yingu Yin Valley (KI-10) (陰谷) of the kidney meridian channel is located, separated from ququan Spring at the Bend (LR-8) by a large muscle (the semimembranosus).

**Indications:** Mounting qi; difficulty urinating; lower abdominal pain in women; uterine prolapse; pain in the penis; an inability to raise, bend, or extend the limbs; coldness and pain in the knees and shins, mania with nosebleeds.

### 9. *LR9 Yinbao Yin Bladder* (陰包) (Figure 86)

**Location:** On the medial aspect of the thigh, at 4 cun above the knee, and in the depression between two muscles.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein – branch of the obturator nerve – branch of the saphenous nerve and femoral artery – between the semimembranosus and the Sartorius; muscles of the adductor group – the femur.

**Locating the acupoint:** With the patient sitting upright and their legs bent, locate the acupoint in the depression above the knee along the medial side. The acupoint can be found along the medial side of the femur, and 4 cun above ququan Spring at the Bend (LR-8). The patient should experience distention when pressure is applied to this acupoint.

**Indications:** Lumbar and sacral pain and induced lower abdominal pain, difficulty urinating, enuresis, and menstrual disorders.

### 10. *LR10 Zuwuli Foot Five Li* (足五里) (Figure 86)

**Location:** At 3 cun below qichong Qi Thoroughfare (ST-30) (氣衝) on the medial aspect of the thigh, where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - great saphenous vein - branch of the obturator nerve – branch of the saphenous nerve and the femoral artery - between the semimembranosus and the Sartorius; muscles of the adductor group – the femur.

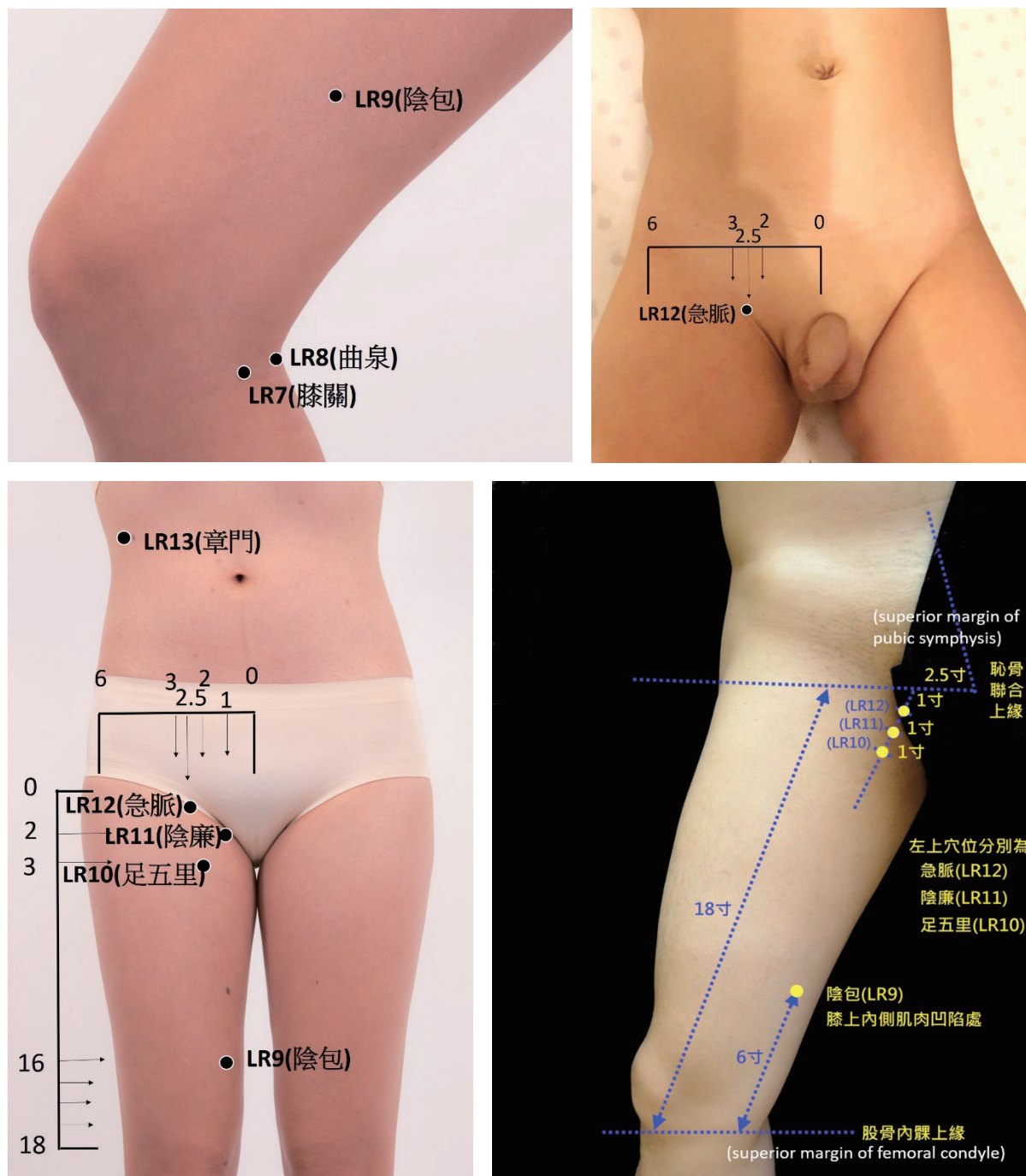


Figure 86

**Locating the acupoint:** With the patient lying in a supine position and their legs extended, proceed 5 fen lateral to qichong Qi Thoroughfare (ST-30), and 3 cun downward. (Qichong Qi Thoroughfare (ST-30) is 2 cun lateral to and above yinlian Yin Corner (LR-11) (陰廉), in the depression below the lateral edge of the pubic bone.) Located at 1 cun below yinlian Yin Corner (LR-11), this acupoint is medial to the artery that runs along the inner thigh.

**Indications:** Fullness in the abdomen, difficulty urinating, wind taxation with drowsiness, an inability to raise the limbs, scrotal eczema, cystitis, and endometritis.

### 11. LR11 Yinlian Yin Corner (陰廉) (Figure 86)

**Location:** In the middle of the inguinal groove, below the inguinal lymph nodes at 2 cun below qichong Qi Thoroughfare (ST-30), where the artery can be palpated.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the obturator nerve and branch of the femoral nerve - femoral artery (deep and superficial external pudendal artery) and femoral vein - ilioinguinal nerve and branch of the genitofemoral nerve - adductor longus and the pectineus.

**Locating the acupoint:** With the patient lying in a supine position, beside the genital area and below the lateral end of the pubic bone, a pit-like structure, called the yangshi bone (inguinal lymph node), can be palpated beneath the flesh. The acupoint is located below this bone at 5 fens lateral and 2 cun inferior to qichong Qi Thoroughfare (ST-30), or 1 cun above zuwuli Foot Five Li (LR-10).

**Indications:** Menstrual disorders, leucorrhea, infertility, pain in the medial aspect of the thighs, and mounting pain.

### 12. LR12 Jimai Urgent Pulse (急脈) (Figure 86)

**Location:** Among the pubic hair, 2 cun and 5 fen lateral to the genitals yin organ (陰器).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the obturator nerve and branches of the femoral nerve - femoral artery (deep and superficial external pudendal artery) and femoral vein - ilioinguinal nerve and branch of the genitofemoral nerve - adductor longus and the pectineus.

**Locating the acupoint:** With the patient lying in a supine position and their legs extended, proceed between the genitals yin organ and qugu Curved Bone (CV-2) (曲骨), at 2 cun and 5 fens to the side, or 5 fen lateral to qichong Qi Thoroughfare (ST-30). Proceed 1 cun further downward into the pubic hair. When pressure is applied to this acupoint, pain is induced both above and below the point.

**Indications:** Pain in the penis, pain in the medial aspect of the thighs, mounting qi, and lower abdominal pain.

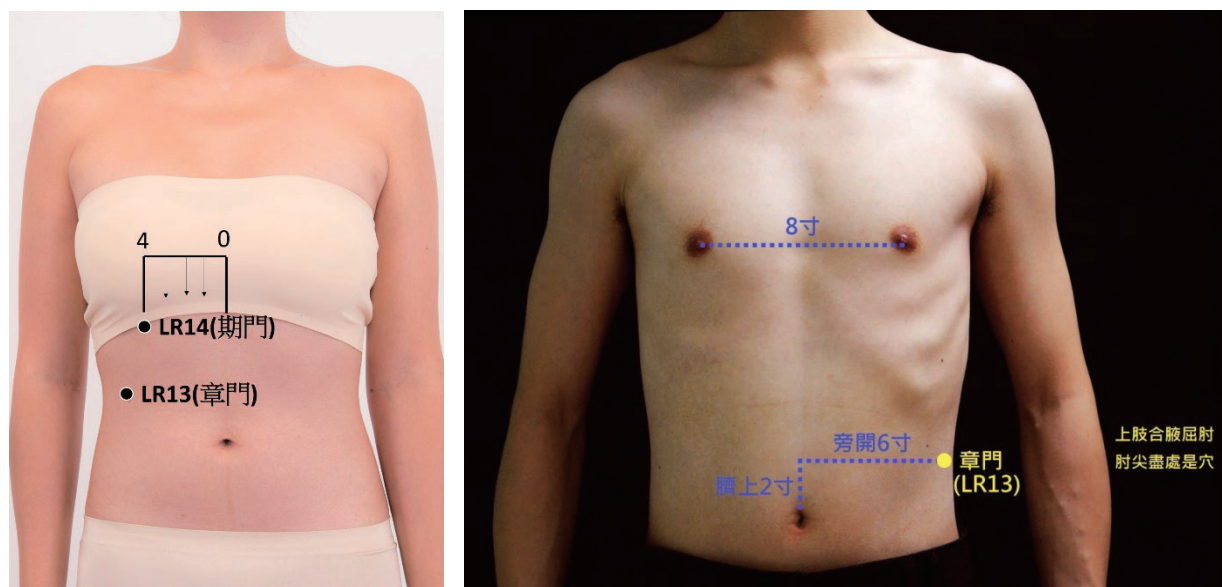


Figure 87

### 13. LR13 Zhangmen Camphorwood Gate (章門) (Figure 87)

**Location:** On the side of the abdomen, at the end of the eleventh rib, 2 cun above the navel, and 6 cun lateral to the midline.

**Acupoint anatomy:** Skin - subcutaneous tissue - thoracoepigastric vein - external obliques, internal obliques, and transversus abdominis (further insertion risks damaging internal organs) – anastomoses between subcostal and lower intercostal arteries – branches of the lateral thoracic artery - lateral cutaneous branches of intercostal nerves.

**Locating the acupoint:** Instruct the patient to lie on their side, with their knees bent and calves extended. Raise the patient's arm to locate the acupoint at 2 cun above the

navel and 6 cun lateral to the midline on both sides. Bend the patient's elbow, and hold their arm closed up to the armpit. This acupoint is located at the point the tip of the elbow touches, at the end of the eleventh rib.

**Indications:** An inability to raise the arms and shoulders, pain in the lateral costal area with sleeplessness, coldness and pain in the lumbar area and spine with an inability to turn, vomiting, indigestion, emaciation and jaundice, diarrhea, and laziness and listlessness in the limbs.

#### 14. *LR14 Qimen Cycle Gate* (期門) (Figure 88)

**Location:** At the end of the second rib below the nipple, 1 cun and 5 fen lateral to burong.

**Acupoint anatomy:** Skin - subcutaneous tissue - thoracoepigastric vein - lateral cutaneous branches of the intercostal nerves – intercostal nerves, arteries, and veins - intercostal muscle.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 1 cun and 5 fen lateral to burong, 3 cun and 5 fen lateral to juque Great Tower Gate (CV-14) (巨闕), in a vertical line below the nipples, and at the medial end of the space between the second and third ribs below the nipple.

**Indications:** Accumulation and pain in the chest and lateral costal area, acid regurgitation, difficulty consuming food, stiffness in the abdominal area, diarrhea, and heat entering the blood chamber observed in women.

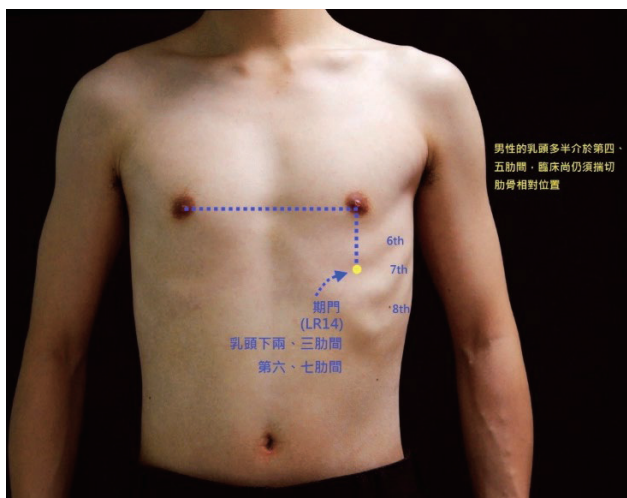
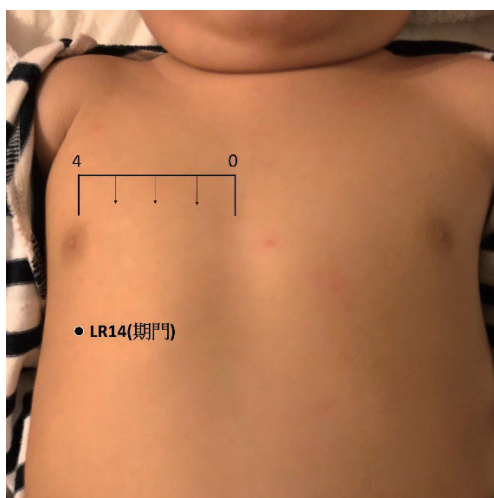
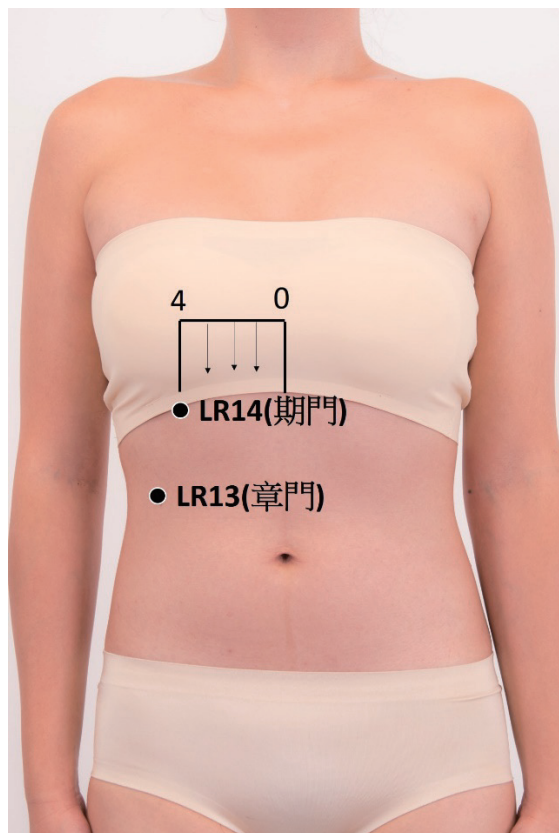


Figure 88

## Section 13. Acupoints on the Conception Vessel

The conception vessel (CV) has 24 acupoints, which each have a unique name. The first acupoint is the thuiyin Meeting of Yin (CV-1) (會陰), and the last acupoint is chengjiang Sauce Receptacle (CV-24). The acupoints are distributed along the anterior midline of the face, neck, chest, and abdomen. The main indications are illnesses of the nervous, digestive, respiratory, urinary, and reproductive systems; cold illnesses; and illnesses in areas along with the channel courses, including the face, neck, throat, chest, abdomen, and perineum.

### Contemporary Chart 13. The Conception Vessel

#### 1. CV1 Huiyin Meeting of Yin (會陰) (Figure 89)

**Location:** Between the genitals (urethra) and the anus, in the perineum (會陰部).

**Acupoint anatomy:** Skin - subcutaneous tissue - central tendon of the perineum - superficial transverse perineal membrane – branch of the internal pudendal artery - pudendal nerve.

**Locating the acupoint:** With the patient bending forward and crouching, locate the acupoint in the crevice between the genitalia and anus, at the center of the vestibular bulb (bulb of the penis and corpus spongiosum in males).

**Indications:** Pain and itching in the genital area, menstrual disorders, itching of the anus, difficulty urinating, seminal emissions, enuresis, mania and withdrawal, sweating of the genitals, constipation, amenorrhea, suffocation from drowning, postpartum stupor and loss of consciousness, vaginitis, orchitis, scrotitis, and mounting qi.

#### 2. CV2 Qugu Curved Bone (曲骨) (Figure 89)

**Location:** Along the midline in the abdomen, on the superior border of the pubic symphysis at 1 cun below zhongji Central Pole (CV-3) (中極), and in the depression in the pubic hair region.

**Acupoint anatomy:** Skin - superficial epigastric artery and vein - subcutaneous tissue - anterior cutaneous branch of the iliohypogastric nerve (L1) and the ilioinguinal nerve (L1) - lateral cutaneous branch of the subcostal nerve - superficial external pudendal



artery and vein - inferior epigastric artery and vein - linea alba.

**Locating the acupoint:** Instruct the patient to lie in a supine position. At the superior border of the pubic bone, 5 cun below the navel in a vertical line, in the depression within the pubic hair.

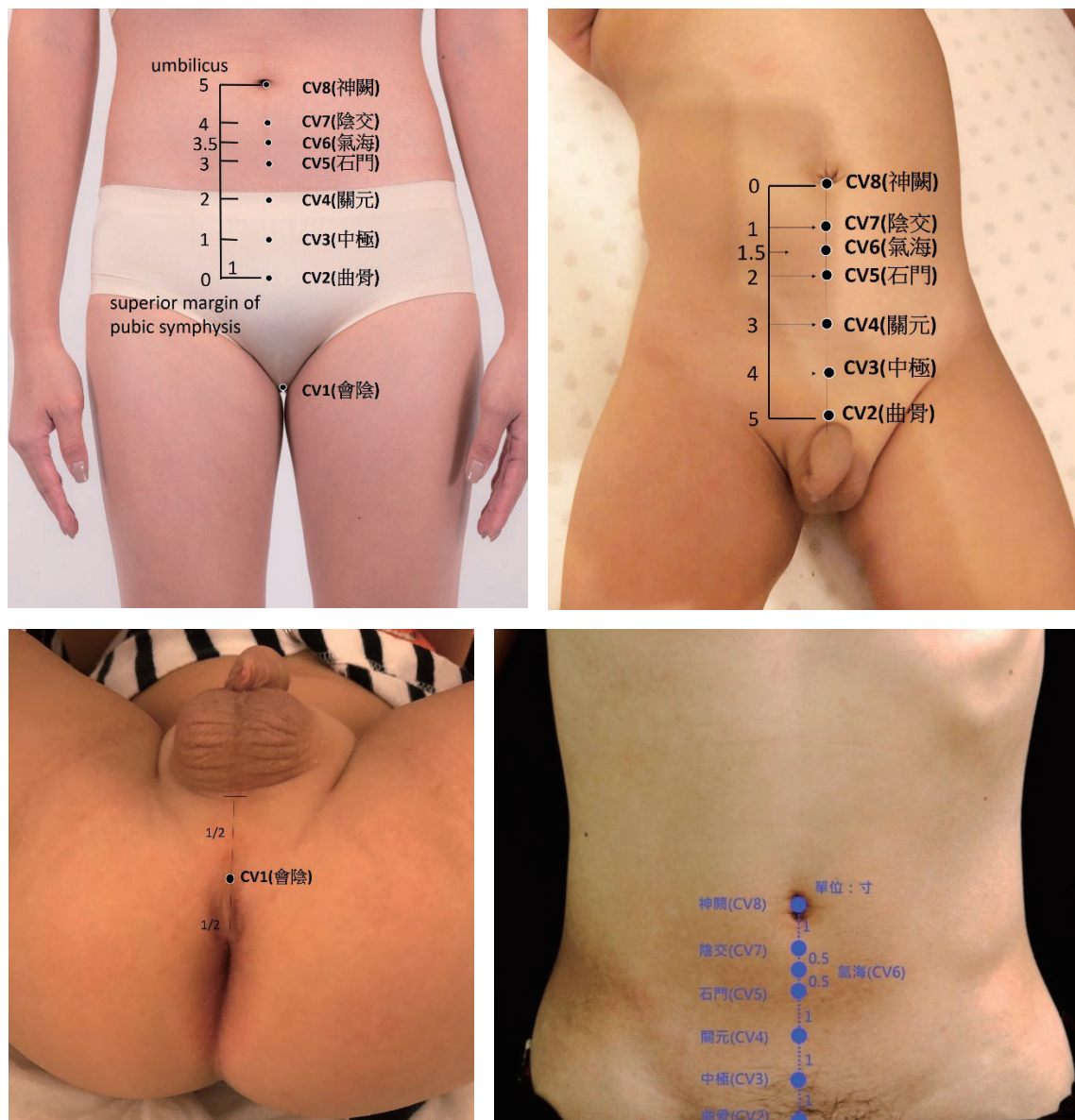


Figure 89

**Indications:** Seminal emissions, impotence, leucorrhea with red and white discharge, difficulty urinating, mounting qi, distention and fullness during urination, dribbling urination, cold deficiency in the abdominal area, scrotal eczema, qi deficiency and weakness in the five zang, extreme deficiency and cold, cystitis, incomplete postpartum uterine contraction, and endometritis.

### 3. *CV3 Zhongji Central Pole (中極) (Figure 89)*

**Location:** At 1 cun below guanyuan Pass Head (CV-4) (關元) and 4 cun below the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate this acupoint at 1 cun above qugu Curved Bone (CV-2), and 4 cun below the navel.

**Indications:** Enuresis, seminal emissions, impotence, menstrual disorders, leucorrhea, urethritis, pain and swelling of the lower abdomen, running piglet qi with mounting-conglomeration, dribbling urinary block, dysmenorrhea, postpartum lochia retention, uterine prolapse, mounting qi with unilateral sagging of the testicles, accumulations and pain, cold qi surging up to the heart, edema, loss of consciousness (dead syncope), absent-mindedness, nephritis, cystitis, pelvic inflammatory disease, and postpartum uterine neuralgia.

### 4. *CV4 Guanyuan Pass Head (關元) (Figure 89)*

**Location:** At 3 cun below the navel and 2 cun above henggu Pubic Bone (KI-11).

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves and the anterior and lateral branches of the subcostal nerve - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate this acupoint at 1 cun below shimen Stone Gate (CV-5) (石門), 1 cun above zhongji Central

Pole (CV-3), and 3 cun below the navel.

**Indications:** Enuresis, difficulty urinating, frequent urination, seminal emissions, dysmenorrhea, amenorrhea, menstrual disorders, leucorrhea, metrostaxis, uterine prolapse, mounting qi, cold qi entering the abdomen, lower abdominal pain, running piglet qi, diarrhea, wind stroke with desertion syndrome, deficiency taxation (consumptive diseases) with contracture and pain in the abdomen, impotence, rectal prolapse, hepatitis, enteritis, and cystitis.

### 5. *CV5 Shimen Stone Gate* (石門) (Figure 89)

**Location:** At 2 cun below the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of the intercostal nerves - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate this acupoint at half a cun below qihai Sea of Qi (CV-6) (氣海), 1 cun above guanyuan (Pass Head (CV-4), and 2 cun below the navel.

**Indications:** Incessant dysentery, loss of appetite, an inability to digest grain (food), edema, abdominal distention with hardness, flooding and descent of flooding, amenorrhea, blood strangury, persistent flow of lochia postpartum, cold damage with yin syndrome, qi strangury, difficulty urinating, gripping pain in the lower abdomen, retraction of the scrotum into the lower abdomen, retraction of the genitals into the abdomen, running piglet qi, vomiting and ejection of blood, enteritis, and endometritis.

### 6. *CV6 Qihai Sea of Qi* (氣海) (Figure 89)

**Location:** At 1 cun and 5 fen below the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate this acupoint at half a cun below yinjiao Yin Intersection (CV-7), 5 fens above shimen Stone Gate (CV-5), and 1 cun and 5 fen below the navel.

**Indications:** Metrostaxis, leucorrhea with red and white discharge, menstrual disorders, mounting qi, enuresis, postpartum bleeding, paraumbilical and abdominal pain, diarrhea, constipation, lower energizer cold deficiency, edema, yin deficiency, upsurge into the heart and abdomen, wind stroke with desertion syndrome, abdominal pain, diarrhea, incomplete digestion (undigested food in stool), seminal emissions, impotence, retention of the placenta, gastritis, cystitis, and pelvic inflammatory disease.

### 7. *CV7 Yinjiao Yin Intersection* (陰交) (Figure 89)

**Location:** At 1 cun below the navel.

**Acupoint anatomy:** Skin – branches of paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position, locate this acupoint at 1 cun below the navel.

**Indications:** Metrostaxis, leucorrhea, genital itching, mounting qi, postpartum bleeding, persistent flow of lochia, menstrual disorders, inability to urinate, paraumbilical coldness and pain, upsurge from the lower abdomen to the heart causing pain, spasms and tension in the lumbar area and knees, abdominal pain with edema, difficulty urinating, mounting qi, nephritis, and endometritis.

### 8. *CV8 Shenque Spirit Gate Tower* (神闕) (Figure 89)

**Location:** In the center of the navel.

**Acupoint anatomy:** Skin – branches of paraumbilical veins - subcutaneous tissue - superficial epigastric artery and vein - anterior and lateral cutaneous branches of intercostal nerves - inferior epigastric artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate this acupoint in the center of the navel.

**Indications:** Cold injury with an yin syndrome, cold deficiency in the abdomen, cold blood with infertility among women, borborygmus with diarrhea, persistent diarrhea

after breastfeeding among infants, rectal prolapse, edema and drum distention, paraumbilical and abdominal pain, five stranguries, wind stroke with desertion syndrome, loss of consciousness (dead syncope), arched-back rigidity, wind epilepsy, enteritis, dysentery, and postpartum urinary retention.

### 9. *CV9 Shuifen Water Divide (水分) (Figure 90)*

**Location:** At 1 cun below xiawan Lower Stomach Duct (CV-10) (下脘) and 1 cun above the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of the internal thoracic artery and veins (superior epigastric artery and veins) - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 1 cun above the navel.

**Indications:** Borborygmus with diarrhea, paraumbilical pain, difficulty urinating, edema and drum-like distention, abdominal hardness similar to a drum, qi surging to the chest with an inability to catch one's breath, depressed fontanel among infants, deficiency distention of the intestines and stomach, stomach reflux, stiffness in the lumbar spine, enteritis, gastritis, intestinal adhesion, and inflammation of the urinary system.

### 10. *CV10 Xiawan Lower Stomach Duct (下脘) (Figure 90)*

**Location:** At 1 cun below jianli Interior Strengthening (CV-11) (建里) and 2 cun above the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of the internal thoracic artery and veins (superior epigastric artery and veins) - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 2 cun above the navel, 2 cun below zhongwan Central Stomach Duct (CV-12) (中脘), and 5 cun below jiuwei turtledove's tail (CV-15) (鳩尾).

**Indications:** Indigestion, abdominal distention and pain, borborygmus with diarrhea,

incomplete digestion (undigested food in stool), vomiting, emaciation with poor appetite, stomach reflux, reddish urine, gastritis, stomach ulcer, stomach spasm, and enteritis.

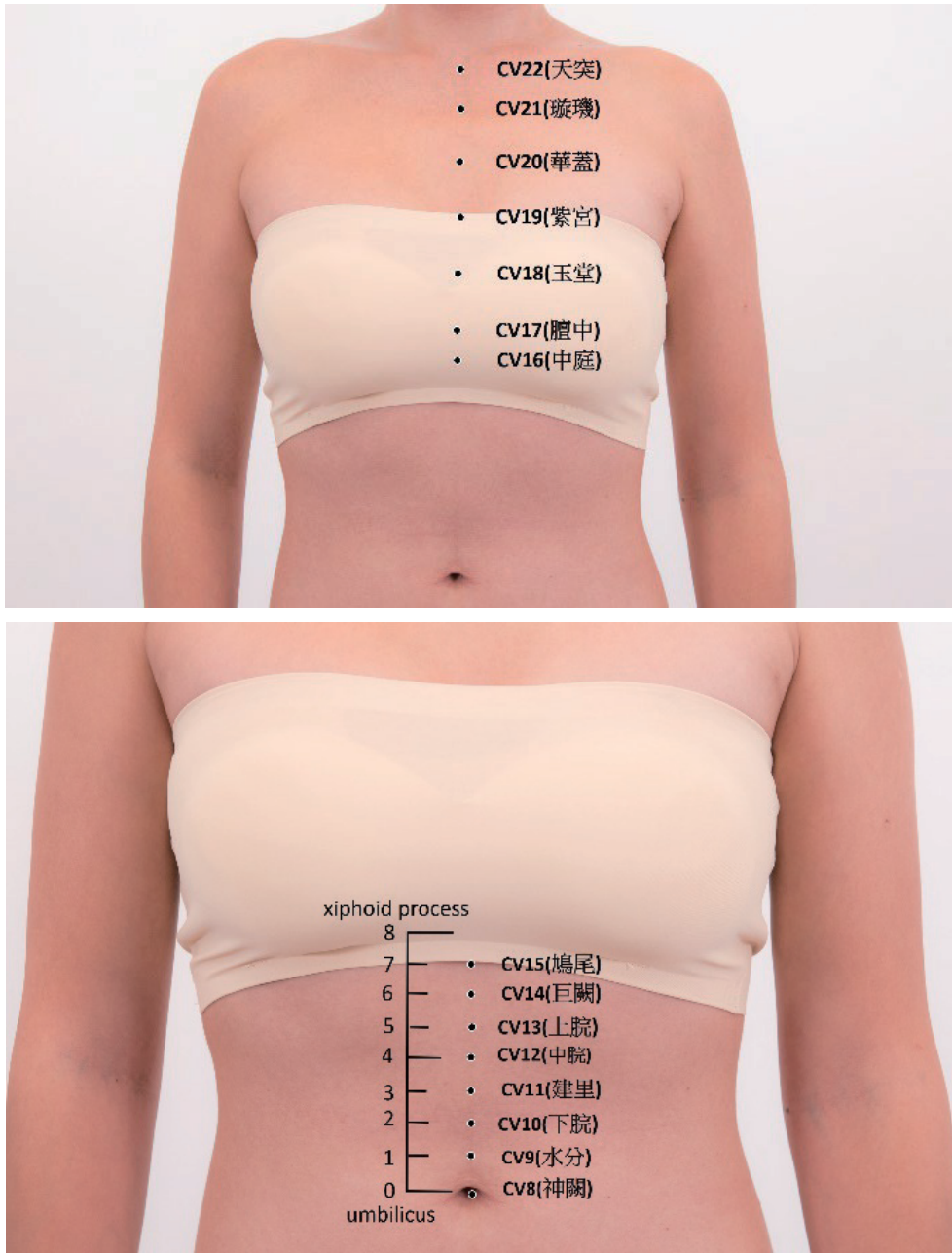


Figure 90

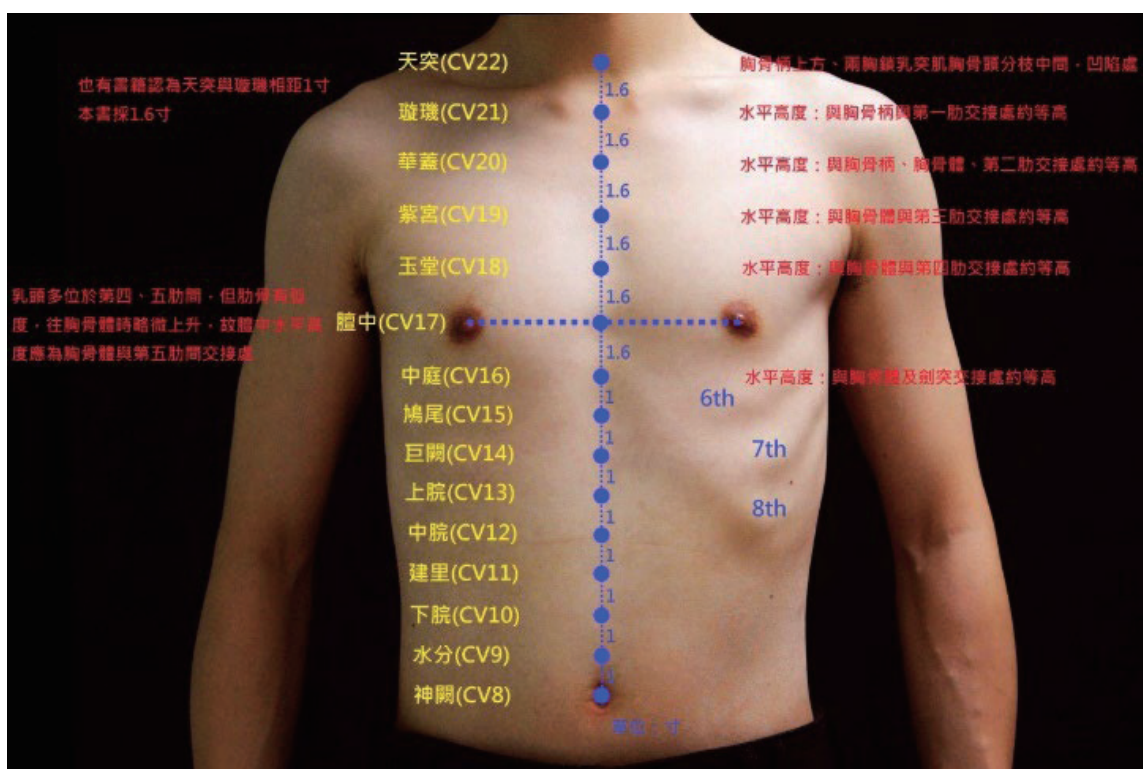


Figure 90 (續)

### 11. *CV11 Jianli Interior Strengthening (建里) (Figure 90)*

**Location:** At 1 cun below zhongwan Central Stomach Duct (CV-12) and 3 cun above the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of the internal thoracic artery and veins (superior epigastric artery and veins) - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 3 cun above the navel and 4 cun below jiuwei turtledove's tail (CV-15).

**Indications:** Stomach pain, fullness in the epigastric region, borborygmus with abdominal distention, edema with an upsurge of counterflow qi, vomiting, gastroptosis, stomach ulcer, and spasms of the abdominal muscles.

### 12. *CV12 Zhongwan Central Stomach Duct (中脘) (Figure 90)*

**Location:** At 1 cun below shangwan Upper Stomach Duct (CV-13) (上脘), 4 cun above the navel, and between the xiphoid process and the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves - branches of the internal thoracic artery and veins (superior epigastric artery and veins) - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 4 cun above the navel and 3 cun below jiuwei turtledove's tail (CV-15).

**Indications:** Various stomach illnesses; food damage with indigestion; difficulty consuming food and drink; indigestion; vomiting; stomach pain; stomach reflux and acid swallowing; fullness and distention below the heart; abdominal distention; qi bind and pain; borborygmus; abdominal distention; panting; cholera with vomiting and diarrhea; diarrhea; dysentery; constipation; red and yellow urine; vexation, heat, and pain in the heart and spleen; damp malaria; persistent chills and fever; cold aggregation with qi bind, running piglet qi surging upward, acute and chronic fright wind, gastritis, stomach ulcer,



gastroptosis, and stomach spasms.

### 13. CV13 Shangwan Upper Stomach Duct (上脘) (Figure 90)

**Location:** At 1 cun below juque Great Tower Gate (CV-14) and 5 cun above the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves, branches of the internal thoracic artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 5 cun above the navel and 2 cun below jiuwei turtledove's tail (CV-15).

**Indications:** Heart palpitations and wind fright with difficulty consuming food, unbearable vexation, and heat in the heart, heat in the body without sweat, epilepsy, running piglet qi with a deep-lying beam, stomach pain, stomach reflux, vomiting, abdominal distention and accumulations, abdominal borborygmus, indigestion, vomiting of blood, cholera, jaundice, and worm pain with excessive saliva.

### 14. CV14 Juque Great Tower Gate (巨阙) (Figure 90)

**Location:** At 1 cun below jiuwei turtledove's tail (CV-15) and 6 cun above the navel.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves and branches of the internal thoracic artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 6 cun above the navel and 2 cun above the zhongwan Central Stomach Duct (CV-12).

**Indications:** Nine pains of the heart, sudden heart pain, mania and withdrawal, epilepsy, fright palpitations, forgetfulness, inhibition of the diaphragm, qi ascent, coughing and counterflow, spitting of blood, rushing respiration, stomach reflux, acid swallowing, vomiting, fullness and pain in chest and lateral costal area, cholera, loss of

consciousness (dead syncope), and gu toxin.

### 15. *CV15 Jiuwei turtledove's tail* (鳩尾) (Figure 90)

**Location:** At 5 fens below the xiphoid process and 1 cun below two bone junctures.

**Acupoint anatomy:** Skin - subcutaneous tissue - lateral cutaneous branches of the intercostal artery - anterior and lateral cutaneous branches of intercostal nerves and branches of the internal thoracic artery and vein - linea alba – delving deeper will lead to the peritoneum.

**Locating the acupoint:** With the patient lying in a supine position or sitting upright, locate the acupoint at 7 cun above the navel and 1 cun below the sternocostal angle.

**Indications:** Fright palpitations in the heart, angina pectoris, heart vexation, hiccups, vomiting, epilepsy, mania, dispersed and depleted spirit qi, and febrile diseases with uterine pain.

### 16. *CV16 Zhongting Center Palace* (中庭) (Figure 90)

**Location:** In the depression 1 cun and 6 fens below danzhong Chest Center (CV-17) (膻中).

**Acupoint anatomy:** Skin - subcutaneous tissue - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, first locate the danzhong Chest Center (CV-17) acupoint between the nipples. Then, measure 1 cun and 6 fens from danzhong Chest Center (CV-17), or follow the fifth intercostal space, and palpate the area to locate the acupoint at the center of the sternum.

**Indications:** Pain in the throat; vomiting of breast milk among infants; difficulty consuming food or drink; dysphagia, vomiting, or ejection, and counterflow after consuming food; pain in the heart; pain in the chest and lateral costal area; esophageal constriction; and spasms of the cardia.

### 17. *CV17 Danzhong Chest Center* (膻中) (Figure 90)

**Location:** Between the nipples, in the depression 1 cun and 6 fens below yutang

Jade Hall (CV-18).

**Acupoint anatomy:** Skin - subcutaneous tissue - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint on the midline of the sternum, 1 cun and 6 fens below yutang Jade Hall (CV-18) (玉堂), 1 cun and 6 fens above zhongting Center Palace (CV-16), and in the depression between the nipples.

**Indications:** Insufficient lactation; stomach reflux in the diaphragm and esophagus; hiccups; various qi upsurges with a shortness of breath; rattling or other sounds in the throat with panting; taxation dyspnea with coughing; pain in the chest; heart palpitations; heart vexation; and welling-abscesses of the lungs with the vomiting of foamy saliva, pus, and blood.

### 18. CV18 Yutang Jade Hall (玉堂) (Figure 90)

**Location:** In the depression 1 cun and 6 fens below zigong Purple Palace (CV-19) (紫宫).

**Acupoint anatomy:** Skin - subcutaneous tissue - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint along the midline of the sternum, at 1 cun and 6 fens above danzhong Chest Center (CV-17).

**Indications:** Vomiting with heart vexation, an inability to retain water or fluids in the stomach, throat inflammation and blockage, coughing and counterflow with panting and fullness, pain in the anterior chest.

### 19. CV19 Zigong Purple Palace (紫宫) (Figure 90)

**Location:** In the depression 1 cun and 6 fens below huagai Florid Canopy (CV-20).

**Acupoint anatomy:** Skin - subcutaneous tissue - anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery

- manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 3 cun and 2 fens above danzhong Chest Center (CV-17) on the midline of the sternum.

**Indications:** Blood ejection with heart vexation, an inability to retain water or fluids in the stomach, throat inflammation and blockage, coughing and counterflow with qi ascent, vomiting with phlegm-drool, and propping fullness in the chest and lateral costal area.

## 20. CV20 *Huagai Florid Canopy* (華蓋) (Figure 90)

**Location:** In the depression 1 cun and 6 fens below xuanji Jade Swivel (CV-21) (璇璣).

**Acupoint anatomy:** Skin - subcutaneous tissue - supraclavicular nerve and anterior cutaneous branches of the intercostal nerve - perforating branch of the internal thoracic vein - internal thoracic artery - manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 4 cun and 8 fens above danzhong Chest Center (CV-17), and along the midline of the sternum.

**Indications:** Inability to retain water or fluids in the stomach, inflammation of the throat, coughing and counterflow with rapid panting, wheezing and panting, fullness and pain in the chest and lateral costal area, bronchitis, bronchial asthma, and pleurisy.

## 21. CV21 *Xuanji Jade Swivel* (璇璣) (Figure 90)

**Location:** In the middle of the central depression 1 cun and 6 fens below tiantu Celestial Chimney (CV-22) (天突).

**Acupoint anatomy:** Skin - subcutaneous tissue - supraclavicular nerve - a perforating branch of the internal thoracic vein - internal thoracic artery and vein – contains the internal jugular vein and brachiocephalic trunk - manubrium of the sternum.

**Locating the acupoint:** With the patient lying in a supine position, locate the acupoint at 6 cun and 4 fens above danzhong Chest Center (CV-17), 1 cun and 6 fens below tiantu Celestial Chimney (CV-22), and along the midline of the sternum.

**Indications:** Inability to retain water or fluids in the stomach, throat inflammation and swelling, coughing and counterflow with qi ascent, panting with an inability to speak, fullness in the chest and lateral costal area, tonsillitis, laryngitis, tracheitis, and pleurisy.

## 22. CV22 *Tiantu Celestial Chimney* (天突) (Figure 90)

**Location:** In the depression at the notch on the superior border of the sternum.

**Acupoint anatomy:** Skin - subcutaneous tissue - cervical fascia – superior border of the body of the sternum - supraclavicular nerve – between the sternohyoid and sternothyroid - inferior thyroid artery and vein - branch of the hypoglossal nerve.

**Locating the acupoint:** With the patient sitting upright and leaning back, or lying in a supine position, locate the acupoint on the superior end of the sternum, in the depression that forms a half-moon shape when pressed.

**Indications:** Chills and fever in the body, tightness under the tongue with an inability to eat, hiccups, dysphagia-occlusion, expectoration of pus and blood, throat inflammation and dryness, swelling and pain in the throat, coughing and panting, and plum-pit qi.



Figure 91

### 23. CV23 *Lianquan Ridge Spring* (廉泉) (Figure 91)

**Location:** Along the midline of the neck, in the transverse crease above the laryngeal prominence.

**Acupoint anatomy:** Skin - subcutaneous tissue - cervical fascia - supraclavicular nerve – median and transverse ridges of the hyoid bone (depressions on the hyoid bone) - superior thyroid artery and vein - branch of the hypoglossal nerve.

**Locating the acupoint:** With the patient leaning back, locate the acupoint at approximately 3 to 4 cun above the laryngeal prominence and slightly more than 1 cun below the jaw, in the curved crease of the neck along the midline, and above the thyroid cartilage.

**Indications:** Coughing, panting, an upsurge of qi and foaming at the mouth, swelling beneath the tongue, protruding tongue with drooling, contraction and withdrawal at the base of the tongue, tongue stiffness with an inability to speak, sudden loss of voice, and difficulty swallowing.



Figure 92

## 24. CV24 *Chengjiang Sauce Receptacle* (承漿) (Figure 92)

**Location:** In the central depression of the mentolabial sulcus (the horizontal groove below the lower lip).

**Acupoint anatomy:** Skin - subcutaneous tissue – orbicularis oris – the third branch of the trigeminal nerve – branches of the submental vein – inferior labial artery - branches of facial nerves.

**Locating the acupoint:** With the patient leaning back, locate the acupoint along the midline of the lower jaw, and in the central depression of the mentolabial sulcus. The mentolabial sulcus increases in prominence when the mouth is open.

**Indications:** Hemilateral wind with hemiplegia, drooling, deviation of the mouth and eyes, lockjaw, sudden loss of voice with an inability to speak, edema of the face, toothache with swollen gums, sores and festering associated with the teeth, seven mountings, dispersion and thirst, and facial paralysis.

## Section 14. Acupoints on the Governor Vessel

The governor vessel (GV) contains 28 acupoints; the first is changqiang Long Strong (GV-1) (長強), and the last is yinjiao Gum Intersection (GV-28) (巔交). These acupoints are distributed along the midline on the front and back of the body in the head, face, nape of the neck, back, lumbar, and sacral regions. The main indications are illnesses of the nervous, respiratory, digestive, urinary, reproductive, and motor systems, febrile illnesses, and illnesses in the areas along the channel course, including the head, face, nape of the neck, back along the spine, and lumbar-sacral regions.

### Contemporary Chart 14. The Governor Vessel

#### 1. *GV1 Changqiang Long Strong* (長強) (Figure 93)

**Location:** Below the tip of the coccyx, in the depression above the anus.

**Acupoint anatomy:** Skin - subcutaneous tissue anococcygeal ligament - levator ani - internal pudendal artery and vein - pudendal nerve.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint on the inferior end of the coccyx Sacral Bone (骶骨) above the anus, and 5 fens

from the tip of the coccyx Sacral Bone.

**Indications:** Depressed fontanel among infants; fright epilepsy with tugging and slackening; mania; stiffness in the lumbar spine with an inability to bend back and forth; pain; difficulty urinating and defecating; intestinal wind bleeding; five hemorrhoids and five stranguries; sores caused by infantile malnutrition in the lower body; rectal prolapse with bloody stool; seminal loss; sexual taxation with retracted genitals; and pain in the lumbar spine and sacral and coccygeal regions.

## 2. *GV2 Yaoshu Lumbar Transport* (腰俞) (Figure 93)

**Location:** Below the twenty-first vertebra, in the crevice below the fourth sacral vertebra (or in the sacral hiatus).

**Acupoint anatomy:** Skin - subcutaneous tissue - posterior cutaneous branches from medial branches of dorsal rami of thoracic nerve - inferior gluteal nerve and artery, posterior femoral cutaneous nerve, and the sciatic nerve - supraspinal ligament - interspinalis - posterior external venous plexuses.

**Locating the acupoint:** Instruct the patient to lie in a prone position, with their body extended. Before seeking the acupoint, loosen the patient's limbs, with the patient's hands supporting their head. Locate the acupoint in the crevice below the twenty-first vertebra. Two methods can be used to locate this acupoint clinically.

First, locate either the fourteenth (level with the navel) or the sixteenth vertebra (level with the anterior superior iliac spine) and then palpate downward to the twenty-first vertebra. The second method is simpler and involves locating the yaoshu Lumbar Transport (GV-2) acupoint below the twenty-first vertebra at approximately 1 cun superior to the end of the transverse coccyx groove.

**Indications:** Heaviness and pain in the lumbar spine areas with an inability to bend forward and backward, bi-syndrome caused by preponderant cold and numbness radiating from the lumbar area down to the feet, stiffness with an inability to sit or lie down, flaccid paralysis in the lower limbs, epilepsy, hemorrhoids, and menstrual disorders (moxibustion using the same number of pellets as the patient's years of age can be employed when wishing to conceive).



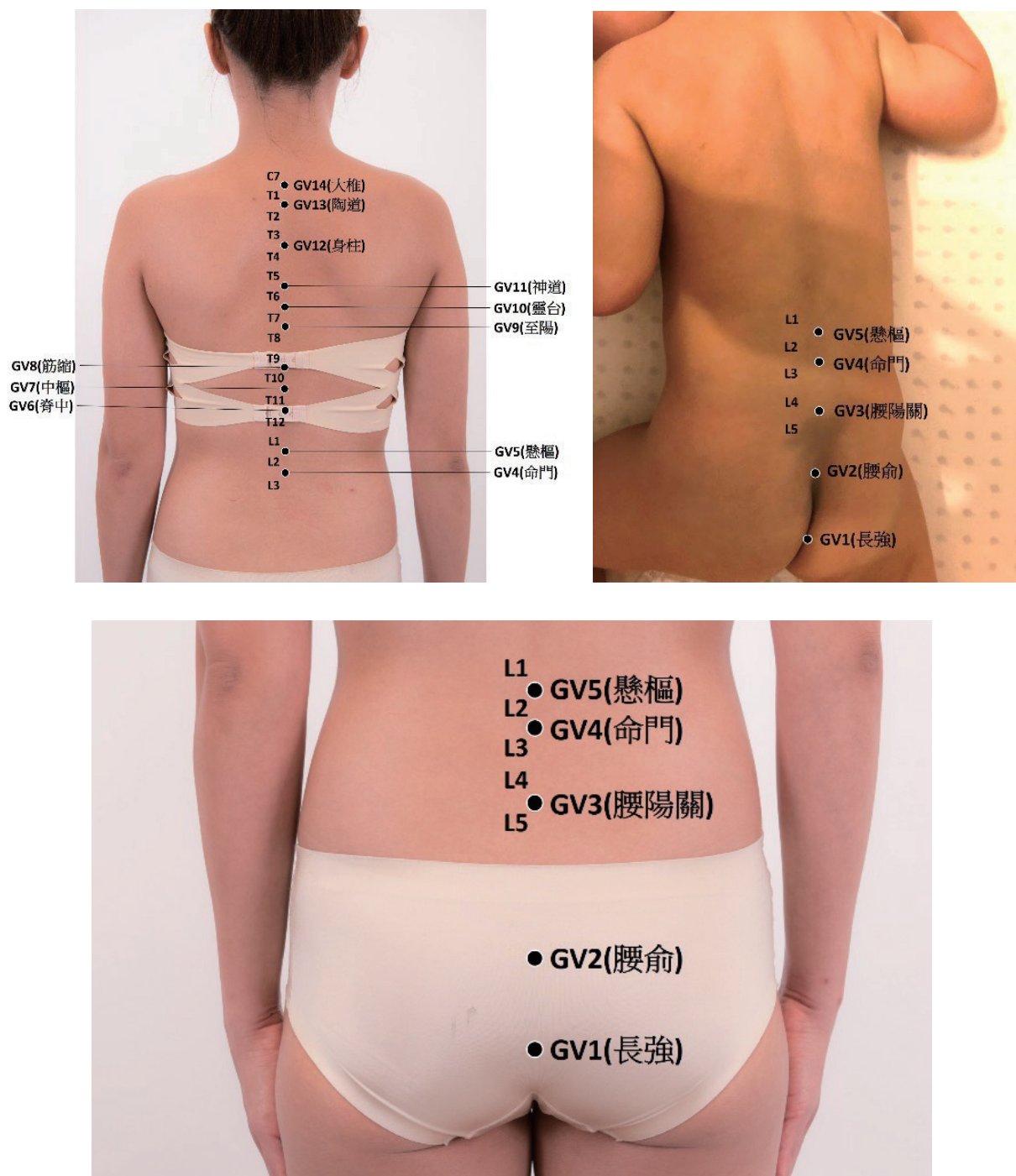


Figure 93



Figure 93 (續)

### 3. *GV3 Yaoyangguan lumbar yang pass* (腰陽關) (Figure 93)

**Location:** Below the sixteenth vertebra, or between the fourth and fifth lumbar vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal root of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the sixteenth vertebra (under the fourth lumbar vertebra).

**Indications:** Pain in the lumbar region, knee pain with an inability to bend and extend this area, flaccid paralysis in the lower limbs, bi-syndromes caused by preponderant wind with numbness, muscle spasms with an inability to walk, menstrual disorders, leucorrhoea with red and white discharge, seminal emissions, and impotence.

#### 4. *GV4 Mingmen Life Gate* (命門) (Figure 93)

**Location:** Below the fourteenth vertebra, or between the second and third lumbar vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal root of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the fourteenth vertebra, (under the second lumbar vertebra) along the midline. Alternatively, using a bamboo staff to measure the navel, locate the acupoint in the lumbar region that is level with the navel.

**Indications:** Stiffness of the spine with pain in the lumbar region, vacuous kidneys with pain in the lumbar region, bi-syndrome caused by preponderant cold in the arms and legs, spasms and tension, fear and fright with a dizzy head, splitting headache, fire-like body heat, steaming bones without sweat, malaria with tugging and slackening, abdominal pain with urgency, diarrhea, leucorrhea, impotence, seminal emissions, tinnitus, and frequent urination.

#### 5. *GV5 Xuanshu Suspended Pivot* (懸樞) (Figure 93)

**Location:** Below the thirteenth vertebra, or between the first and second lumbar vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial and lateral branches of the dorsal root of the lumbar nerve - branch of the lumbar artery - thoracolumbar fascia - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the thirteenth vertebra (under the first lumbar vertebra).

**Indications:** Stiffness in the lumbar spine, an inability to bend and extend, abdominal distention, abdominal pain, diarrhea, and dysentery.

## 6. *GV6 Jizhong Spinal Center* (脊中) (Figure 93)

**Location:** Below the eleventh vertebra, or between the eleventh and twelfth thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of posterior intercostal arteries - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, or sitting upright but inclined slightly forward, locate the acupoint below the eleventh vertebra.

**Indications:** Wind epilepsy, epilepsy, jaundice, abdominal fullness with no desire to eat, accumulations with dysenteric disorders, red and white dysenteric disorders among children, diarrhea, deficient qi with rectal prolapse, unbearable pain in the anus when defecating, and stiffness and pain in the lumbar spine.

## 7. *GV7 Zhongshu Central Pivot* (中樞) (Figure 93)

**Location:** Below the tenth vertebra, or between the tenth and eleventh thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the dorsal rami of the thoracic nerve - dorsal branch of posterior intercostal arteries - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the tenth vertebra.

**Indications:** Stiffness in the lumbar region and pain in the spine with an inability to bend back and forth, chills and fever in the limbs, epigastric pain, abdominal fullness, vomiting, and jaundice.

## 8. *GV8 Jinsuo Sinew Contraction* (筋縮) (Figure 93)

**Location:** Below the ninth vertebra, or between the ninth and tenth thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the

thoracic nerve - a dorsal branch of posterior intercostal arteries – the initial point at which the trapezius and the latissimus dorsi meet - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the ninth vertebra.

**Indications:** Stiffness of the spine with wind epilepsy, madness with fright mania, stomach pain, pain in the lumbar and back, and convulsions.

## 9. *GV9 Zhiyang Extremity of Yang (至陽) (Figure 93)*

**Location:** Below the seventh vertebra, or between the seventh and eighth thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve - dorsal branch of the posterior intercostal arteries initial point at which the trapezius and the latissimus dorsi meet - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the seventh vertebra.

**Indications:** Stiffness and pain in the lumbar spine, pain in the chest and back, soreness of the shins, swelling and fullness of the limbs, fullness and distension of the chest and lateral costal area, coughing, panting, diminished qi without the motivation to talk, cold in the stomach with no desire to eat, emaciation with jaundice, and jaundice.

## 10. *GV10 Lingtai spirit tower (靈臺) (Figure 93)*

**Location:** Below the sixth vertebra, or between the sixth and seventh thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - a dorsal branch of posterior intercostal arteries and transverse cervical artery and vein - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the

acupoint below the sixth vertebra.

**Indications:** Back pain with the stiffness of the nape of the neck, coughing, cold wind with persistent coughing, panting with sleeplessness, and clove sores.

### 11. *GV11 Shendao Spirit Path* (神道) (Figure 93)

**Location:** Below the fifth vertebra, or between the fifth and sixth thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - a dorsal branch of the posterior intercostal arteries and the transverse cervical artery and vein - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the fifth vertebra.

**Indications:** Stiffness and pain in the spine, wind-cold headache, alternating between chills and fever, coughing, pain in the heart, forgetfulness, fright palpitations, wind epilepsy among children, tugging and slackening, and a slack jaw with an inability to close the mouth.

### 12. *GV12 Shenzhu Body Pillar* (身柱) (Figure 93)

**Location:** Below the third vertebra, or between the third and fourth thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of posterior intercostal arteries and the transverse cervical artery and vein - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the third vertebra.

**Indications:** Pain in the lumbar and back, coughing and panting, clove sores, fright epilepsy among children, epilepsy and walking in a crazed manner with the intent to kill people, tugging and slackening with heat in the body, and delusional speech and

hallucinations.

### 13. *GV13 Taodao Kiln Path* (陶道) (Figure 93)

**Location:** Below the first vertebra, or between the first and second thoracic vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of posterior intercostal arteries and transverse cervical artery and vein - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint below the first vertebra.

**Indications:** Stiffness of the spine, headaches, heavy head with dizzy vision, heat in the body, vexation and fullness without sweating, malaria, and febrile diseases.

### 14. *GV14 Dazhui Great Hammer* (大椎) (Figure 93)

**Location:** In the depression above the first vertebra, or between the first thoracic and seventh cervical vertebrae.

**Acupoint anatomy:** Skin - subcutaneous tissue - medial cutaneous branch of the thoracic nerve, branch of the accessory nerve, and the dorsal scapular nerve - dorsal branch of posterior intercostal arteries and transverse cervical artery and vein - supraspinal ligament and interspinous ligament - interspinalis - posterior external vertebral venous plexuses.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint above the first vertebra (below the seventh cervical vertebra) level with the shoulder. This vertebra has the highest prominence. Apply pressure to dazhui Great Hammer (GV-14) with the hand and instruct the patient to turn their neck. If the area moves left and right with the patient's movements, it is dazhui Great Hammer (GV-14) (cervical vertebra). Otherwise, it is the thoracic vertebra. This acupoint is located above the first thoracic vertebra and below the seventh vertebra.

**Indications:** Stiffness of the neck and nape with an inability to turn the head and look

behind, stiffness of the back along the spine, contracture along the back and arms, common colds, coughing, panting, swelling in the lungs and fullness in the lateral costal area, steaming bones with tidal fever, vomiting with rebellious qi, five lesions and seven injuries, a lack of strength, wind taxation that consumes qi, febrile diseases, malaria, and chronic malaria.

### 15. *GV15 Yamen Mute's Gate* (啞門) (Figure 94)

**Location:** Behind the nape of the neck, in the depression 5 fen into the hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial cervical fascia - branch of the greater occipital nerve, third occipital nerve, and the dorsal ramus of the cervical nerve - an occipital artery and vein - trapezius - ligamentum nuchae.

**Locating the acupoint:** With the patient sitting upright, locate the acupoint in the center of the nape of the neck, 5 fen into the hairline, below the occipital bone, and 5 fen below fengfu Wind House (GV-16) (風府).

**Indications:** Mania and withdrawal, epilepsy, wind stroke with the stiffness of the tongue and an inability to speak, sudden loss of voice, the ache in the back of the head, stiffness of the nape of the neck, nosebleeds, and various yang and heat exuberances.

### 16. *GV16 Fengfu Wind House* (風府) (Figure 94)

**Location:** In the nape of the neck, 1 cun into the hairline, and in the depression amid the large muscle.

**Acupoint anatomy:** Skin - subcutaneous tissue - superficial cervical fascia - branch of the greater occipital nerve, third occipital nerve, and dorsal ramus of the cervical nerve - an occipital artery and vein - trapezius – and ligamentum nuchae.

**Locating the acupoint:** Instruct the patient to sit upright. The acupoint is located on the midline of the head, in the depression directly below the occipital bone, and between two large tendons in the nape of the neck. Measure 1 cun upward from the posterior hairline.

**Indications:** Headaches, stiffness of the nape of the neck, dizzy vision, nosebleeds, swelling and pain in the throat, wind stroke with loss of speech, hemiplegia, and mania and withdrawal.



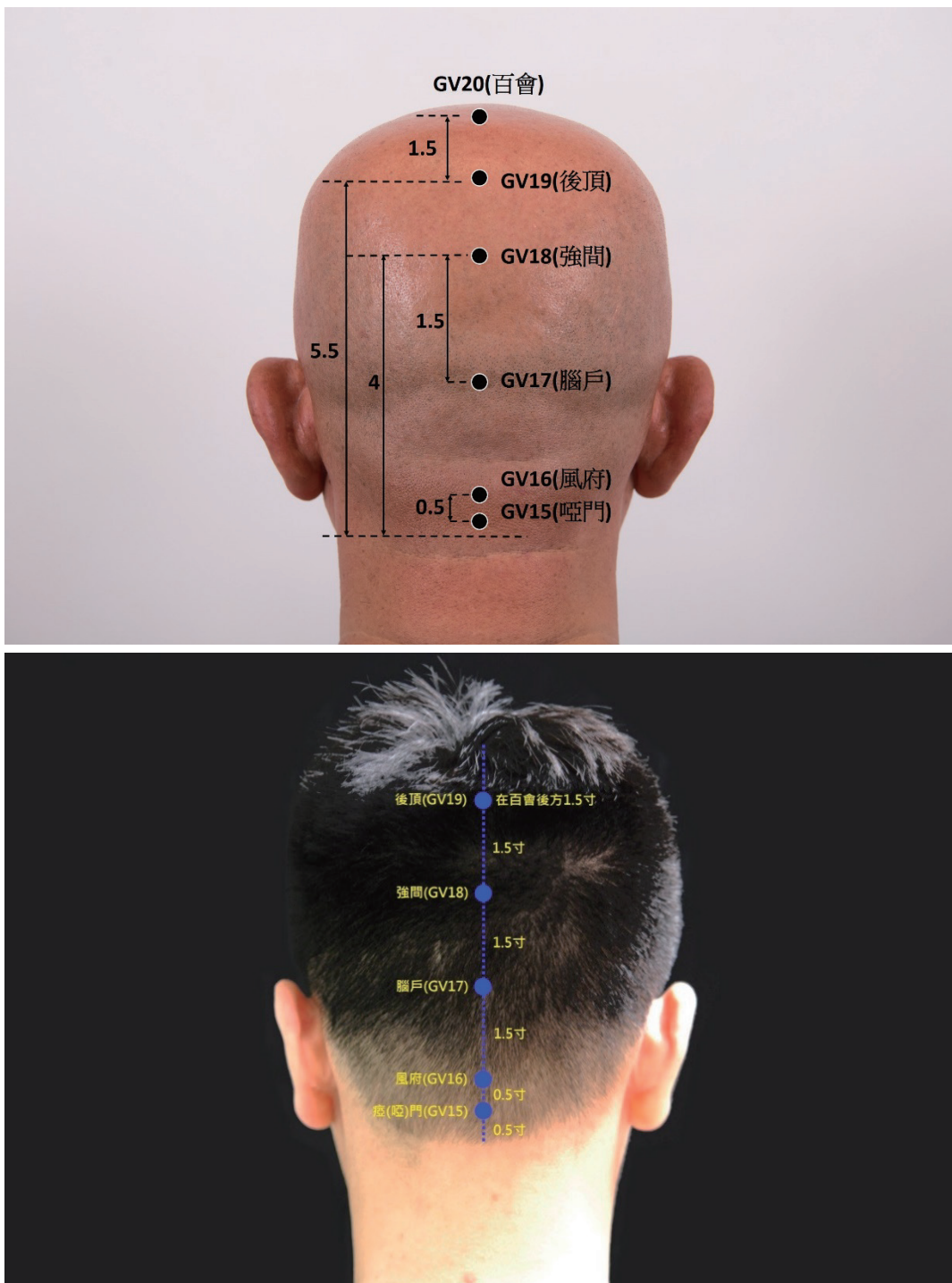


Figure 94

### 17. *GV17 Naohu Brain's Door (腦戶) (Figure 94)*

**Location:** On the occipital bone, at 1 cun and 5 fen behind qiangjian Unyielding Space (GV-18) (強間).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve - branches of the superficial temporal artery and vein, and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** Instruct the patient to sit upright. Measure 1 cun and 5 fen upward from fengfu Wind House (GV-16), along the most protruding portion of the tuberosity on the external back portion of the head (superior border of the occipital protuberance), and locate the acupoint at 2 cun and 5 fen inside the hairline.

**Indications:** Epilepsy, dizzy head, pain in the nape of the neck, stiffness and pain in the neck and nape, dimness of vision, and wind dizziness.

### 18. *GV18 Qiangjian Unyielding Space (強間) (Figure 94)*

**Location:** At 1 cun and 5 fens behind houding Behind the Vertex (GV-19) (後頂), and 1 cun and 5 fens above naohu Brain's Door (GV-17).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** Instruct the patient to sit upright. The acupoint is located 4 cun above the posterior hairline, and 3 cun behind baihui Hundred Convergences (GV-20) (百會).

**Indications:** Mania and withdrawal, headaches, stiffness of the nape of the neck, dizzy vision, vomiting with foamy saliva, agitation, insomnia, and hysteria.

### 19. *GV19 Houding Behind the Vertex (後頂) (Figure 94)*

**Location:** At 1 cun and 5 fens behind baihui Hundred Convergences (GV-20).

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** Instruct the patient to sit upright. From qiangjian Unyielding

Space (GV-18), proceed upwards for 1 cun and 5 fens until 1 cun and 5 fen behind baihui Hundred Convergences (GV-20) and 5 cun and 5 fen above the posterior hairline.

**Indications:** Mania and withdrawal, epilepsy, headaches, stiffness and pain in the neck and nape, dizziness, hemilateral headache along the forehead, aversion to wind, dizziness and dimness of vision, heart vexation, insomnia, and hysteria.

## 20. *GV20 Baihui Hundred Convergences* (百會) (Figure 95)

**Location:** At 1 cun and 5 fen posterior to qianding Before the Vertex (GV-21) (前頂), in the depression at the center of the top of the head, which is sufficiently large to hold a bean.

**Acupoint anatomy:** Skin - subcutaneous tissue - branch of the greater occipital nerve, the first branch of the trigeminal nerve (ophthalmic branch) - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** Instruct the patient to sit upright or lie in a supine position. The acupoint is at the top of the head, slightly posterior to the center, in a depression sufficiently large to hold a bean (parietal foramen), at 5 cun from the anterior hairline, and 7 cun from the posterior hairline. The acupoint is in a depression near the intersecting point of the midline and the line between both erjian acupoints.

**Indications:** Mania and withdrawal, headaches, dizzy head, wind stroke with hemiplegia, slurred and sluggish speech, hemiplegia, tinnitus, nasal congestion, nosebleeds, diarrhea, rectal prolapse, senile dementia, and schizophrenia.

## 21. *GV21 Qianding Before the Vertex* (前頂) (Figure 95)

**Location:** At 1 cun and 5 fen posterior to xinhui Fontanel Meeting (GV-22) (囟會), and 1 cun and 5 fens anterior to baihui Hundred Convergences (GV-20).

**Acupoint anatomy:** Skin - subcutaneous tissue - the first branch of the trigeminal nerve (ophthalmic branch) - branches of the superficial temporal artery and vein and the occipital artery and vein – the epicranial aponeurosis.

**Locating the acupoint:** Instruct the patient to sit upright. The acupoint is located 8 cun from the posterior hairline, 3 cun and 5 fens from the anterior hairline, in the joint or

connection between the left and right parietal bones, and 1 cun and 5 fen anterior to baihui Hundred Convergences (GV-20).

**Indications:** Epilepsy, dizzy head, dizzy vision, pain in the top of the head, head wind, swelling and pain in the neck and nape, deep-source nasal congestion, fright wind among children, and redness and swelling of the face.

## 22. *GV22 Xinhui Fontanel Meeting* (囟會) (Figure 95)

**Location:** At 1 cun and 5 fens anterior to qianding Before the Vertex (GV-21), 1 cun posterior to shangxing Upper Star (GV-23), and 2 cun into the anterior hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (branches of the supratrochlear nerve, supraorbital nerve, and zygomaticotemporal nerve) and branches of the facial nerve - supraorbital artery and vein, supratrochlear artery and vein, and branches of the superficial temporal artery and vein – the frontalis.

**Locating the acupoint:** Instruct the patient to sit upright. The acupoint is located at 1 cun above shangxing Upper Star (GV-23), and 3 cun before baihui Hundred Convergences (GV-20).

**Indications:** Headaches, dizzy head, dizzy vision, deep-source nasal congestion, nosebleeds, nose pile, nasal welling-abscesses, and fright epilepsy.

## 23. *GV23 Shangxing Upper Star* (上星) (Figure 95)

**Location:** At 5 fen superior to shenting Spirit Court (GV-24) (神庭) and 1 cun into the anterior hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue -trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of the facial nerve - supraorbital artery and vein and supratrochlear artery and vein – the frontalis.

**Locating the acupoint:** Instruct the patient to sit upright or lie in a supine position. Divide the line between the anterior and posterior hairline into 12 cun along the midline of the head. The acupoint is located at 1 cun into the anterior hairline.

**Indications:** Headaches, swelling of the skin on the head, dizzy vision combined with pain and nearsightedness, deep-source nasal congestion, nosebleeds, nasal welling-abscesses, nose pile, and mania and withdrawal.

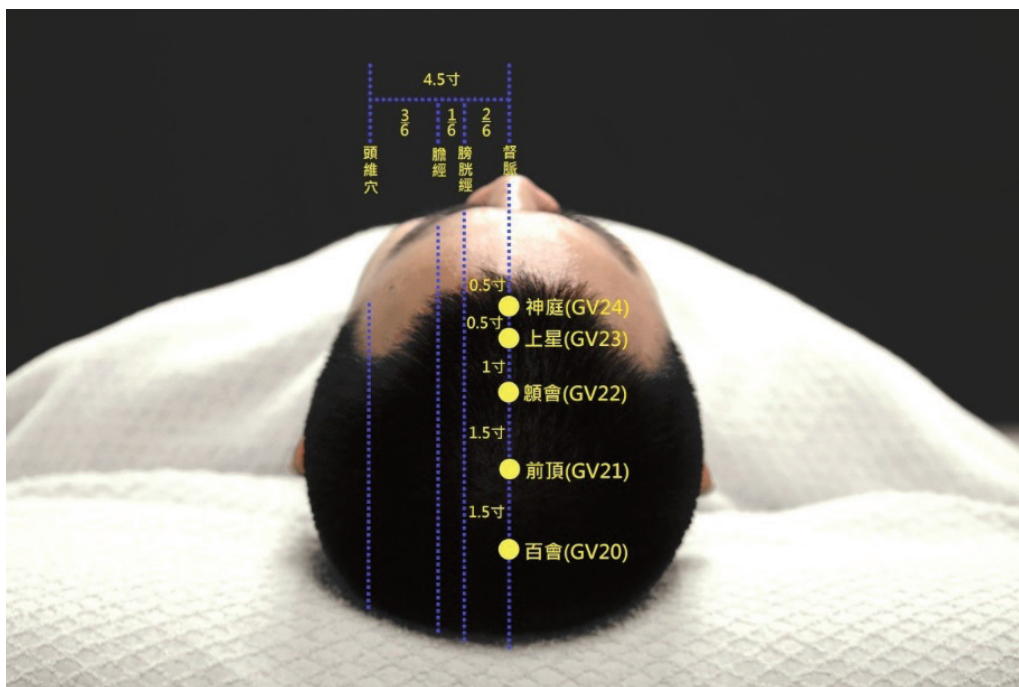
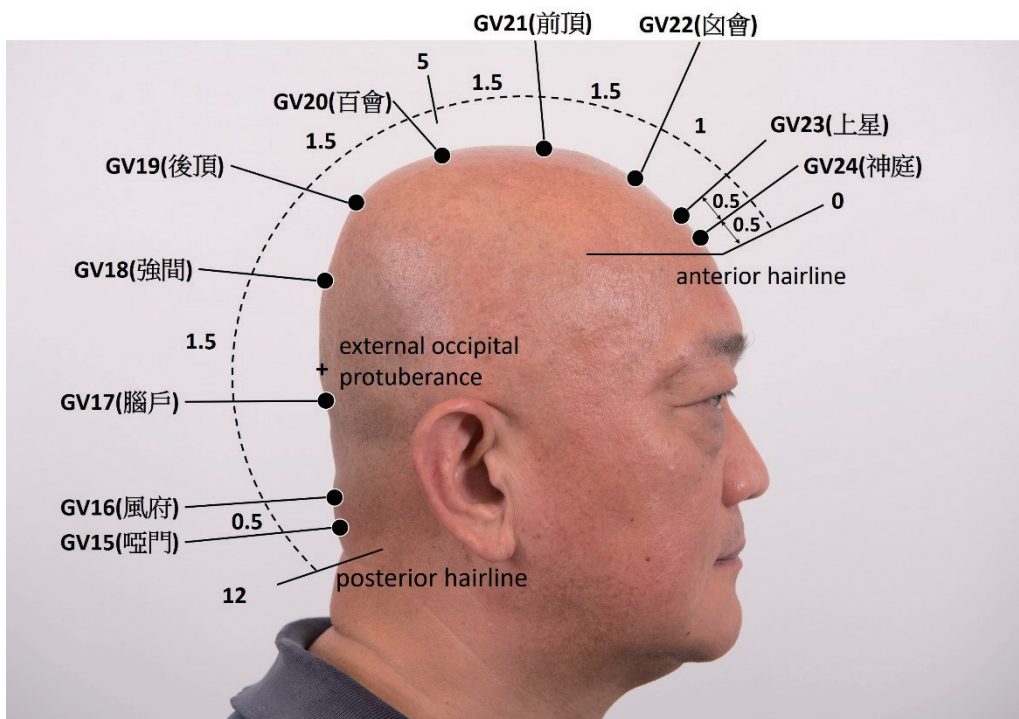


Figure 95

## 24. *GV24 Shenting Spirit Court* (神庭) (Figure 95)

**Location:** Above the nose, 5 fen into the anterior hairline.

**Acupoint anatomy:** Skin - subcutaneous tissue - trigeminal nerve (supratrochlear nerve and supraorbital nerve) and branches of the facial nerve - supraorbital artery and vein and the supratrochlear artery and vein – the frontalis.

**Locating the acupoint:** Instruct the patient to sit upright. Locate the acupoint above the midline of the nose, 5 fen into the anterior hairline.

**Indications:** Epilepsy; fright palpitations; insomnia; headaches; dizziness; deep-source nasal congestion; redness, swelling, and pain in the eyes; and superficial visual obstruction (eye screen).

## 25. *GV25 Suliao White Bone-Hole* (素膠) (Figure 96)

**Location:** Above the nose, at the tip of the nasal cartilage.

**Acupoint anatomy:** Skin – a subcutaneous tissue – branches of the trigeminal nerve (ophthalmic branch and maxillary nerve) and branches of the facial nerve – external nasal branch of the anterior ethmoidal artery and alar branches of the lateral nasal artery.

**Locating the acupoint:** On the upper border of the nose pillar, locate the acupoint in the depression in the middle of the nasal cartilage.

**Indications:** Fright reversal, stupor, nasal congestion, nosebleeds, nasal polyps, rosacea, and panting with excessive nasal discharge.

## 26. *GV26 Shuigou Water Trough* (水溝) (Figure 96)

**Location:** In the depression at the center of the groove beneath the nose pillar, near to the nostrils.

**Acupoint anatomy:** Skin - subcutaneous tissue – orbicularis oris – branch of the trigeminal nerve – zygomatic branch of the facial nerve - superior labial artery and vein

**Locating the acupoint:** Instruct the patient to sit upright. Locate the acupoint in approximately the upper third of the philtrum, near the base of the nose pillar.

**Indications:** Epilepsy, stupor, wind stroke with lockjaw, deviation of the mouth and eyes, wind and water facial swelling, fright wind among children, stiffness and pain in the lumbar spine, wrenching and contusions with lumbar pain, and dispersion and thirst

disorder.

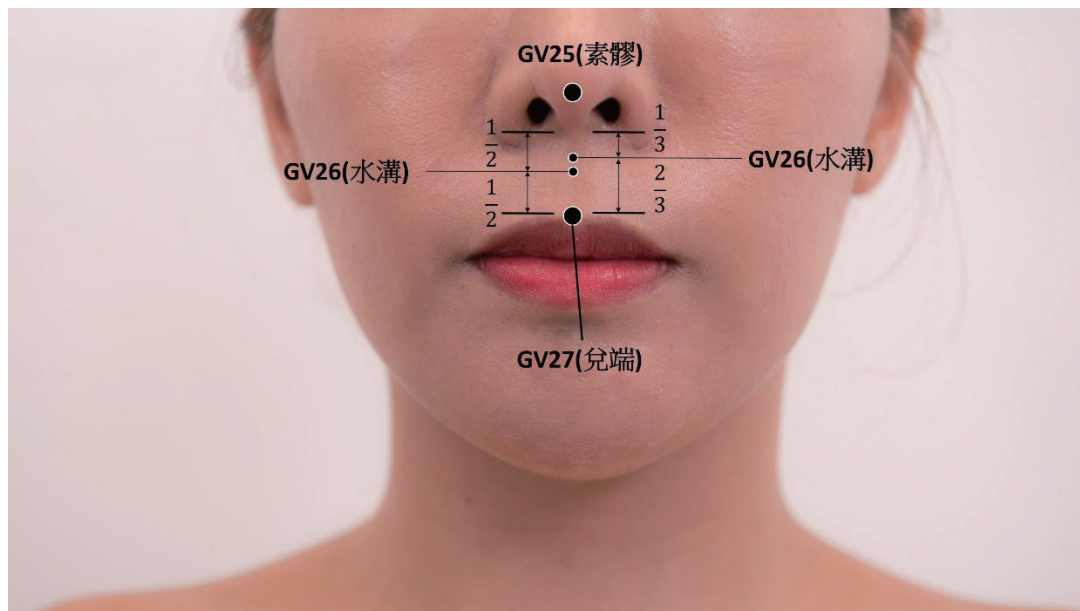


Figure 96

### 27. *GV27 Duiduan Extremity of the Mouth (兌端) (Figure 96)*

**Location:** At the tip of the central part of the upper lip.

**Acupoint anatomy:** Skin - subcutaneous tissue - orbicularis oris - branch of the trigeminal nerve – a zygomatic branch of the facial nerve - superior labial artery and vein

**Locating the acupoint:** Instruct the patient to open their mouth. The acupoint is located at the central tip of the upper lip, along the border of the red and white flesh.

**Indications:** Epilepsy with foaming at the mouth, lockjaw, oral sores, gum pain, nosebleeds, jaundice, dispersion and thirst, and red urine.



Figure 97

### 28. *GV28 Yinjiao Gum Intersection (巔交) (Figure 97)*

**Location:** Inside the upper lip, on the superior labial frenulum, and in the crevice at the junction between the upper lip and gum.

**Acupoint anatomy:** Gingiva (gingival mucosa) – branch of the trigeminal nerve (superior alveolar nerve) - superior alveolar artery.

**Locating the acupoint:** Lift the patient’s upper lip to locate the acupoint inside the upper lip, 3 fens above the gap between the upper teeth in the crevice of the gingiva.

**Indications:** Acute lumbar sprains; nasal polyps; toothache; sores, festering, swelling, and pain associated with the teeth; psychological illnesses; and swelling and pain in the gums.



## Section 15. The extraordinary acupoints outside of the channels non-channel point (外奇穴) and new acupoints

### 1. *Taiyang greater yang* (太陽) (Figure 98)

**Location:** Lateral to the superciliary ridge, in the depression 1 cun behind the end of the eyebrow.

**Locating the acupoint:** Between the end of the eyebrow and the outer (lateral) canthus, in the depression approximately 1 cun posterior.

**Indications:** Headaches, eye illnesses, course wind and heat dissipation, and brain clearing with eye brightening.

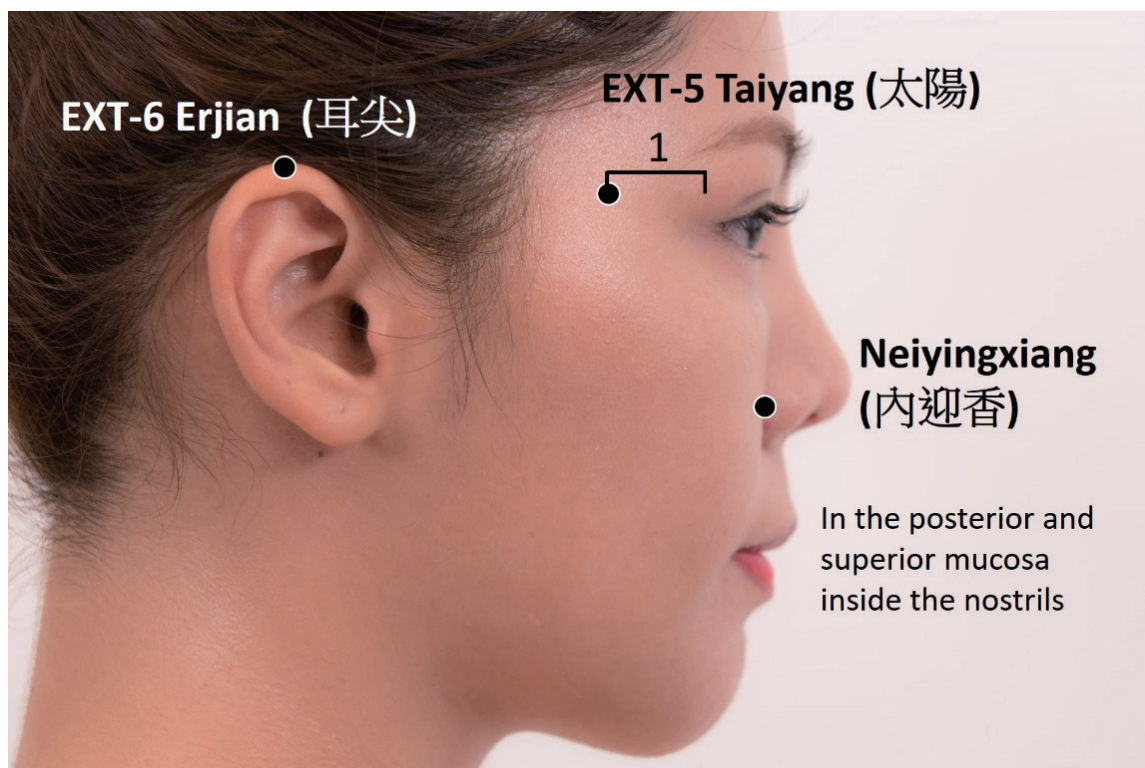


Figure 98

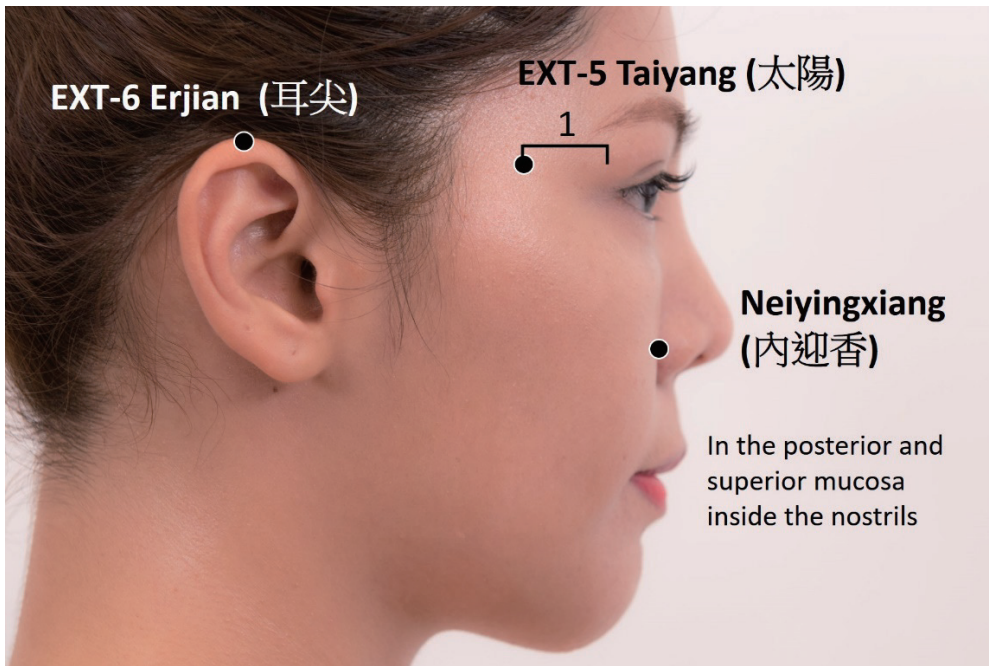


Figure 99

## 2. *Erjian Tip of the Ear* (耳尖) (Figure 99)

**Location:** On the tip of the ear. Fold the ear forward to locate this acupoint on the top of the ear tip.

**Locating the acupoint:** Instruct the patient to sit upright or lie in a supine position. Fold the ear forward to locate the acupoint on the top of the auricle.

**Indications:** Nebula or membrane-like visual obstruction (eye screen), hemilateral headaches, ear illnesses, and acute conjunctivitis.

## 3. *Sishencong Alert Spirit Quartet* (四神聰) (Figure 100)

**Location:** The four acupoints of shencong are located 1 cun from baihui Hundred Convergences (GV-20) on all four sides.

**Locating the acupoint:** Two of the acupoints are on the midline on the top of the head, with one at the midpoint between both hairlines and the other 4 cun inside the anterior hairline. The other two acupoints are located 1 cun lateral to the point 5 cun along the midline inside the anterior hairline.

**Indications:** Wind stroke, hemiplegia, dizziness, unilateral or medial headaches, eye illnesses, deafness, insomnia, forgetfulness, psychological illnesses, and epilepsy.

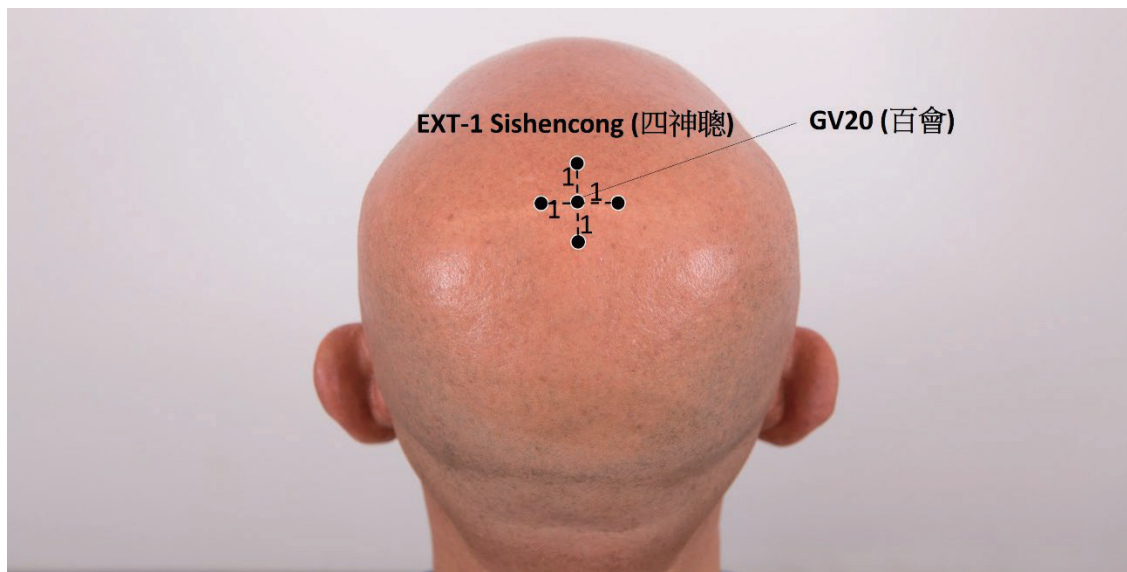


Figure 100

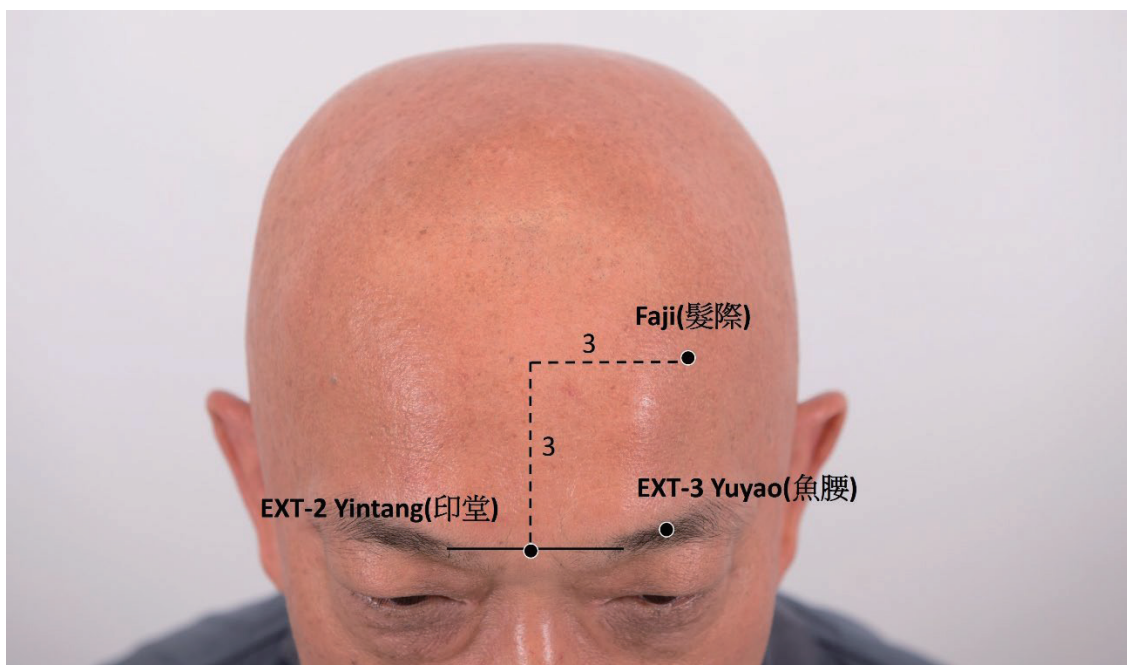


Figure 101

#### 4. *Faji Hairline* (髮際) (Figure 101)

**Location:** At 3 cun above the brow and 5 fens below shenting Spirit Court (GV-24). Locate this acupoint with the patient's head upright.

**Locating the acupoint:** On the forehead along the course of the gall bladder meridian channel, at 5 fens below benshen Root Spirit (GB-13), and along the hairline.

**Indications:** Unilateral or medial headaches, dizziness, wind stroke with a loss of speech, and fright epilepsy among children.

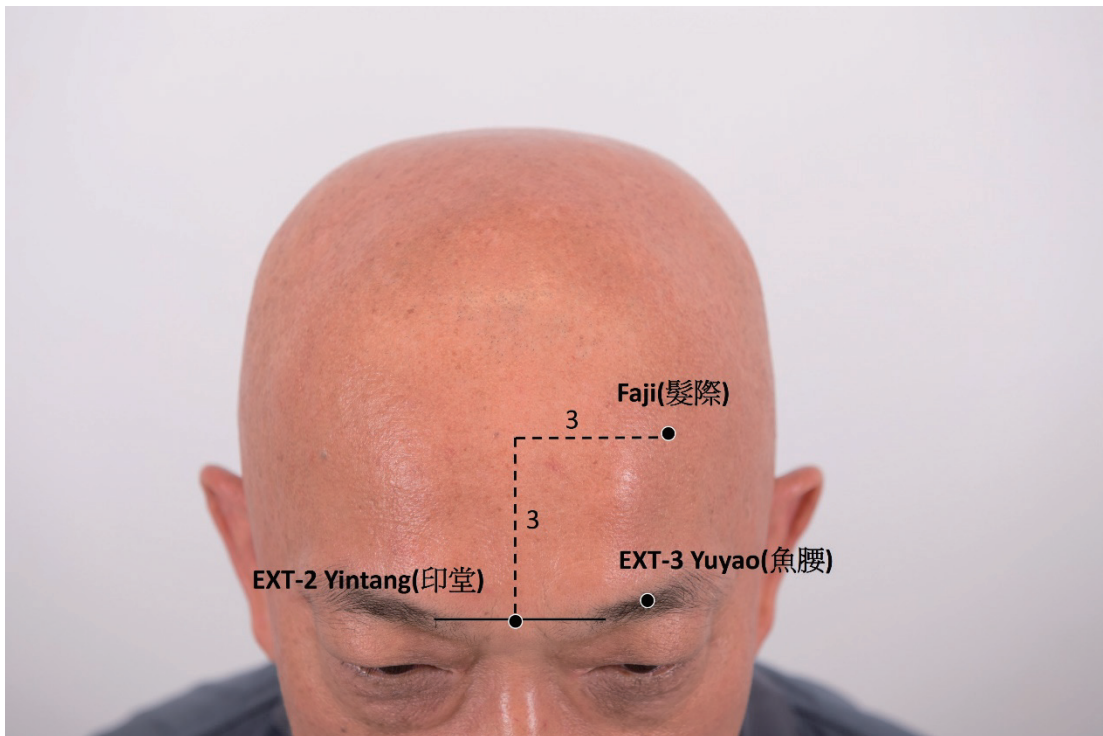


Figure 102

#### 5. *Yintang Hall of Impression* (印堂) (Figure 102)

**Location:** Exactly between the two eyebrows. Find the acupoint at the exact middle of both brows.

**Locating the acupoint:** On the path of the governor vessel in the forehead. Locate the acupoint in the depression at the midpoint of the line between the eyebrows, and

vertically above the nose tip.

**Indications:** Acute and chronic fright wind among children, fright convulsions, and malaria with an initial headache and heaviness of the head.

## 6. *Yuyao Fish's Lumbus* (魚腰) (Figure 103)

**Location:** At the center of each eyebrow.

**Locating the acupoint:** At the center point of the eyebrow arch, or in the depression at the center of eyebrows. With the patient looking straight ahead, locate these acupoints directly above the pupils.

**Indications:** Pain in the forehead, drooping eyelids, facial nerve palsy, nearsightedness, and conjunctivitis.

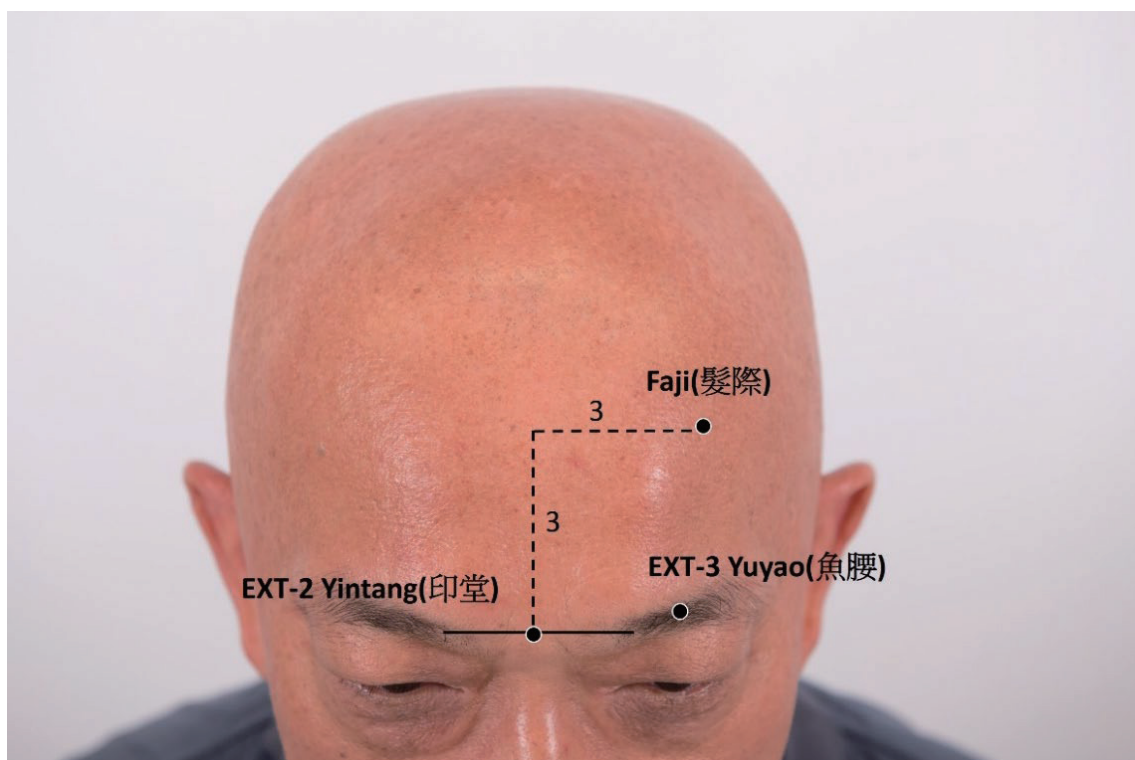


Figure 103

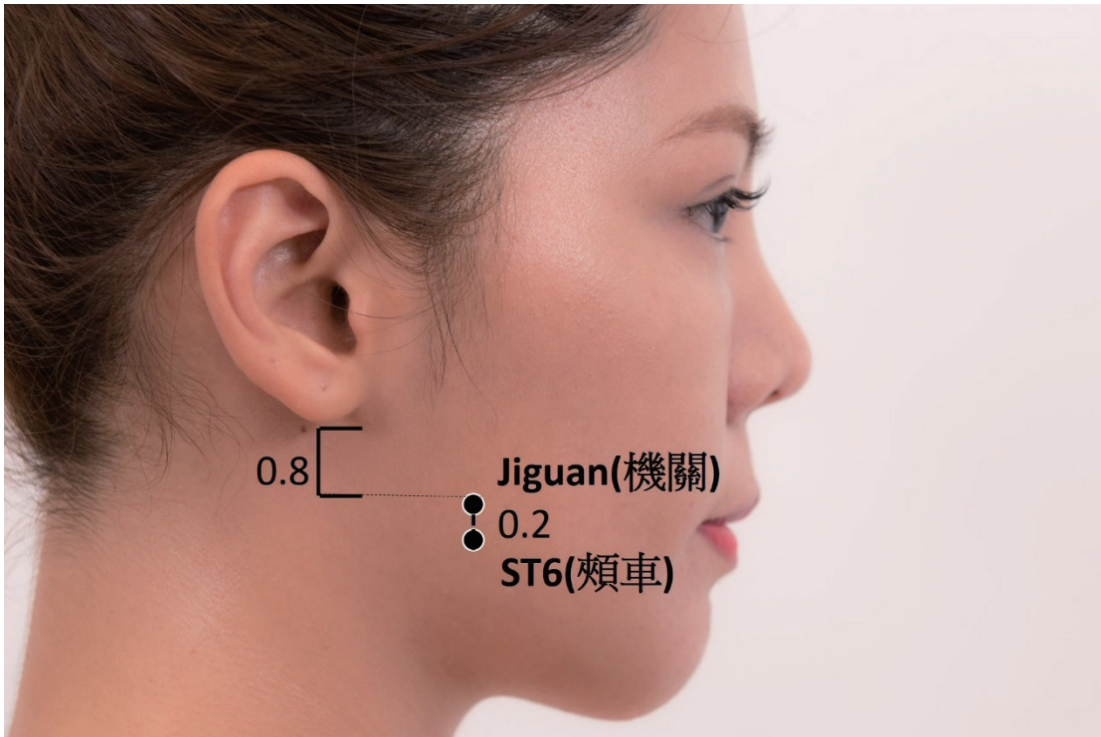


Figure 104

### 7. *Jiguan hinge* (機關) (Figure 104)

**Location:** At 8 fens below and slightly in front of the ear.

**Locating the acupoint:** On the boundary between the lower jaw and the mandibular angle, in the depression above the mandibular tubercle, or 2 fens above jiache Cheek Carriage (ST-6).

**Indications:** Wind stroke, lockjaw with a loss of speech, wind toothache, and deviated mouth.

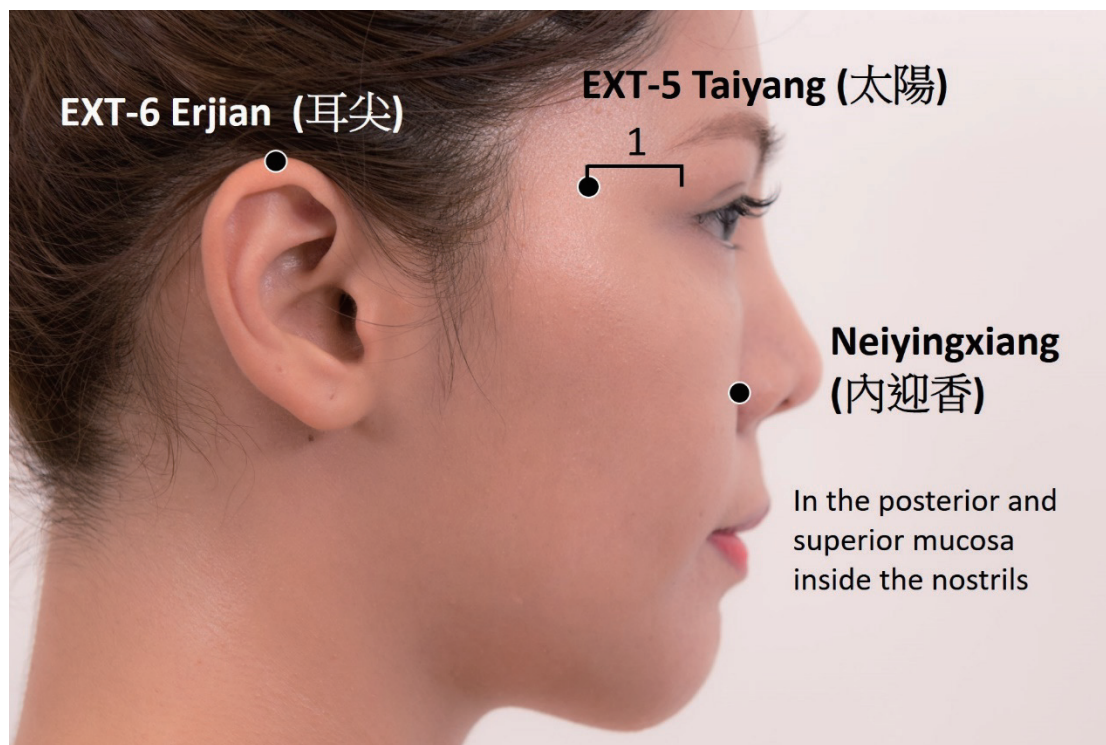


Figure 105

### 8. *Neiyangxiang Inner Welcome Fragrance* (內迎香) (Figure 105)

**Location:** In the middle of the superior end of the nostrils.

**Locating the acupoint:** In the posterior and superior mucosa inside the nostrils, locate the acupoints (one in the left nostril, one in the right nostril).

**Indications:** Febrile diseases, malignancy stroke, severe pain in the head, redness and heat of the eyes, sudden pain, nose illnesses, throat block, and sudden death.

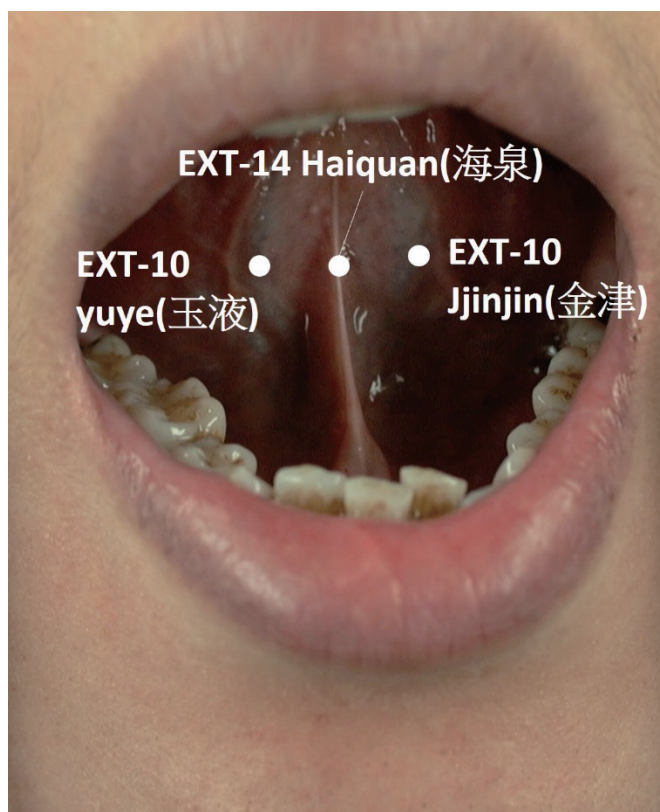


Figure 106

### 9. *Jjinjinyuye Golden Liquid Jade Humor (金津玉液) (Figure 106)*

**Location:** Inferior to the purple veins purple vessel (紫脈) under the tongue. The left acupoint is called jinjin Golden Liquid (金津), and the right acupoint is called yuye Jade Humor (玉液). Both can be found with the patient's tongue curled upward.

**Locating the acupoint:** With the patient sitting upright and their mouth opened, instruct them to curl the tip of their tongue upward and then press it against the upper palate. The acupoint is located on both veins on either side of the frenulum of the tongue.

**Indications:** Swollen tongue, glossitis, oral sores, inflammation of the throat, dispersion and thirst, loss of speech, vomiting, diarrhea, summerheat stroke, jaundice, and dry cholera.



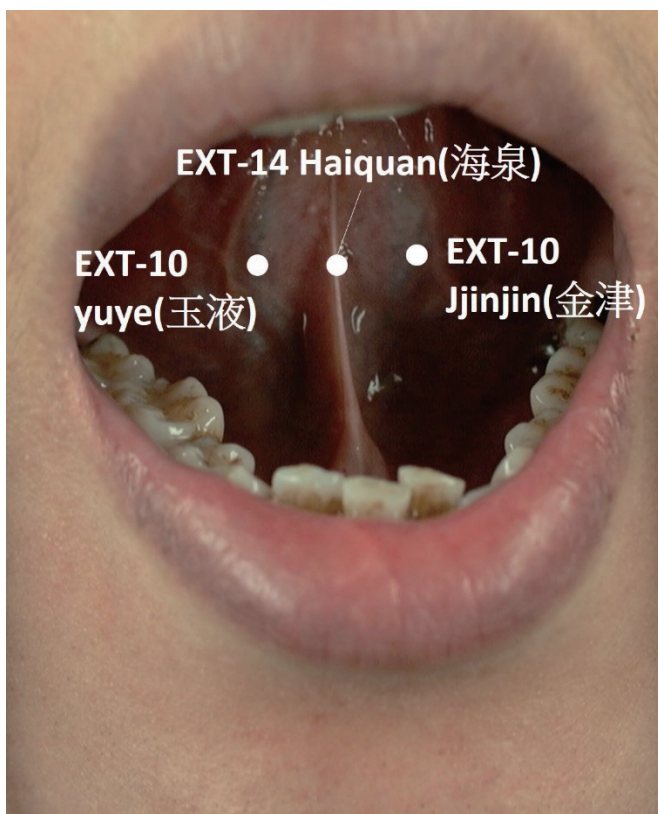


Figure 107

### 10. *Haiquan* Sea Source (海泉) (Figure 107)

**Location:** In the middle of the underside of the tongue, on the vein.

**Locating the acupoint:** Instruct the patient to curl their tongue upward against the upper palate. Locate this acupoint at the end of the frenulum of tongue, between jinjin Golden Liquid and yuye Jade Humor.

**Indications:** Dispersion and thirst disorder, hiccups, swelling of the tongue, throat block, vomiting, and diarrhea.

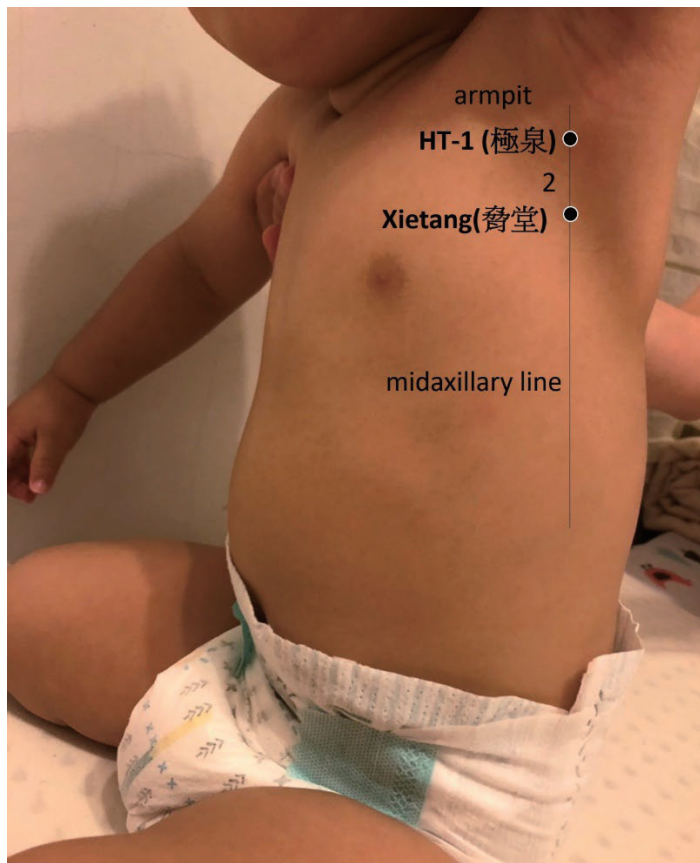


Figure 108

### 11. Xietang (齋堂) (Figure 108)

**Location:** Below jiquan Highest Spring (HT-1) (極泉), in the depression between two ribs under the armpit. Raise the patient's arm to locate the acupoint.

**Locating the acupoint:** Raise the patient's arm to locate this acupoint on the lateral side of the chest along the midline of the armpit and 2 cun below the armpit.

**Indications:** Yellowing of the eyes, dimness of vision, qi fullness in the chest and lateral costal area, panting with hiccups, abdominal distention with running piglet qi, pain in the chest and lateral costal area (endocarditis and pleurisy), chest muscle spasms, intercostal neuralgia, and liver and gallbladder illness.

**Needling depth:** Transverse needling at a depth of 3 to 4 fen.

**Moxibustion:** 5 moxa pellets.



Figure 109

## 12. *Qipang* (臍旁) (Figure 109)

**Location:** With a thin strip of bamboo, measure the distance between the corners of the patient's mouth. Triple the distance and construct an equilateral triangle using this distance. Place this triangle on the stomach, with the top point on the navel, and the other two points on either side below the navel. The lower points of the triangle indicate the location of this acupoint pair.

**Locating the acupoint:** Multiple the distance between the corners of the patient's mouth by three and construct an equilateral triangle using this distance. Place this triangle on the patient's stomach, with the top corner on the navel, and the lower edge horizontal below the navel. The acupoints are located at both lower points of this triangle.

**Indications:** Paraumbilical pain, running piglet qi surging upward from the paraumbilical area, mounting qi with sagging distention, cold mounting, heart pain, abdominal illness, and infertility.

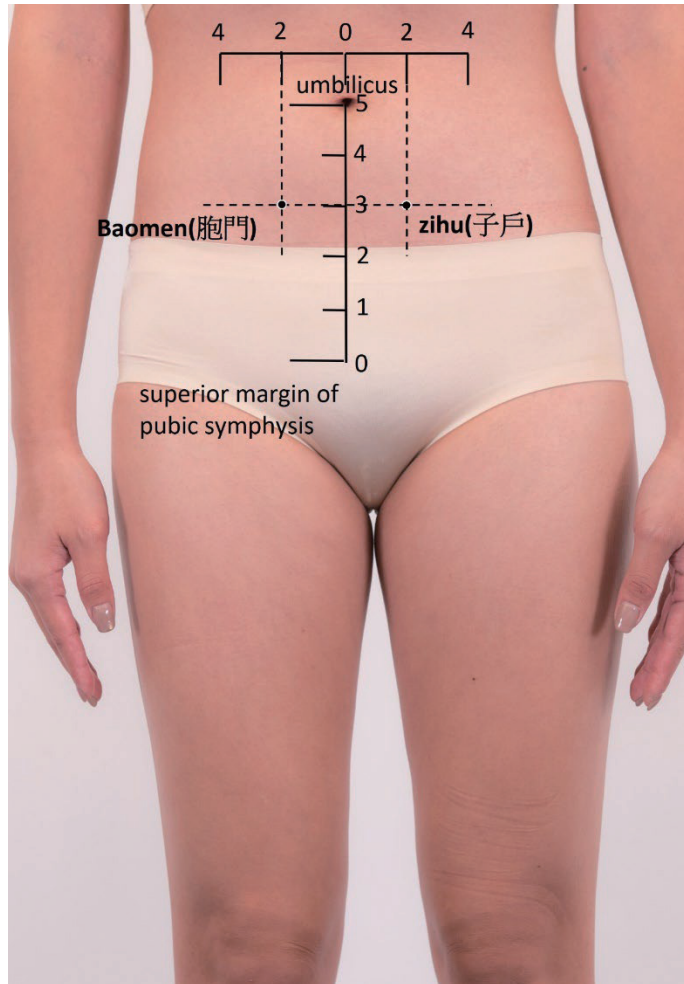


Figure 110

### 13. Baomenzihu uterine gate Infant's Door (胞門子戶) (Figure 110)

**Location:** Baomen uterine gate (胞門) is 2 cun left of guanyuan Pass Head (CV-4), and zihu Infant's Door (子戶) is 2 cun right of guanyuan Pass Head (CV-4).

**Locating the acupoint:** Baomen uterine gate and zihu Infant's Door are in the same position as the shuidao Waterway (ST-28) acupoint of the stomach meridian channel. All

three acupoints are in the lower abdominal area. Guanyuan Pass Head (CV-4) is located 3 cun below the navel, along the midline. Baomen uterine gate is 2 cun left of the navel, and zihu Infant's Door is 2 cun to the right.

**Indications:** Infertility among women, accumulations in the abdomen, difficulty giving birth, abdominal pain after abortion, fetal spotting of blood, retention of placenta, and stillbirth.



Figure 111

#### 14. *Huangmu* (盲募) (Figure 111)

**Location:** Measure diagonally from the nipple to the navel. Use half of this length to measure down from the nipple to locate the acupoint.

**Locating the acupoint:** Below the costal arch of the eighth rib, at approximately

one horizontal finger-width away. Measure diagonally from the nipple to the navel. Use half of this length to measure down from the nipple to locate the acupoint below ruzhong, and approximately 1 cun below qimen Cycle Gate (LR-14).

**Indications:** Accumulation lumps and pain in the abdomen, jaundice, jaundice without yellowing of the eyes, and extreme weakness after illness.

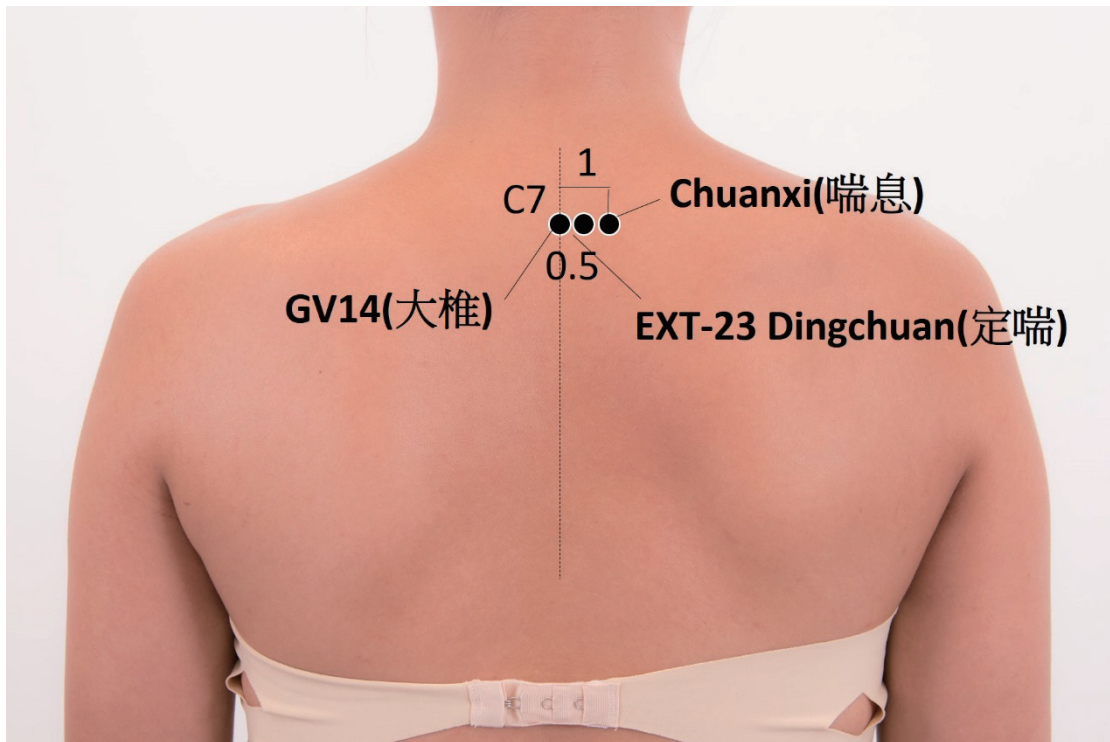


Figure 112

### 15. *Chuanxi Panting* (喘息) (Figure 112)

**Location:** At 1 cun lateral to the seventh cervical vertebra.

**Locating the acupoint:** First locate the spinous process of the seventh cervical vertebra. Find this acupoint at 1 cun lateral to the point below the spinous process.

**Indications:** Difficulty breathing, urticaria, coughing, wheezing and panting, bronchitis, and a crick in the neck.

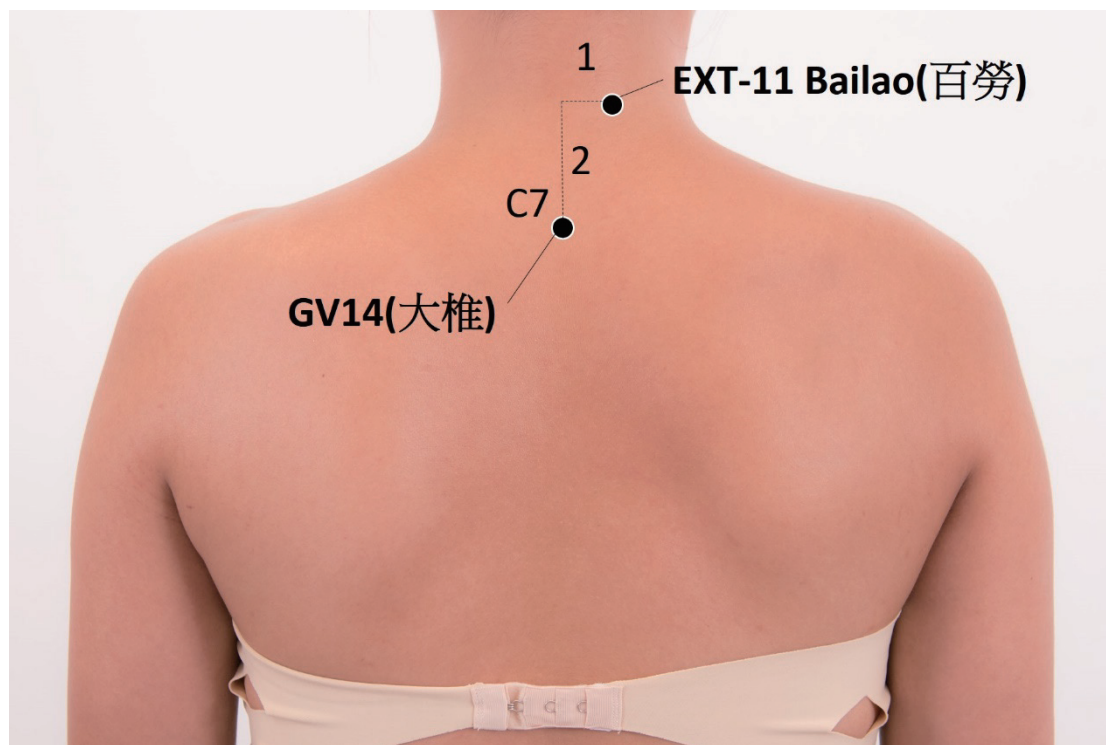


Figure 113

### 16. *Bailao Hundred Taxations* (百勞) (Figure 113)

**Location:** Mark 2 cun above dazhui Great Hammer (GV-14) with ink. Locate the acupoint at 1 cun lateral to this spot on both sides. The location of this acupoint is also described as 1 cun and 3 fens lateral to dazhui Great Hammer (GV-14) on both sides.

**Locating the acupoint:** Measure 2 cun above dazhui Great Hammer (GV-14) on the governing vessel, then proceed laterally for 1 cun (on both sides) to locate the acupoint.

**Indications:** Scrofula and coughing.

### 17. *Sihua Four Flowers* (四花穴) (Figure 114)

**Location:** Below the seventh and tenth vertebrae, proceed laterally for 1 cun and 5 fens on both sides. The four bilateral geshu Diaphragm Transport (BL-17) and danshu Gallbladder Transport (BL-19) acupoints of the bladder meridian channel are called the sihua (four flower) acupoints.

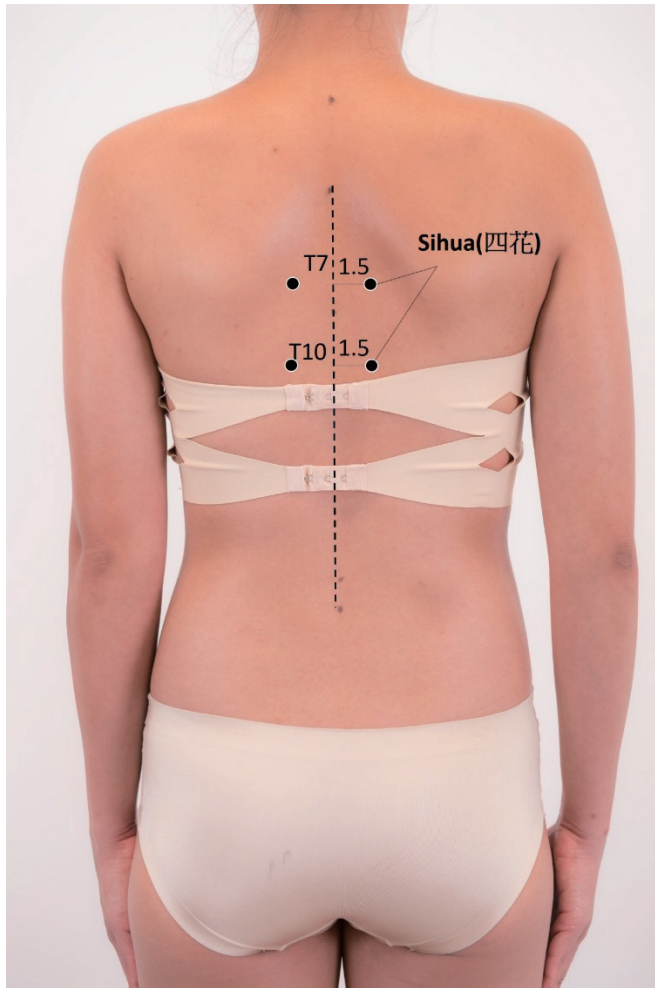


Figure 114

**Locating the acupoint:** Measure the length of the patient's mouth with wax strings. Cut the sides of a square piece of paper the length of this string, and cut a small hole in the center. Instruct the patient to stand on a long wax string, with the front end level with the hallux and the back end curving upward into the transverse popliteal crease. Cut the string at this length. Next, place the string across the area inferior to the laryngeal prominence, with both ends hanging down toward the back (the ends of the string should touch in the center of the back). Mark the locations of the string ends with an ink spot. Place the center hole of the previously cut piece of paper on the ink spot. The four corners



of the paper mark the four acupoints.

**Indications:** Five lesions and seven injuries among men and women, steaming bones with tidal fever, coughing with phlegm and panting, panting, qi deficiency and weak blood, emaciation with intractable disease, tuberculosis, pulmonary emphysema, bronchitis, and chronic anemia.



Figure 115

### 18. *Huatuojiayi Hua Tuo's Paravertebral Points* (華陀夾脊) (Figure 115)

**Location:** These acupoints are beneath the first thoracic vertebra and continue until the spinous process of the fifth lumbar vertebra; they are located 5 fens lateral to the midline on both sides. Seventeen acupoints are located on one side, which totals 34

acupoints for both sides.

**Locating the acupoint:** Instruct the patient to lie in a prone position. Locate the acupoints by measuring 5 fens lateral to the midline on both sides under every spinous process from the first thoracic vertebra until the fifth lumbar vertebra.

**Indications:** The range of indications can be classified into the following six types according to the location along the spine:

- i. First to fourth thoracic vertebrae: Indicated for lung and upper limb illnesses.
- ii. Fourth to seventh thoracic vertebrae: Indicated for heart illnesses.
- iii. Seventh to tenth thoracic vertebrae: Indicated for liver and gallbladder illnesses.
- iv. Tenth to twelfth thoracic vertebrae: Indicated for spleen and stomach illnesses.
- v. First to second lumbar vertebrae: Indicated for kidney illnesses.
- vi. Third to fifth thoracic vertebrae: Indicated for illnesses of the bladder, large and small intestines, reproductive organs, and lower limbs.

### 19. *Qizhuma Riding Bamboo Horse* (騎竹馬) (Figure 116)

**Location:** First measure the distance from chize Cubit Marsh (LU-5) to the tip of the middle finger with a cotton string. Then use a cotton string to measure the tongshencun of the middle finger Center Finger Body Inch (中指同身寸) as a standard for the length of 1 cun (in this case the distance between the two joints on the middle finger is set as 1 cun). Instruct the patient to undress and stand astride a large bamboo shaft. Have two people slowly raise the bamboo shaft, with two more people holding the patient steady and maintaining straightness of the patient's back. Stretch the string measured from chize Cubit Marsh (LU-5) to the end of the middle finger from the tip of the coccyx Sacral Bone upward along the spine. Mark the end of the location of the string with an ink spot. Then use the string measured for tongshencun Body Inch (同身寸) to proceed 1 cun laterally from the ink spot in both directions to locate the acupoints. (Note: This description was referenced from the Yang family's moxibustion methods. According to *The Glorious Anthology of Acupuncture and Moxibustion Gathered Blooms* 《聚英》, this acupoint may actually be located at 1 cun and 5 fens from the midline on both sides instead of at only 1 cun. These acupoints should correspond with the geshu Diaphragm Transport (BL-17) and ganshu Liver Transport (BL-18) acupoints.



Figure 116

**Locating the acupoint:** On the midline of the patient's back, 1 cun and 5 fens lateral to the midline on both sides, and level with the point below the seventh or ninth vertebra are two acupoints, one on the left and one on the right. Instruct the patient to lie in a prone position. Below the ninth vertebra, 1 cun and 5 fens laterally corresponds to ganshu Liver Transport (BL-18). Alternatively, below the seventh vertebra matches the geshu Diaphragm Transport (BL-17) acupoints on both sides.

**Indications:** All welling- and flat-abscesses with effusion in the back, unidentified toxin swellings, and welling-abscesses with clover sores.

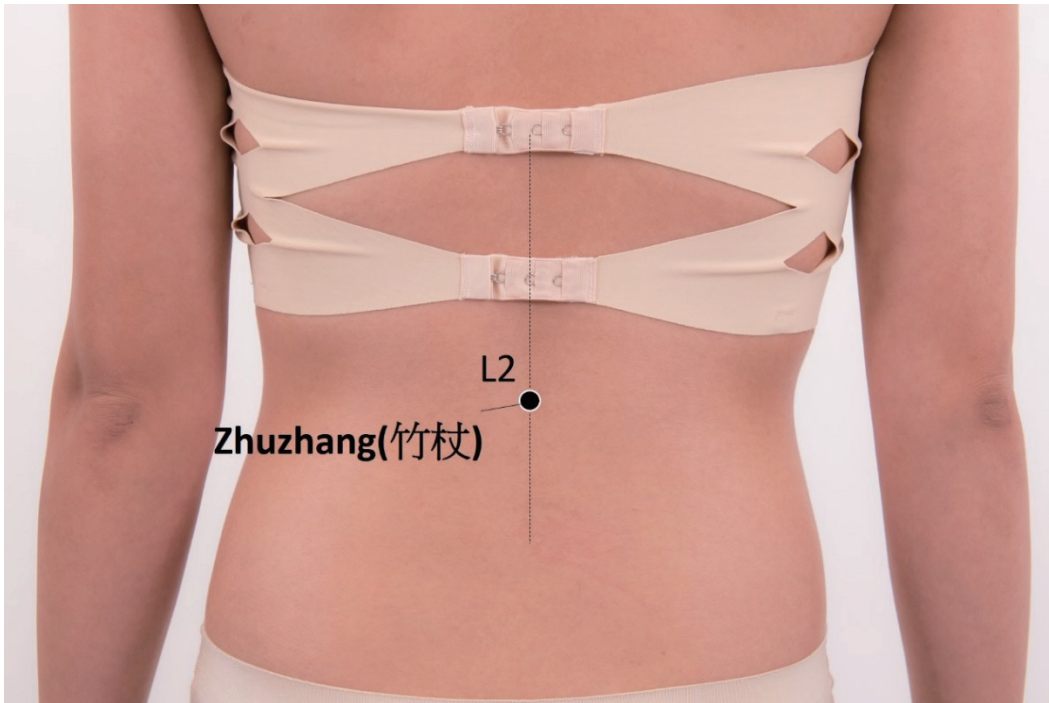


Figure 117

## 20. Zhuzhang Bamboo Stick (竹杖) (Figure 117)

**Location:** Instruct the patient to stand upright. Find a bamboo staff Bamboo Stick that reaches from the ground to the patient's navel. Use this staff to measure the spine and locate the acupoint at the end of the staff.

**Locating the acupoint:** Along the midline in the lumbar region, above the spinous process of the third lumbar vertebra. Instruct the patient to stand upright. First, stand a bamboo staff in front of the patient's abdomen on the ground. Mark a point on the stick level with the navel. Then, with the staff on the ground, measure upward along the spine. The point where the staff mark corresponds to the body is where the acupoint is located. This is also where the mingmen Life Gate (GV-4) acupoint of the governing vessel is located.

**Indications:** Navel swelling in children, visceral toxin and intestinal wind with incessant descent of blood, poor appetite, chronic enteritis, hemorrhoidal disease, rectal prolapse, lumbar pain, and spinal cord illnesses.

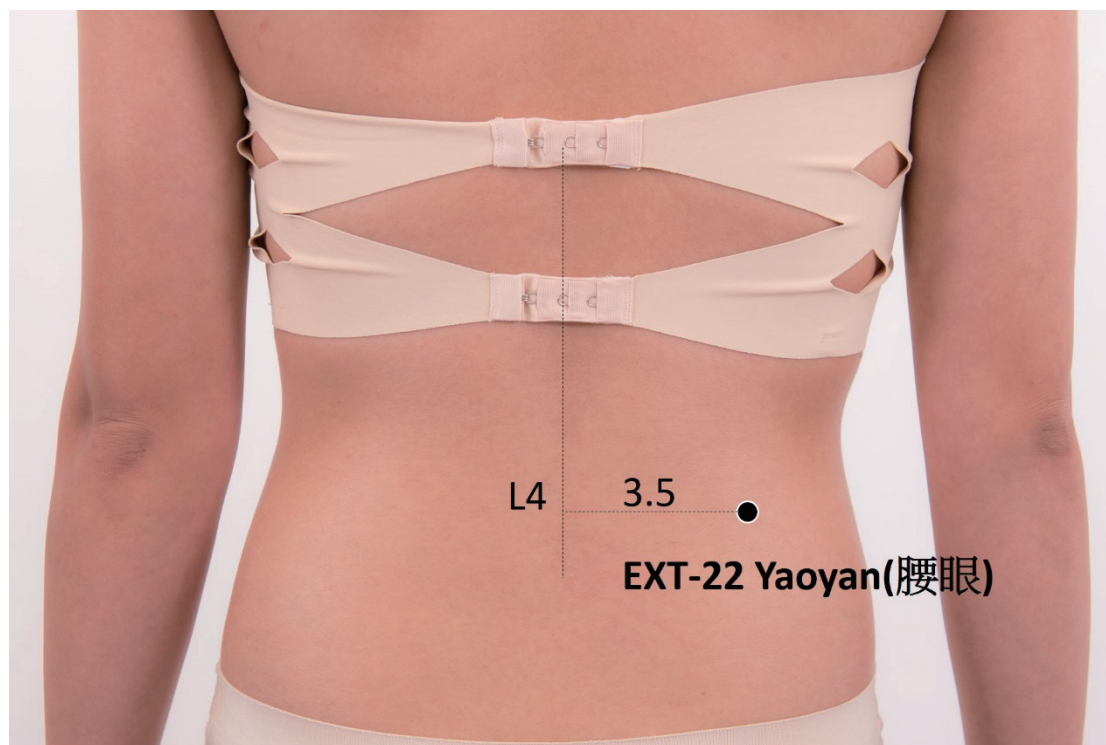


Figure 118

## 21. Yaoyan Lumbar Eye (腰眼) (Figure 118)

**Location:** Instruct the patient to sit on a level surface and raise their arms upward, turning slightly backward as they lift. Two depressions appear at the waist on both sides and are called the yaoyan Lumbar Eye acupoints. Mark these spots with ink. Treat these points with moxibustion, with the patient lying in a prone position.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoint in a depression approximately 3 cun and 5 fen lateral to the point below the spinous process of the fourth lumbar vertebra.

**Indications:** Weakness, deficiency, emaciation, and depletion; lumbar pain; dispersion and thirst; syphilis; bacteria causing tuberculosis; frozen blood and stagnant qi; tuberculosis and pulmonary tuberculosis; tracheitis; orchitis; and gynecological and obstetric illnesses.

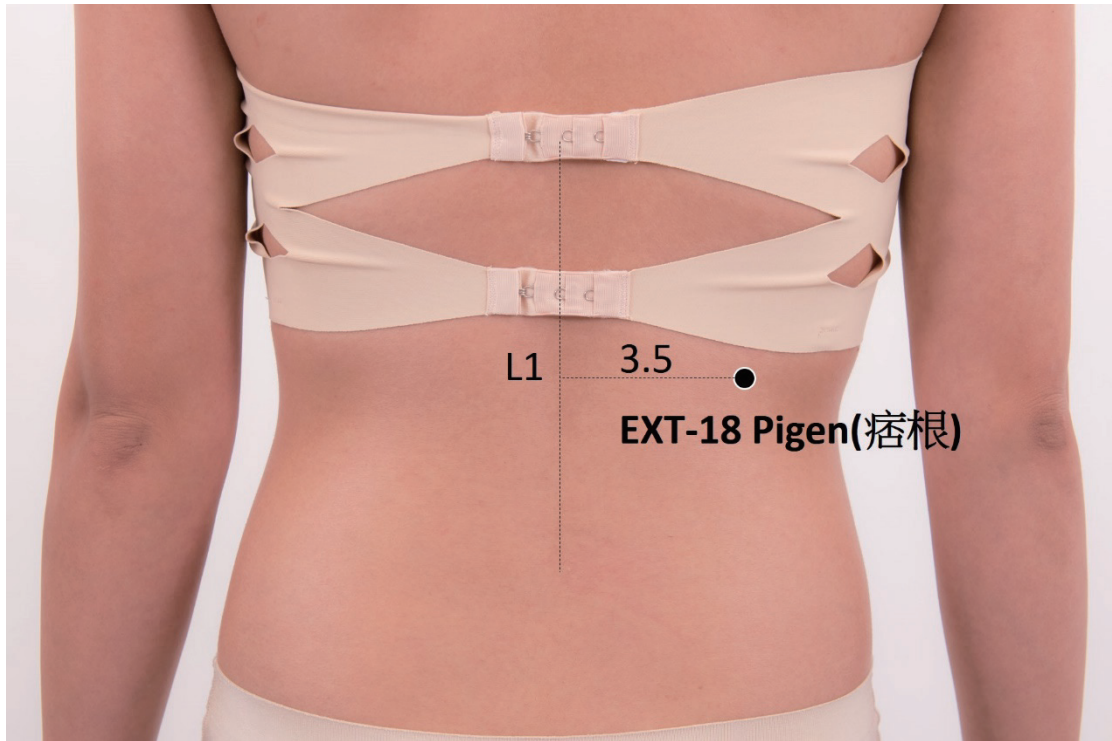


Figure 119

## 22. *Pigen Glomus Root* (痞根) (Figure 119)

**Location:** At 3 cun and 5 fen lateral to the point below the spinous process of the first lumbar vertebra (thirteenth vertebra).

**Locating the acupoint:** Instruct the patient to lie in a prone position. Between the spinous processes of the first and second lumbar vertebrae, proceed 3 cun and 5 fen laterally to locate the acupoints.

**Indications:** Lump glomus, adipose tumors, mounting pain, lumbar pain, stomach reflux, dilation of the stomach (gastrectasia), and stomach spasms.



Figure 120

### **23. Zhoujian Tip of the Elbow (肘尖) (Figure 120)**

**Location:** On the tip of the elbow. Locate the acupoint with the patient's elbow bent.

**Locating the acupoint:** On the dorsal aspect of the elbow at the tip of the olecranon process of the ulna. Bend the patient's elbow to approximately 90° to locate the acupoint at the tip of the olecranon process of the ulna.

**Indications:** Scrofula, welling - and flat-abscesses, and intestinal welling-abscesses.



Figure 121

#### 24. *Zhongquan Central Spring* (中泉) (Figure 121)

**Location:** In the middle of the back of the wrist, in the depression between yangxi Yang Ravine (LI-5) and yangchi Yang Pool (TE-4).

**Locating the acupoint:** Along the transverse dorsal wrist crease, in the depression on the radial side of the tendon of the extensor digitorum, and between yangchi Yang Pool (TE-4) and yangxi Yang Ravine (LI-5).

**Indications:** Fullness and distention of the chest and lateral costal area, nebula or white superficial obstruction of the eye (eye screen), vomiting, spitting of blood, heart pain, stomach pain, stomach qi ascending counterflow, panting and coughing, qi fullness with sleeplessness, heat in the palms, wind stroke, wrist arthralgia, and spasms or paralysis of the forearm muscles.





Figure 122

**25. *Dagukong Thumb Bone Hollow* (大骨空) (From The Great Compendium of Acupuncture and Moxibustion; 針灸大成) (Figure 122)**

**Location:** In the middle joint of the thumb. With the thumb bent, locate this acupoint in the depression on the tip of the bone.

**Locating the acupoint:** On the dorsal midline of the thumb, in the midpoint of the joint between the proximal phalanx and distal phalanx. At the midpoint of the transverse crease of the interphalangeal joint, on the dorsal side.

**Indications:** Enduring eye illnesses, nebula or membrane-like visual obstructions (eye screen), and cataracts.



Figure 123

**26. Xiaogukong Little Finger Bone Hollow (小骨空) (From The Great Compendium of Acupuncture and Moxibustion) (Figure 123)**

**Location:** At the tip of the second joint of the little finger.

**Locating the acupoint:** Along the dorsal midline of the little finger, on the midpoint of the joint between the proximal phalanx and middle phalanx. Locate the acupoint on the midpoint of the dorsal interphalangeal joint, on the transverse crease.

**Indications:** Ocular pain, superficial visual obstruction (eye screen), red eyes, various eye illnesses, deafness, joint pain in the hand, numbness and pain in the fingers, throat pain, and insomnia.



Figure 124

**27. Shixuan Ten Diffusing Points (十宣) (From The Great Compendium of Acupuncture and Moxibustion) (Figure 124)**

**Location:** On the tips of the 10 fingers, approximately 1 fen from the fingernails. Each finger has one acupoint, which totals 10 acupoints for both hands.

**Locating the acupoint:** At the tips of the 10 fingers, 1 fen from the fingernails.

**Indications:** Stupor, loss of consciousness summerheat stroke, febrile diseases, fright reversal among children, swelling and pain in the throat, and numbness of the fingertips.



Figure 125

**28. *Guiku* (鬼哭)(From Elementary Medicine The Gateway to Medicine; 醫學入門) (Figure 125)**

**Location:** On the thumbs and halluces, locate this acupoint at a slight distance from the corner of the nail. Place both halluces and thumbs together and use a cloth to secure them. The acupoints are located in the space between the thumbs and halluces. These points are also called the four acupoints of *guiyan* Ghost Eye (SP-1).

**Locating the acupoint:** Tie the patient’s thumbs and halluces together with a cloth. The acupoints are inside the crevice between the thumbs and halluces.

**Indications:** Epilepsy; sudden stroke; absent-mindedness; confusion with the mouth, eye, and genital sores (similar to Behçet’s disease); lockjaw, seminal emissions, and the five epilepsies in children; treat with moxibustion.

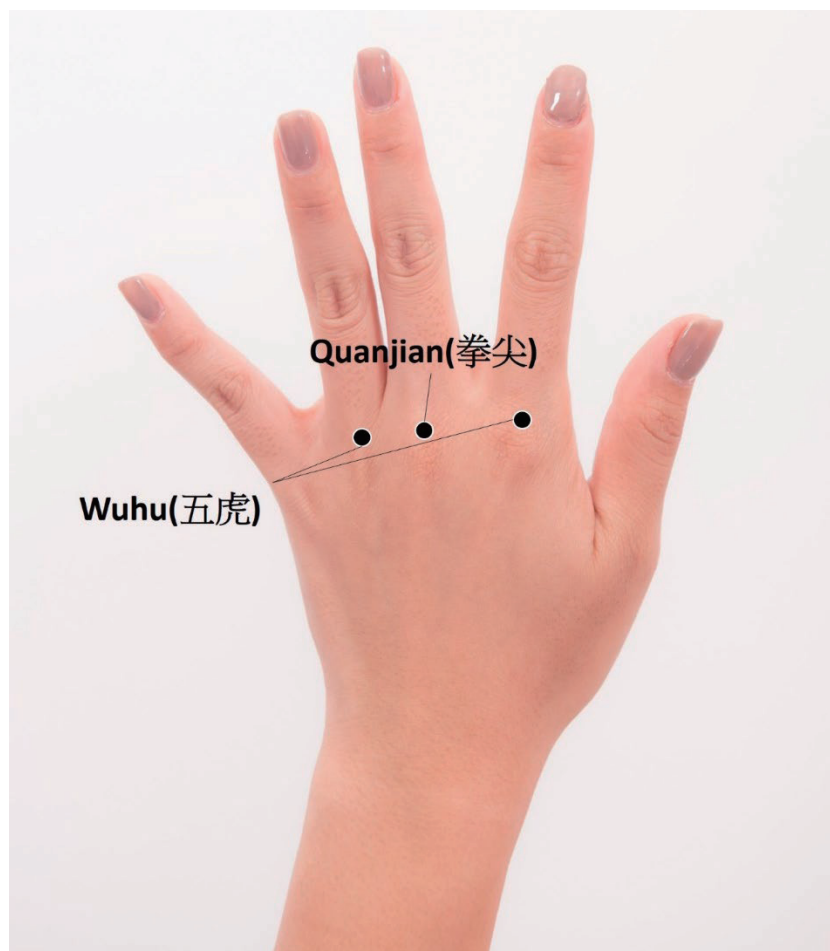


Figure 126

**29. Wuhu Five Tigers (五虎) (From Illustrated Supplement to the Classic of Categories The Illustrated Wings of the Classified Canon 類經圖翼, Elementary Medicine The Gateway to Medicine) (Figure 126)**

**Location:** On the dorsal side of the forefinger and ring finger, at the tip of the bone in front of the base joint. Instruct the patient to curl their hand into a fist to locate this acupoint. For both sides, a total of four points exist.

**Locating the acupoint:** Instruct the patient to curl their hand into a fist. Locate the acupoint at the protruding tip of the second and fourth metacarpal bones.

**Indications:** Finger spasms and tensions.

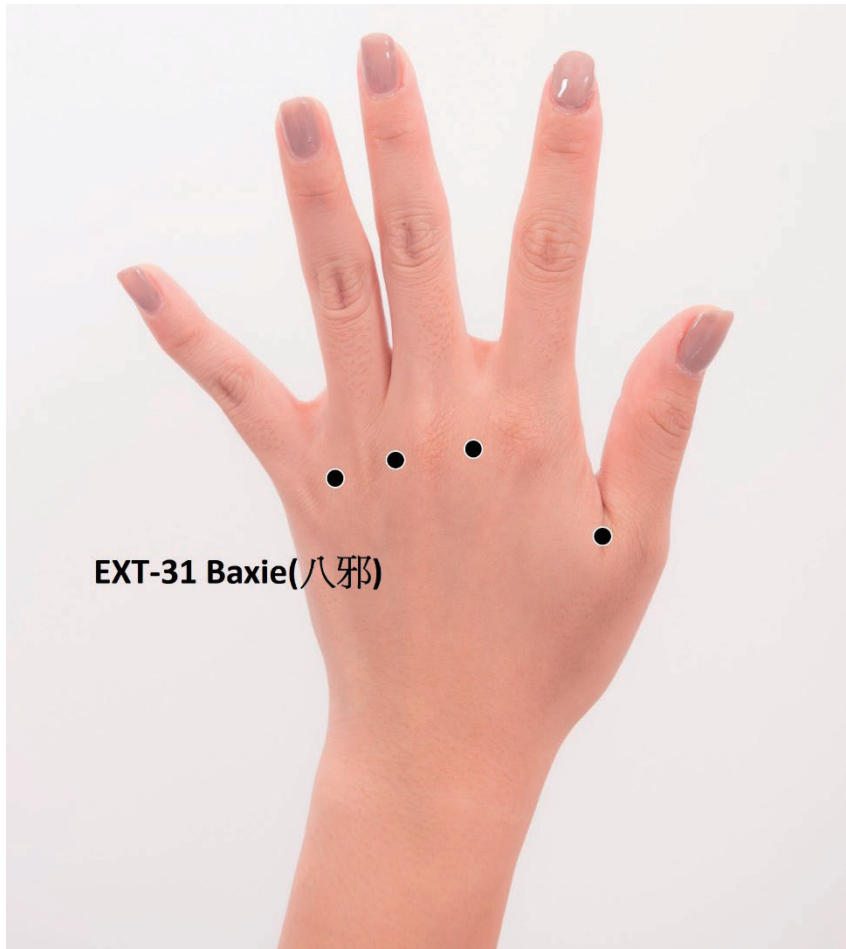


Figure 127

### 30. *Baxie Eight Evils* (八邪) (From *The Great Compendium of Acupuncture and Moxibustion*) (Figure 127)

**Location:** In the junctures of the bones between the fingers. For both the left and right hands, a total of eight acupoints exist. The first acupoint is located at the midpoint between the thumb and forefinger (at the hukou Tiger’s mouth (虎口) spot), along the border of the red and white flesh, and called dadu Great Metropolis (SP-2). Locate the acupoint with the patient’s hand curled into a fist. The second acupoint is located between the bones at the bases of the forefinger and middle finger, and called shangdu Upper Metropolis (上都). Locate the acupoint with the patient’s hand curled into a fist. The third

pair of acupoints is located between the bones at the bases of the middle finger and ring finger, and called zhongdu Central Metropolis (LR-6). The fourth pair of acupoints is located between the bones at the bases of the ring finger and the little finger, and called xiadu Lower Metropolis or zhongzhu Central Islet (TE-3).

**Locating the acupoint:** Instruct the patient to curl their hand into a fist. Locate the acupoints on the back of the hand at the midpoint between each adjacent pair of small metacarpal bones.

**Indications:** Dadu treats toothaches and head wind; and shangdu Upper Metropolis, zhongdu Central Metropolis (LR-6), and xiadu Lower Metropolis treat redness and swelling of the arms.



Figure 128

### 31. *Quanjian Fist Tip* (拳尖) (From Moxibustion Classic of Huangdi's Mingtang; 明堂灸經) (Figure 128)

**Location:** On the dorsal side of the middle finger, on the tip of the bone in front of

the base joint. Locate this acupoint with the patient's hand curled into a fist.

**Locating the acupoint:** Instruct the patient to curl their hand into a fist. Locate the acupoint on the high point of the small head of the third metacarpal bone.

**Indications:** Red eyes, nebula or membrane-like visual obstructions (eye screen) with pain, toothaches, and heat toxins with excessive wind among children.

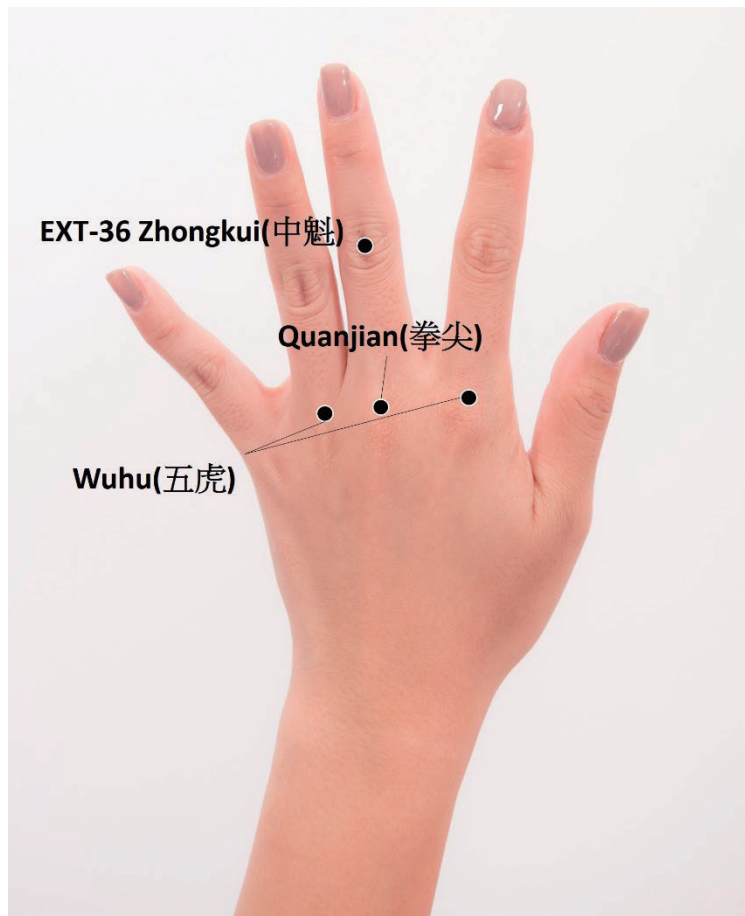


Figure 129

**32. Zhongkui Central Eminence (中魁) (From The Great Compendium of Acupuncture and Moxibustion) (Figure 129)**

**Location:** At the tip of the bone of the second joint of the middle finger. Bend the



patient's middle finger to locate the acupoint.

**Locating the acupoint:** On the dorsal midline of the middle finger. Bend the patient's middle finger to expose the high point on the joint between the intermediate phalanx and proximal phalanx, where the acupoint is located. In the middle of the transverse crease of the second interphalangeal joint, locate the acupoint with the patient's finger bent.

**Indications:** Toothaches, stomach reflux, dysphagia occlusion, esophageal constriction, loss of appetite, nosebleeds, and vitiligo.

### **33. *Erbai Two Whites* (二白) (From A Compilation of Acupuncture and Moxibustion) (Figure 130)**

**Location:** Behind the palm, 4 cun above daling Great Mound (PC-7). One acupoint is located between two muscles, and the other is outside the large muscle. A total of four acupoints are located on both hands.

**Locating the acupoint:** On the flexor aspect of the forearm, 4 cun above the midpoint of the transverse crease of the wrist (or 1 cun above jianshi). One is located on the ulnar side of the flexor carpi radialis, and the other is located on the radial side. A total of four acupoints are located on both hands.

**Alternative location:** On the flexor aspect of the forearm, 5 cun above the transverse crease of the wrist. One acupoint is located on the radial side of the flexor carpi radialis, and the other acupoint is located on the ulnar side of palmaris longus. A total of four acupoints are located on both hands.

**Indications:** Neuralgia in the forearms, pain in the chest and lateral costal area, painful hemorrhoids, and rectal prolapse.

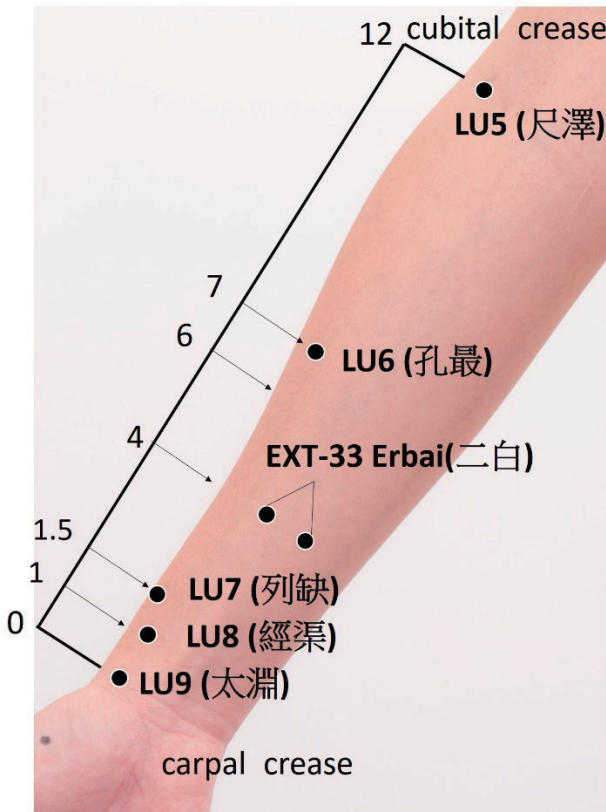


Figure 130



Figure 131

### 34. *Sifeng Four Seams* (四縫) (From A Compilation of Acupuncture and Moxibustion) (Figure 131)

**Location:** Excluding the thumbs, at both ends of the transverse crease between the proximal and middle phalanges of each finger. (Each finger has two acupoints, which totals eight acupoints for both sides.) (Figure 131)

**Locating the acupoint:** At the midpoint of the transverse crease between the proximal and middle phalanges of the forefinger, middle finger, ring finger, and small finger on both hands, totaling eight points for both hands.

**Indications:** Infantile malnutrition, indigestion, diarrhea, biliary ascariasis, whooping cough (pertussis), and coughing and panting.

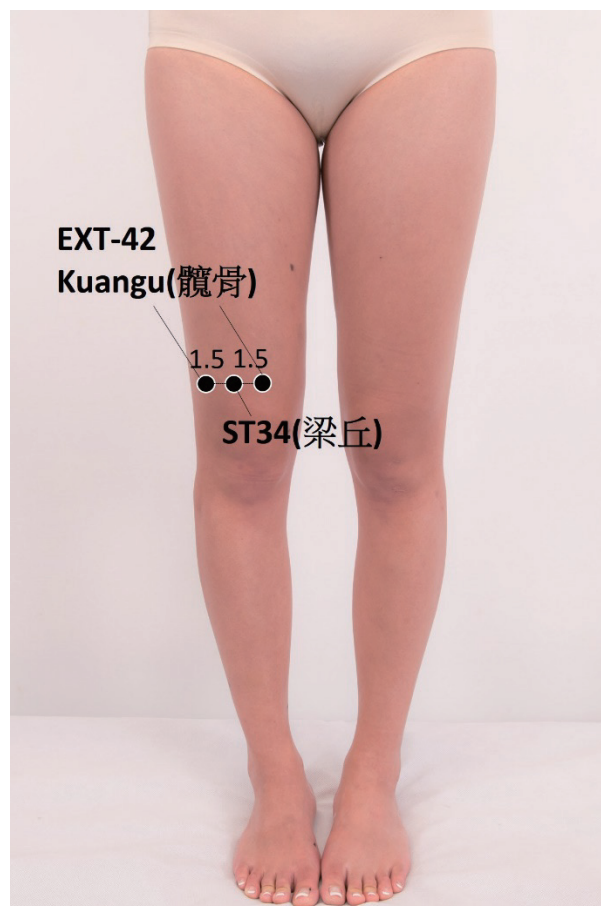


Figure 132

**35. Kuangu Thigh Bone (髌骨) (From Illustrated Supplement to the Classic of Categories The Illustrated Wings of the Classified Canon) (Figure 132)**

**Location:** At 2 cun above the knee, in the depression 1 cun lateral to the acupoint liangqiu Beam Hill (ST-34).

**Locating the acupoint:** Between the rectus femoris and vastus lateralis muscles, at 1 cun and 5 fen lateral to liangqiu Beam Hill (ST-34) on each side, and totaling four points for both legs.

**Indications:** Leg pain, swelling of the feet, crane's knee wind, and other knee and leg illnesses.



Figure 133

**36. Heding Crane Top (鶴頂) (From A Compilation of Acupuncture and Moxibustion)( Figure 133)**

**Location:** The midpoint of the superior border of the patella bone.

**Locating the acupoint:** Instruct the patient to bend their knee. Locate the acupoint on the knee joint, in the depression at the midpoint along the superior border of the patella bone.

**Indications:** Pain in the knee joints, weakness in the legs and feet, crane’s knee wind, leg qi, and rheumatoid arthritis of the knee.



Figure 134

**37. Xiyian Eye of the Knee (膝眼) (From A Compilation of Acupuncture and Moxibustion) (Figure 134)**

**Location:** In the depression below the knee on both sides.

**Locating the acupoint:** Instruct the patient to bend their knees. Locate the acupoint in the depressions below the patella bone on both sides. The lateral xiyian Outer Eye of the Knee (外膝眼) is in the same location as the dubi Calf's Nose (ST-35) acupoint of the yangming stomach meridian channel of the foot stomach meridian (ST).

**Indications:** Redness and swelling in the knees, crane's knee wind, leg pain, knee arthritis, Wind stroke, leg qi, and incessant cold pain in the knees.



Figure 135

**38. Nuxi Lady's Knee (女膝) (From Methods of Moxibustion at Gaohuang 膏肓灸法)( Figure 135)**

**Location:** Above the calcaneus behind the foot, along the border of the red and white flesh.

**Locating the acupoint:** Instruct the patient to lie in a prone position or on the side. Locate the acupoint in the posterior midline of the heel, along the border of red and white flesh.

**Indications:** Loss of control (loss of heart) with fright palpitations, mania and withdrawal with qi counterflow, inflammation of the tooth socket, cholera cramps, and sores and pus of the bone troughs.



Figure 136

**39. *Bafeng Eight Winds* (八風) (From The Great Compendium of Acupuncture and Moxibustion) (Figure 136)**

**Location:** In the bone junctures between the toes, totaling eight points for both feet.

**Locating the acupoint:** Locate these acupoints between the toes, superior to the web margins (at the end of the crease between the toes).

**Indications:** Redness and swelling of the dorsum in the feet, menstrual disorders, malaria, headaches, leg qi, and pain in the toes.



Figure 137

**40. *Neihuaijian/Waihuaijian Tip of the Outer Ankle Bone* (内、外踝尖)  
(From The Great Compendium of Acupuncture and Moxibustion)  
(Figure 137)**

**Location:** On the tip of the medial and lateral malleolus.

**Locating the acupoint:** On the medial and lateral sides of the foot, at the prominent point of the inner and external ankle.

**Indications:** Pain associated with the lower teeth, tonsillitis, various types of lochia, cramping of the inner and outer foot, and cholera with cramps.





Figure 138

**41. *Duyin Solitary Yin* (獨陰) (From A Compilation of Acupuncture and Moxibustion)( Figure 138)**

**Location:** Under the second toe, in the middle of the transverse crease of the second joint.

**Locating the acupoint:** Locate this acupoint in the middle of the transverse crease under the second toe of the foot.

**Indications:** Mounting qi, difficulty giving birth, retention of placenta, menstrual disorders, running piglet qi, dry vomiting, chest pain, acid vomiting, accumulations, blowfish poisoning, and vomiting.



Figure 139

#### 42. *Qiuhou Back of the Ball* (球後) (New acupoint) (Figure 139)

**Location:** Between the inferior border of the orbit and eye, at the junction between one-quarter lateral and three-quarters medial on the inferior orbit.

**Locating the acupoint:** With the patient looking straight ahead, locate this acupoint between the inferior border of the orbital bone and the eye, at the junction between one-quarter lateral and three-quarters medial.

**Indications:** Optic neuritis, atrophy of the optic nerve, retinal pigmentosa, glaucoma, early cataracts, and nearsightedness.

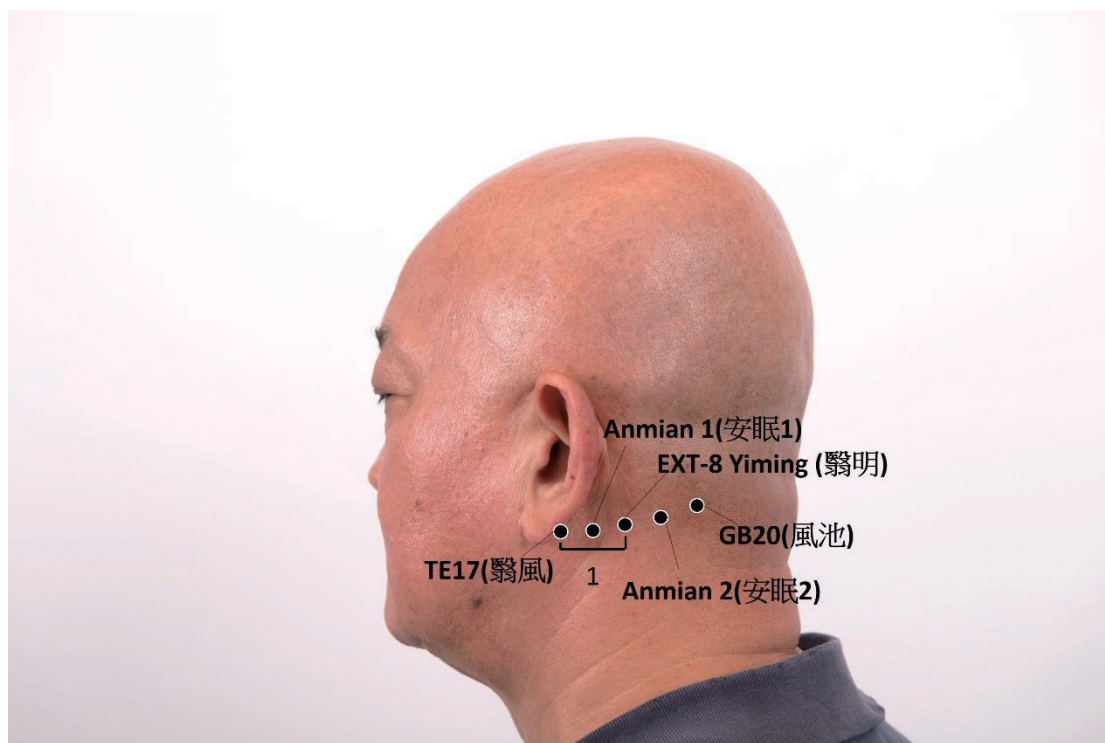


Figure 140

### 43. *Yiming Shielding Brightness* (翳明) (New acupoint) (Figure 140)

**Location:** At 1 cun behind yifeng Wind Screen (TE-17), on the inferior border of the mastoid process.

**Locating the acupoint:** At 1 fen behind yifeng Wind Screen (TE-17), on the inferior border of the mastoid process behind the ear, and approximately level with the ear lobe. The patient should experience soreness and distention when pressure is applied. This acupoint is approximately 1 cun from tiantu Celestial Chimney (CV-22).

**Indications:** Various eye illnesses, headaches, dizziness, insomnia, and tinnitus.

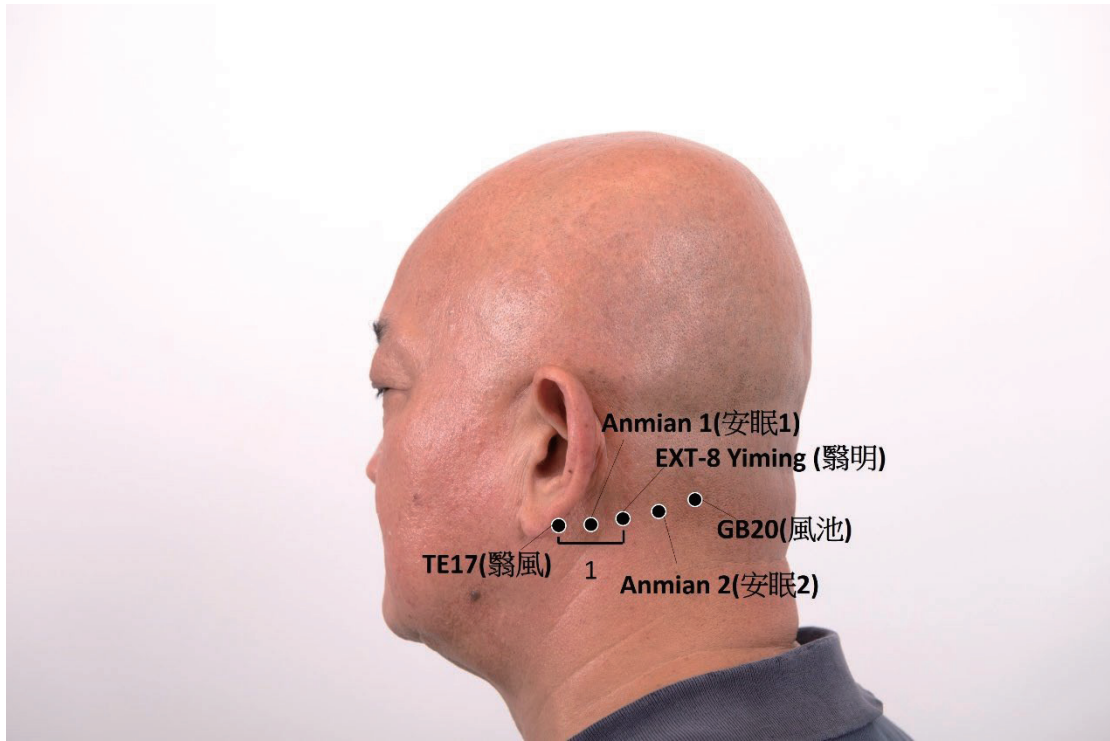


Figure 141

#### 44. *Anmian 1 Quiet Sleep \#1* (安眠 1) (New acupoint) (Figure 141)

**Location:** Between yifeng Wind Screen (TE-17) and yiming Shielding Brightness.

**Locating the acupoint:** At the midpoint between yifeng Wind Screen (TE-17) and yiming Shielding Brightness.

**Indications:** Insomnia, dizziness, headaches, hypertension, psychological illnesses, heart palpitations, and tinnitus.



Figure 142

#### 45. *Anmian 2 Quiet Sleep* \#2 (安眠 2) (Figure 142)

**Location:** Between yiming Shielding Brightness and fengchi Wind Pool (GB-20).

**Locating the acupoint:** At the midpoint between yiming Shielding Brightness and fengchi Wind Pool (GB-20).

**Indications:** Insomnia; vexation, agitation, and restlessness; heart palpitations; schizophrenia; headaches; epilepsy; eye illnesses; and hypertension.

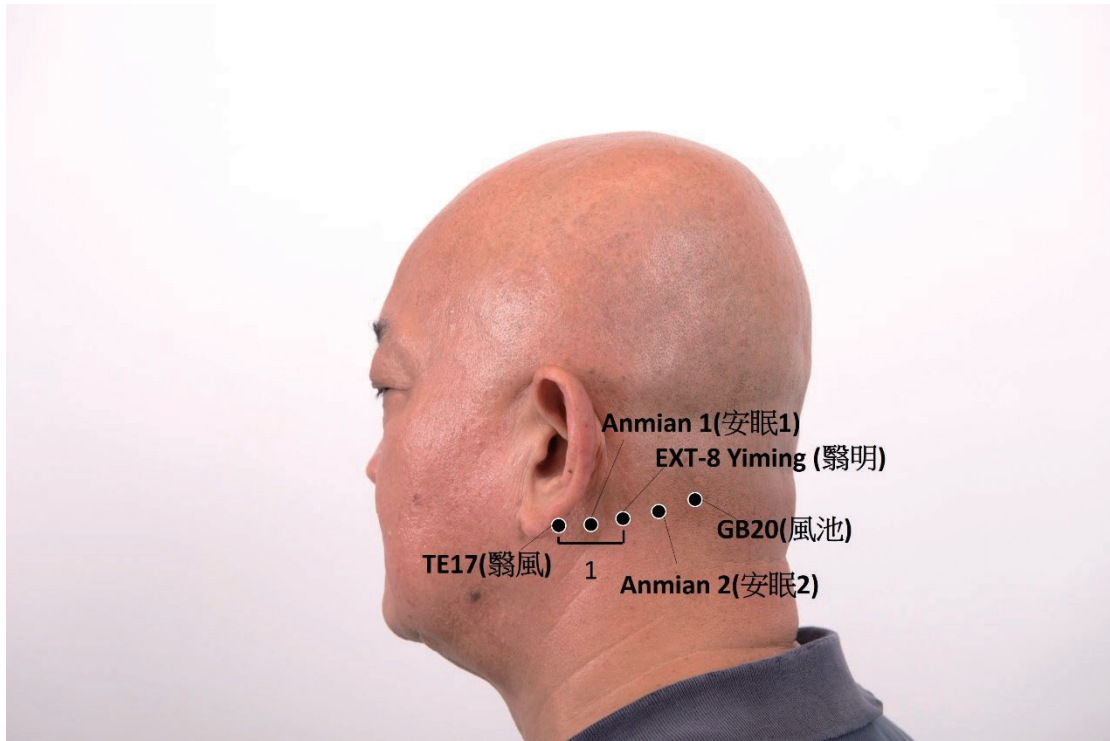


Figure 143

#### 46. *Xingfen Excitation* (興奮) (New acupoint) (Figure 143)

**Location:** On the posterior and-superior border of the mastoid process, 5 fens diagonally above anmian 2 Quiet Sleep \#2.

**Locating the acupoint:** At 5 fens diagonally superior to the midpoint of fengchi Wind Pool (GB-20 and yiming Shielding Brightness, or the posterior and superior border of the mastoid process, and 5 fens diagonally superior to anmian 2 Quiet Sleep \#2.

**Indications:** Stopped heartbeat, drug poisoning-induced sleep propensity, and a lack of strength in the limbs.

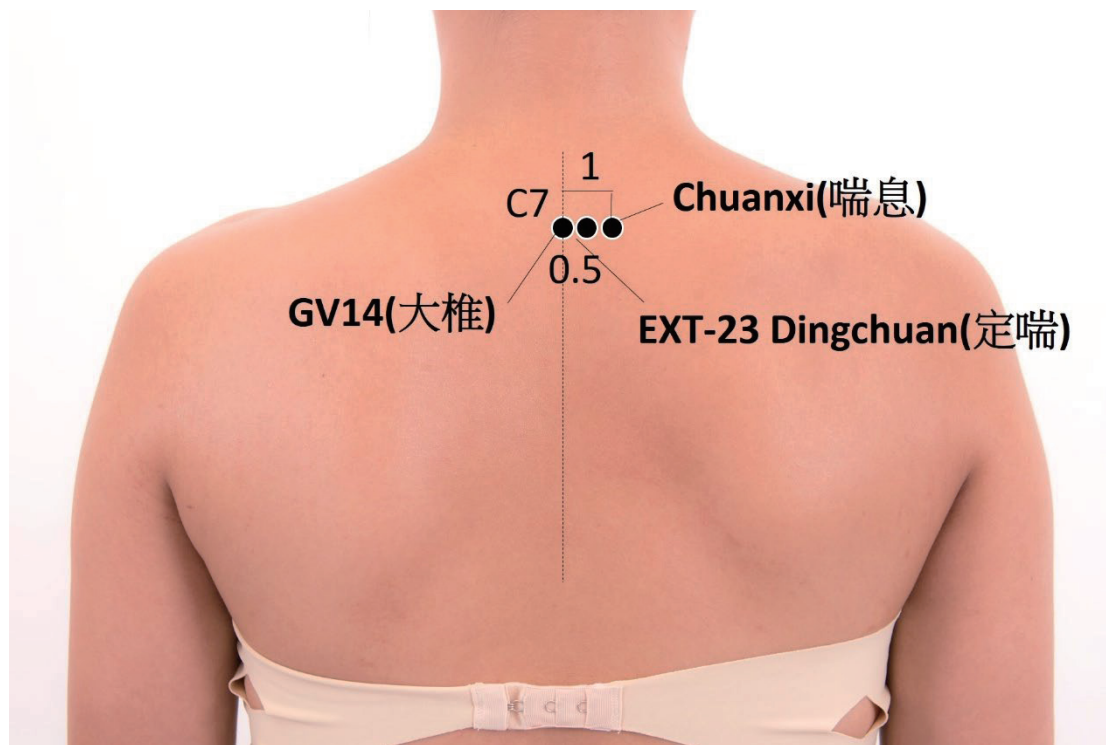


Figure 144

#### 47. *Dingchuan Panting Stabilizer* (定喘) (New acupoint) (Figure 144)

**Location:** At 5 fen lateral to dazhui Great Hammer (GV-14).

**Locating the acupoint:** Instruct the patient to lie in a prone position. Palpate between the spinous process of the seventh cervical vertebra and the first thoracic vertebra, proceed 5 fens laterally in both directions to locate these acupoints.

**Indications:** Wheezing and panting, coughing, bronchitis, stiffness of the nape of the neck, crick in the neck, pain in the shoulders and back, and urticaria.

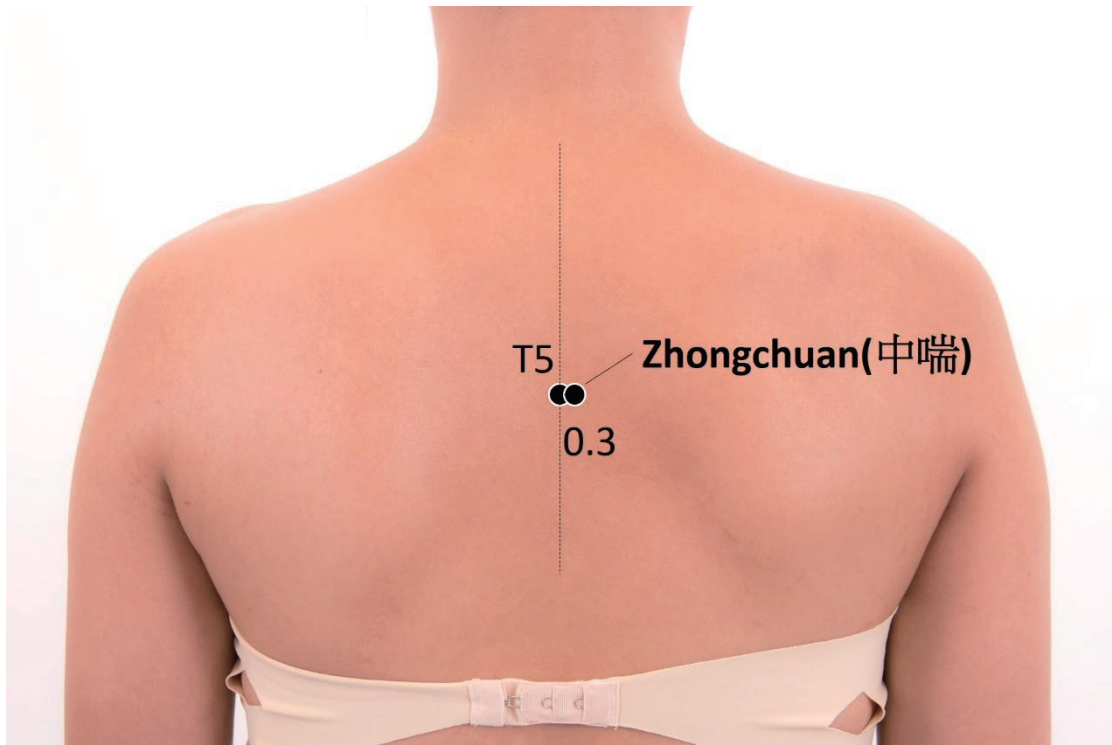


Figure 145

#### 48. *Zhongchuan* (中喘) (Figure 145)

**Location:** Below the spinous process of the fifth thoracic vertebra, proceed 5 fen laterally in both directions.

**Locating the acupoint:** With the patient lying in a prone position, locate the acupoints on the midline of the back, 3 fen lateral to the space between the spinous processes of the fifth and six thoracic vertebrae. The patient should experience pain when pressure is applied.

**Indications:** Wheezing and panting, coughing, chest oppression, intercostal neuralgia, back pain, bronchitis, and chest pain.



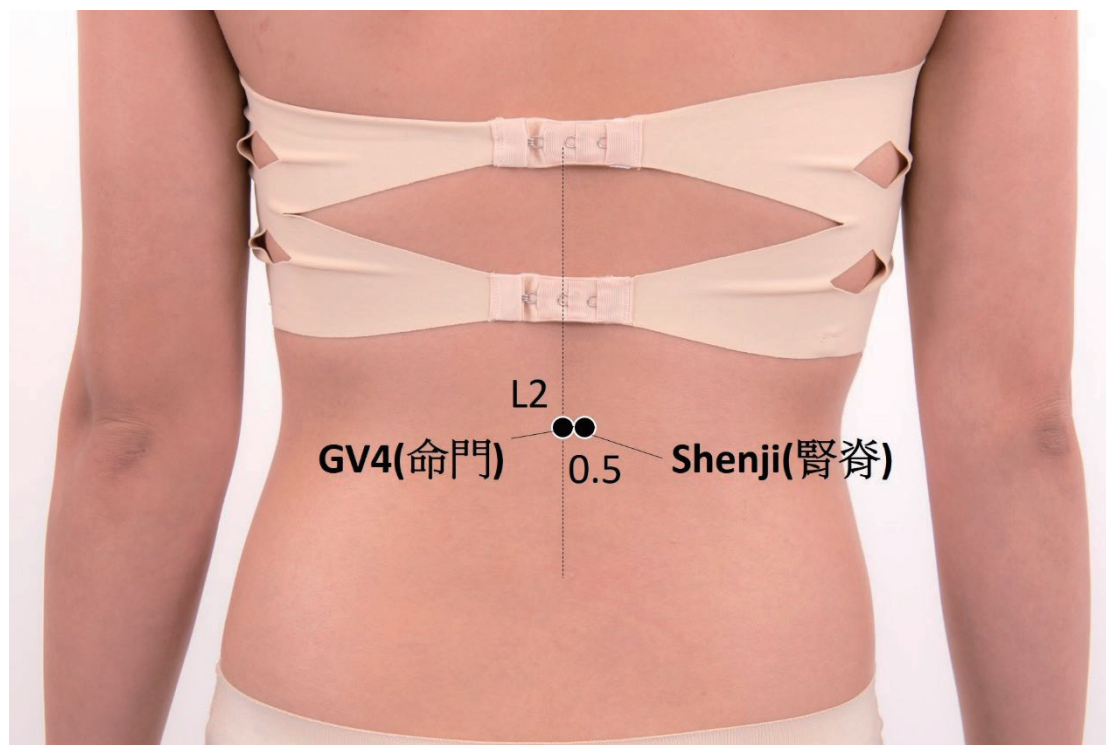


Figure 146

#### 49. *Shenji Kidney Spine* (腎脊) (Figure 146)

**Location:** Below the spinous process of the second lumbar vertebra, 5 fen or 1 cun lateral to the midline.

**Locating the acupoint:** Instruct the patient to lie in a prone position. Locate the acupoint at 5 fen to 1 cun lateral from mingmen Life Gate (GV-4). The acupoint should be significantly painful, sore, and distended when pressed.

**Indications:** Lumbar pain, lower limb paralysis, enuresis, impotence, premature ejaculation, urinary infection, bloody urine, diabetes, menstrual disorders, leucorrhea, borborygmus with diarrhea, clouded vision, deafness, pain in both lateral costal areas, insomnia, and knee arthralgia.

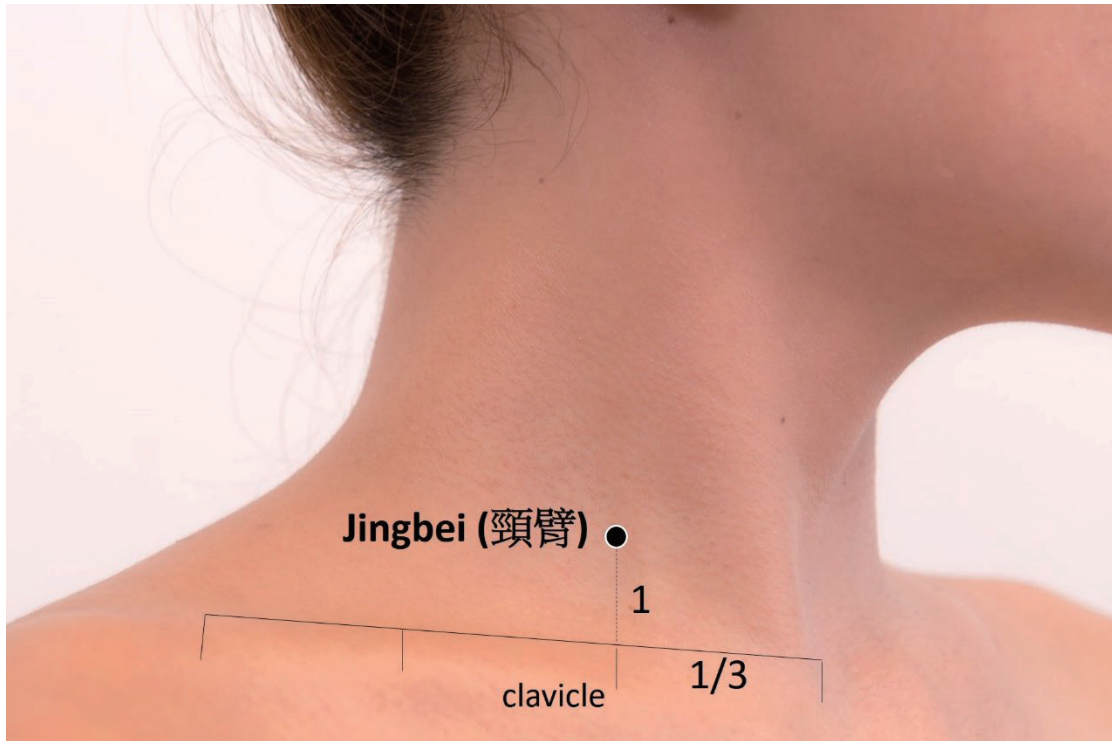


Figure 147

**50. *Jingbei Neck and Upper Arm* (頸背(臂)) (Figure 147)**

**Location:** With the patient lying down and the head turned to the opposite side, this acupoint is located 1 cun above the border between the medial and central one-third of the clavicle, along the lateral border of the clavicular head of the sternocleidomastoid muscle.

**Locating the acupoint:** With the patient lying in a supine position, position their head to face the opposite direction. Locate the acupoint along the lateral border of the clavicular head of the sternocleidomastoid muscle, 1 cun above the clavicle.

**Indications:** Pain or numbness in the shoulders, arms, and fingers; limp wilting in the upper limbs; paralysis; and bi-syndrome pain.



**【 Chapter 4 】**  
**On Treating Illnesses**

## 【Chapter 4】 On Treating Illnesses

### Section 1. Illnesses of the Nervous System

#### 1. Wind stroke (Stroke)

##### i. Etiology and pathogenesis

Wind stroke is also known as the sudden stroke. The symptoms of this disease include sudden fainting, loss of consciousness, deviated mouth and eyes, an inability to speak, hemiplegia, and visual obstructions. However, some patients only exhibit the symptoms of a deviated face and hemiplegia. Because the onset of this condition is sudden and rapid and associated with multiple symptoms that change swiftly, similar to the characteristics of wind in the natural world, which increases suddenly, changes instantly, and is a powerful force, it was named Wind stroke.

The etiology and pathogenesis of Wind stroke is primarily a weakness and deficiency of righteous qi unbalanced zangfu Viscera and Bowels (organs) and yin and yang, and blood stasis due to qi stagnation. Depending on whether mental changes also occur, TCM classifies strokes as either channel and network strike or bowel and visceral strike. Symptoms of channel and network strike include sudden deviation of the mouth and eyes without fainting, an inability to speak, and hemiplegia. Bowel and visceral strike mainly manifest with sudden fainting and loss of consciousness. Distinguishing between block pattern and collapse pattern should be conducted carefully. Symptoms of illnesses with block pattern include sudden fainting, loss of consciousness, clenching of the teeth, lockjaw, clenched fists, an inability to urinate or defecate, and contractions or spasms in the limbs. Symptoms of illnesses with collapse pattern include sudden fainting, disorganized cognition, loss of consciousness, open mouth, snoring with faint breathing through the nose, coldness in the arms and legs, profuse sweating, spontaneous defecation and urination, and limp paralysis in the limbs.

Modern medicine classifies strokes as either ischemic or hemorrhagic.

Hemorrhagic strokes are further classified as either an intraparenchymal hemorrhage or subarachnoid hemorrhage. Intraparenchymal hemorrhage can be diagnosed using computer tomography scanning during the acute period. Symptoms include the sudden onset of disease and a close connection to hypertension. The hemorrhages are mostly located in the putamen, thalamus, brain stem, or cerebellum. If cerebral hemorrhages occur among elderly people in locations other than those mentioned above, the possibility of amyloid microangiopathy must be considered. For people under 40 years of age, regardless of the hemorrhage site, the possibility of cerebrovascular diseases, such as deformed arteries and veins or tumors with concurrent bleeding, should be suspected. A cerebral angiography should be performed for diagnosis. When subarachnoid hemorrhage occurs, severe headaches are often experienced concurrently with neck stiffness and are generally caused by ruptured aneurysms or deformed arteries and veins.

Ischemic strokes are further classified as either a cerebral thrombosis or cerebral embolism. The clinical symptoms of cerebral thrombosis are often progressive. The location of the cerebral infarction depends on the artery or blood vessel involved. The causes are primarily atherosclerosis and hypertension. Besides, cerebral embolisms are typically not caused by diseases of the blood vessels in the brain; instead, they generally result from heart diseases, such as blood clots caused by atrial flutters and rheumatic heart diseases, or less commonly, fat embolism.

## **ii. Key points of diagnosis**

The clinical symptoms of Wind stroke depend on the location of the hemorrhage or ischemia. Common manifestations include sudden fainting, loss of consciousness, difficulty swallowing, abnormal pronunciation, loss of the ability to speak, hemiplegia, deviated mouth and tongue, loss of urinary control, and diminished skin sensations. Common symptoms of Wind stroke in traditional medicine can be classified as follows:

- (i) Liver yang transforming into the wind: Headaches with dizziness, tinnitus with vertigo (flowery vision), heart vexation with a tendency toward anger,

redness of the face and eyes, easily angered, hemiplegia, tongue stiffness with slurred and sluggish speech, deviated mouth and eyes, vomiting in extreme cases, disorganized cognition, redness of the tongue, and a wiry and frequent pulse.

- (ii) Internal phlegm turbidity block: Sudden fainting; disorganized cognition; hemiplegia; deviated mouth and eyes; clenched fists; clenching of the teeth; redness of the face and eyes; phlegm rale in the throat; dyspnea (panting) with agitation; redness of the tongue; yellow and greasy coating on the tongue; and a thready, slippery, and rapid pulse.
- (iii) Liver-kidney depletion pattern: Commonly experienced by elderly patients and exhibited as the clinical symptoms of a pale face, lumbar soreness and weakness in the legs, loose teeth and hair loss, tinnitus and forgetfulness, dizziness and blurry vision, an inability to speak, sluggish expressions, reduced intelligence, progressive hemiplegia, pale and whitish coating on the tongue, and a deep, thin, and weak pulse.

### iii. Treatment methods

- (i) Body acupuncture:

For cerebral strokes with block pattern, emergency acupuncture treatment on shixuan Ten Diffusing Points and bloodletting of the 12 jing points twelve well points can be conducted. The acupoints renzhong Human Center (GV-26) and dazhui Great Hammer (GV-14) can also be used for bloodletting. Collapse patterns can be treated by emergency moxibustion on the qihai Sea of Qi (CV-6) and guanyuan Pass Head (CV-4).

Half-body paralysis: Paralysis of the upper limbs can be treated with acupuncture or moxibustion on Jianyu, quchi Pool at the Bend (LI-11), neiguan Inner Pass (PC-6), waiguan Outer Pass (TE-5), and hegu Union Valley (LI-4). Paralysis in the lower limbs can be treated with sanyinjiao Three Yin Intersection (SP-6), yanglingquan Yang Mound Spring (GB-34), taichong Great Thoroughfare (LR-3), zusanli Leg Three Li (ST-36), huantiao Jumping Round (GB-30), and fengshi Wind Market (GB-31). Depending on the clinical symptoms, acupoints such as baihui Hundred

Convergences (GV-20), fengchi Wind Pool (GB-20), shenshu Kidney Transport (BL-23), and taixi Great Ravine (KI-3) can also be used as alternatives for treating cerebral strokes.

Deviated eye and mouth: Main acupoints include fengchi Wind Pool (GB-20), yangbai Yang White (GB-14), yingxiang Welcome Fragrance (LI-20), dicang Earth Granary (ST-4), jiache Cheek Carriage (ST-6), yifeng Wind Screen (TE-17), and hegu Union Valley (LI-4).

(ii) Scalp acupuncture:

Motor zones, foot motor-sensory zones, and language zones. Regarding the needling technique, insert the needle subdermally for 5 fens to 1 cun. Twirling the needle frequently while encouraging the patient to move the affected limb can occasionally increase the treatment efficacy. This treatment can be administered to patients with hemiplegia following a stroke.

#### iv. Reasons for treatment

The governor vessel (GV) is described as “entering and belonging to the brain.” Renzhong Human Center (GV-26) belongs to the governor vessel. Dazhui Great Hammer (GV-14), the 12 jing acupoints twelve well points, and shixuan Ten Diffusing Points are commonly used as emergency acupoints for bloodletting to strengthen the heart, dredge vessels, open passages and free the orifices, and regulate blood pressure. Neiguan Inner Pass (PC-6) is the luo collateral connection and diverging point of the jueyin pericardium meridian (PC) channel of the hand and can open the passages and orifices and stimulate the spirit. Hegu Union Valley (LI-4) is the source point of the yangming large intestine meridian (LI) channel of the hand and can be used to treat upper limb motor flaccidity. Quchi Pool at the Bend (LI-11) and waiguan Outer Pass (TE-5) can be used to treat upper limb muscular spasms and tension. Sanyinjiao Three Yin Intersection (SP-6) dredges the three yin meridians of the foot. Taichong Great Thoroughfare (LR-3) is an important acupoint of the jueyin Liver Meridian of Foot. Combined with the acupoints yanglingquan Yang Mound Spring (GB-34) and huantiao Jumping Round (GB-30) on the gallbladder meridian (GB) channel and zusanli Leg Three



Li (ST-36) on the stomach meridian (ST) channel, they can reduce blood pressure and relax contracture along the lower limb sinew channels. Fengshi Wind Market (GB-31) is an important acupoint for treating lower limb paralysis and pain on the gallbladder meridian channel. Juegu Severed Bone (GB-38) is the meeting point of marrow and can treat diseases of the nervous system, in addition to pain and paralysis of the lower limbs. Qihai Sea of Qi (CV-6) and guanyuan Pass Head (CV-4) are effective for reinforcing qi and warming yang. Fengchi Wind Pool (GB-20) and yifeng Wind Screen (TE-17) are effective for dispelling wind to free the collateral vessels. Yangbai Yang White (GB-14), cuanzhu Bamboo Gathering (BL-2), dicang Earth Granary (ST-4), and jiache Cheek Carriage (ST-6) smooth the channel flow and regulate qi for facial muscle activity. Hegu Union Valley (LI-4) is the source point of the yangming large intestine meridian (LI). There is an old saying that states “face and mouth, hegu Union Valley (LI-4) collects (meaning hegu can treat all of the diseases in the head and face).”

## 2. Headache/migraine (hemilateral headache)/facial neuralgia

### i. Etiology and pathogenesis

Headaches are common clinical illnesses. In TCM, headaches are believed to be caused by clear yang failing to bear upward, which enables fire wind to invade the head when deficient. “Hemilateral head wind” in Prescriptions for Rescuing Lives, “forehead corner pain” in Confucian’s Duties to Their Parents, “hemilateral headache” in Secret Records of the Orchid Chamber, and “pain at the corners of the head” in Classified Case Histories of Famous Physicians are all limited to one side of the head, similar to migraine in modern medicine.

Modern medicine has separate standards for headaches, which can generally be classified as either migraine, cluster headaches, or tension-type headaches:

- (i) Migraines (hemilateral headaches): Headaches typically occur unilaterally or bilaterally on the temporal or frontal areas of the head, and are most commonly experienced by women. Headaches are commonly pulsating and accompanied by nausea and vomiting. Some of patients also experience ocular flashes and become averse to light. Precursor syndromes include

blind spots, dizziness, and tinnitus. Headaches often occur upon waking up or in the evenings and last from several hours to one or two days, with irregular intervals ranging between weeks and months. During the middle of the day (noon) and during pregnancy, headache symptoms often abate or disappear. Factors such as intense light, noise, and alcohol may aggravate headaches. Sleep or local pressure can alleviate the symptoms.

(ii) Cluster headaches: Usually located at the unilateral orbital or temporal areas, and commonly experienced by adolescent and adult males. The type of pain is severe but non-pulsating and accompanied by tearing and ocular hyperemia. Cluster headaches typically occur at night, between one and several hours after sleep, rarely occurring during the day. The most common trigger factor is alcohol.

(iii) Tension-type headaches: Usually bilateral, radiates from the neck and posterior occipital area to the parietal and the bilateral frontal areas, local pain is also common. This type of headache includes oppressive and constrictive pain instead of pulsating. Occurrence is persistent but varying in strength. Repetitive occurrences in each episode can span hours, days, or even months. Patients are often neurotic, anxious, and experience insomnia. Tension-type headaches are more easily triggered when fatigued or stressed.

Some headaches are triggered by organ changes, including external injuries to the head, meningitis, brain tumors, and temporal arteritis. Therefore, they must be carefully distinguished, using modern medical tests and diagnosis methods to confirm the diagnosis.

## ii. Key points of diagnosis

(i) Externally contracted wind-cold: Headaches from externally contracted wind-cold manifest clinically as headaches extending to the nape of the neck and back, a sensation of restriction, severe pain when encountering wind and cold, an inclination to wear hats, an aversion or fear of cold with a fever, soreness and pain in the bones and joints, a lack of thirst, thin whitish coating on the tongue, and a floating and tense pulse.

(ii) Externally contracted wind-heat: Headaches from externally contracted

wind-heat manifest clinically as swelling and pain in the head, intensifying pain when encountering heat, fever with an aversion to wind, redness of the eyes and face, swelling and pain in the throat, dry mouth with thirst, red tip of the tongue, green and yellowish coating on the tongue, and a floating and rapid pulse.

- (iii) Externally contracted wind-damp: Headaches from externally contracted of wind and damp manifest clinically as a heavy sensation of the head as if wrapped in cloth, dazed with pain, symptoms aggravated when overcast conditions and rain are encountered, chest oppression, oppression in the stomach with a lack of appetite, heavy cumbersome limbs, lack of urine and sloppy stool, white and greasy coating on the tongue, and a soggy or slippery pulse.
- (iv) Ascendant hyperactivity of liver yang: Ascendant hyperactivity of the liver yang manifests clinically as dizziness; bilateral headache of the sides or connected at the top of the head; vexation, agitation, and easy anger; aggravation of pain or symptoms when angered; tinnitus and insomnia; dry mouth with redness of the face; red tongue with minimal tongue coating; thin and yellowish coating on the tongue; and a wiry, thin, or frequent pulse.
- (v) Static blood obstructing the network vessels: Headaches from collateral blockage by static blood manifest clinically as fixed locations of pain that are not relieved over time, stabbing pain or previous head injuries, purple tongue, and a thin and choppy or sunken and choppy pulse.
- (vi) Phlegm turbidity clouding the upper body: Headaches resulting from phlegm turbidity clouding the upper body manifest clinically as headaches with dizzy head, dizziness, chest oppression and glomus in the stomach area, retching with phlegm and drool, a lack of appetite, white and greasy coating on the tongue, and a wiry and slippery pulse.

### iii. Treatment methods

- (i) Body acupuncture:

Select the acupoints on the major channel coursing through the headache regions. The main acupoints for treating headaches include

fengchi Wind Pool (GB-20), baihui Hundred Convergences (GV-20), taiyang greater yang, hegu Union Valley (LI-4), lieque Broken Sequence (LU-7), and houxi Back Ravine (SI-3). If an anterior headache is located in areas of the forehead passed by the bladder meridian (BL) channel, governing vessel (GV), and gallbladder meridian (GB) channel, then include acupoints shangxing Upper Star (GV-23), yangbai Yang White (GB-14), yintang Hall of Impression, and cuanzhu Bamboo Gathering (BL-2). If the migraine is located on the lateral side of the head, then include acupoints shuaigu Valley Lead (GB-8), waiguan Outer Pass (TE-5), touwei Head Corner (ST-8), and qiuxu Hill Ruins (GB-40). If a posterior headache is located in the occipital region passed by the bladder meridian (BL) channel and governing vessel (GV), include tianzhu Celestial Pillar (BL-10), dazhui Great Hammer (GV-14), and dazhu Great Shuttle (BL-11). If the pain is on the top of the head, include sishencong Alert Spirit Quartet and taichong Great Thoroughfare (LR-3). If the headache is a wind-heat type, include dazhui Great Hammer (GV-14) and quchi Pool at the Bend (LI-11).

(ii) Ear acupuncture:

Acupoints corresponding to the occipital, frontal, temporal, brain, ear shenmen, and liver can be used to treat headaches with ear acupuncture. Select three or four acupoints per treatment for strong stimulation. Insert the needle for 20 to 30 min, twirling every 5 min. Alternatively, the buried needle method or beads and seeds stuck to the ear can be used, with patients instructed to press these themselves.

(iii) Skin acupuncture:

To treat headaches using skin acupuncture, the taiyang greater yang, yintang Hall of Impression, and ahshi ouch point acupoints can be selected. These acupoints should be pricked to bleed. This method is appropriate for external affliction or externally contracted headaches, liver yang headaches, and static blood headaches.

(iv) Warm acupuncture and moxibustion:

Acupoints including dazhui Great Hammer (GV-14), hegu Union Valley (LI-4), fengchi Wind Pool (GB-20), tianzhu Celestial Pillar (BL-10), fengmen Wind Gate (BL-12), and feishu Lung Transport (BL-13) can be used to treat headaches with warm acupuncture. For each treatment, choose one or two acupoints, and use 3 to 5 moxa pellets during warm acupuncture, scheduling one session every one or two days. This method is suitable for wind-cold headaches.

In addition, the acupoints listed below can also be used. To treat wind-heat headaches, include dazhui Great Hammer (GV-14) and quchi Pool at the Bend (LI-11). For wind-damp headaches, use fengchi Wind Pool (GB-20), touwei Head Corner (ST-8), tongtian Celestial Connection (BL-7). For ascendant hyperactivity of liver yang, use fengchi Wind Pool (GB-20), shuaigu Valley Lead (GB-8), taichong Great Thoroughfare (LR-3), and taixi Great Ravine (KI-3). For phlegm turbidity headaches, use zhongwan Central Stomach Duct (CV-12), fenglong Bountiful Bulge (ST-40), baihui Hundred Convergences (GV-20), yintang Hall of Impression. For headaches with a deficiency of both qi and blood, use danzhong Chest Center (CV-17), xuehai Sea of Blood (SP-10), zusanli Leg Three Li (ST-36), sanyinjiao Three Yin Intersection (SP-6), and baihui Hundred Convergences (GV-20). For static blood headaches, use ahshi points touch point, hegu Union Valley (LI-4), and sanyinjiao Three Yin Intersection (SP-6).

#### **iv. Reasons for treatment**

Fengchi Wind Pool (GB-20) is the meeting acupoint between the shaoyang gallbladder meridian (GB) channel of the foot and the yang linking vessel, and is well suited to treating headaches along the gallbladder meridian (GB) channel. Baihui Hundred Convergences (GV-20) is on the apex of the head and belongs to the governor vessel (GV), which passes through the brain. It is also the meeting acupoint between the governor vessel (GV), the three yang meridians of the hand and foot, and the foot jueyin liver meridian (LR) channel. Baihui Hundred Convergences (GV-20) can be used to treat headaches along the channel path mentioned above. Combining this acupoint with taiyang greater yang boosts the

pain-reducing effects. Hegu Union Valley (LI-4) belongs to the hand yangming large intestine meridian (LI). According to the saying “face and mouth, hegu collects,” the hegu Union Valley (LI-4) channels pass through the head and face. Lieque Broken Sequence (LU-7) is the luo collateral connecting and diverging point on the taiyin lung meridian (LU), and indicated for externally contracted headaches. Hegu Union Valley (LI-4) and lieque Broken Sequence (LU-7) are matched in their original channel, and are the major acupoints used to treat head and face pain. Included in the “Song of the Four Command Points” is the saying “At the head and nape of the neck, one should seek lieque Broken Sequence (LU-7).” Houxi Back Ravine (SI-3) belongs to the taiyang small intestine meridian (SI), and is one of the eight method acupoints of the eight channels. Houxi Back Ravine (SI-3) is linked to the governing vessel (GV) and indicated for pain in the head and nape of the neck. The head is the confluence of the yang. The three yang meridians of the hand and the three yang channels meridians of the foot all lead to the head. The liver meridian (LU) channel and the governor vessel (GV) meet at the very top of the head. Acupoints from seven meridian channels can be used to treat headaches. Various acupoints are chosen depending on the location of the headache in relation to the channels.

### **3. Facial muscle illnesses (facial nerve palsy)**

#### **i. Etiology and pathogenesis**

The etiology of facial nerve palsy is generally considered by TCM to be an wind evil assailing the outer body, the internal movement of liver wind, the liver qi depression, and a deficiency of qi and blood. Facial nerve palsies resulting from various factors have unique clinical symptoms, such as muscle tension changes and tinnitus. Facial nerve palsy is considered to belong to the same group as facial paralysis, hoisted-line wind, and slanted-mouth wind. The pathogenesis is mainly an insufficiency of righteous qi, deficiency, and excess in the channels and collaterals, and invasions of external or internal winds exploiting deficiencies. They may be accompanied by phlegm or stasis, which block the channels and cause slackening of the facial muscle sinew channels and muscle weaknesses.

Modern medicine classifies the type of facial nerve palsy as either peripheral or central. Peripheral facial nerve palsy is caused by acute non-suppurative facial neuritis inside the stylomastoid foramen. Bell's palsy is the most common unilateral peripheral facial nerve palsy, where the blood vessels providing nutrition to local nerves are stressed by wind-cold, viruses, or compression. This causes a lack of blood in the facial nerves, leading to edemas and compression, resulting in illness. The onset of the disease is typically acute. Muscles on one side of the face are suddenly paralyzed, reaching a peak within several hours. Some of patients experience slight pain on the same side behind and inside the ear, in the mastoid region, or in the face before the onset. Over several days, paralysis of the facial muscles becomes evident. Clinically, this is exhibited as a loss of wrinkles on the forehead, an inability to close the eyes, flat nasolabial groove, and drooping corners of the mouth, with the facial features pulled toward the healthy side. The phenomenon becomes even more obvious when the facial muscles move. With incomplete recovery from facial nerve palsy, spasms and linked movements may remain in the paralyzed muscles. Other symptoms of incomplete recovery include tearing of the illness side, temporal skin flushing, fever, and sweating. Pathological changes from the facial nerve nucleus to the CNS of the brain can cause central facial nerve palsy and facial muscle disorders, such as brain tumors, cerebral hemorrhages, and cerebral infarctions.

## ii. Key points of diagnosis

One characteristic of peripheral facial nerve palsy is the sudden onset of the disease. Often one side of the face is found to be unresponsive upon waking from sleep. Other clinical symptoms include paralysis; flaccidity; incomplete closing of the eyelids; tearing; drooped corners of the mouth; an inability to knit or furrow the brow or eyebrow, pull the lips back to reveal the teeth, blow out the cheeks, or whistle; disappearance of creases or wrinkles on the forehead; and a flat nasolabial groove.

- (i) Wind-heat assailing the collaterals: Self-perceived facial tightening, deviation of the mouth and eyes, tearing, redness of the eyes, migraines (hemilateral headaches), auricular pain, red tongue or yellowish coating on

the tongue, and a wiry and frequent pulse.

- (ii) wind-cold obstructing the collaterals: Deviation of the mouth and eyes, facial tightening, tearing, pressure pain behind the ears, migraines (hemilateral headaches), listlessness with drowsiness, pale tongue and whitish coating on the tongue, and a floating and tense pulse.
- (iii) wind-phlegm obstructing the collaterals: Deviation of the mouth and eyes, exposed pupils after eyes are closed, facial paralysis, coughing accompanied by phlegm and saliva, white and greasy coating on the tongue, and a wiry and slippery pulse.

### iii. Treatment methods

Acupoints on the yangming large intestine meridian (LI) and stomach meridian (ST) are the main points used to treat facial nerve palsy, supplemented with acupoints on the taiyang bladder meridian (BL). Reductions are used in the early stage of external afflictions. In the later stages, the channels are coursed, dredged, and reinforced and moxibustion is employed. The main acupoints used to treat facial nerve palsy are fengchi Wind Pool (GB-20), yangbai Yang White (GB-14), cuanzhu Bamboo Gathering (BL-2), yingxiang Welcome Fragrance (LI-20), dicang Earth Granary (ST-4), jiache Cheek Carriage (ST-6), yifeng Wind Screen (TE-17), and hegu Union Valley (LI-4). Clinically, needles are inserted from dicing Earth Granary (ST-4) to jiache Cheek Carriage (ST-6), jiache Cheek Carriage (ST-6) to the temporal areas, and taiyang greater yang to jiache Cheek Carriage (ST-6). Acupoints yifeng Wind Screen (TE-17), ermen Ear Gate (TE-21), yangbai Yang White (GB-14), touwei Head Corner (ST-8), shangxing Upper Star (GV-23), yintang Hall of Impression, renzhong Human Center (GV-26), and yingxiang Welcome Fragrance (LI-20) are also included in treatments. In addition, combinations of hegu Union Valley (LI-4) on the healthy side of the body and bilateral zusanli Leg Three Li (ST-36) and taichong Great Thoroughfare (LR-3) are employed. These acupoints can be treated sequentially to cure peripheral-type facial nerve palsy with good effects.

### iv. Reasons for treatment

Both fengchi Wind Pool (GB-20) and yifeng Wind Screen (TE-17) belong to



the shaoyang lesser yang channel. Fengchi Wind Pool (GB-20) is the meeting point of the yang link vessel and provides the effects of dispelling wind to free the collateral vessels, and analgesia. Hegu Union Valley (LI-4) is the source acupoint of the yangming large intestine meridian (LI) and is selected using the distal point along the channel. Hegu Union Valley (LI-4) is the major acupoint for treating facial muscle paralysis. Written in the “Song of the Ten Command Points” is the saying “face and mouth, hegu Union Valley (LI-4) collects.” Xiaguan Below the Joint (ST-7), yangbai Yang White (GB-14), cuanzhu Bamboo Gathering (BL-2), dicing Earth Granary (ST-4), and jiache Cheek Carriage (ST-6) are considered effective for smoothing the qi in channels. Acupoints may be selected according to the location of muscle paralysis in the face. Needling or electroacupuncture stimulation can be used to enhance the effects of channel dredging and qi regulation. If the illness is from wind-cold, add waiguan Outer Pass (TE-5). If the illness is from wind-heat, add quchi Pool at the Bend (LI-11). For wind-phlegm obstructing the collaterals, add fenglong Bountiful Bulge (ST-40). For a flat nasolabial groove, add yingxiang Welcome Fragrance (LI-20). For deviation of the philtrum, add shuigou Water Trough (GV-26) (renzhong Human Center (GV-26)). For deviation of the mentolabial sulcus, add chengjiang Sauce Receptacle (CV-24). For difficulty closing the eyes, add cuanzhu Bamboo Gathering (BL-2) and sizhukong Silk Bamboo Hole (TE-23).

#### **4. Pain in the lateral costal area and ribs**

##### **i. Etiology and pathogenesis**

According to Internal Classic, “If pathogens are in the liver, then pain occurs in the two lateral costal areas” and “the shaoyang gallbladder meridian (GB) channel of the foot, if agitated, causes illnesses to develop that exhibit as a bitter taste in the mouth, a propensity to sign, pain in the lateral costal area, and an inability to turn from side to side.” The liver and gallbladder meridian channels are located alongside the lateral costal areas. Mental or emotional discomfort, liver qi depression, injury by alcohol and food, and accumulated dampness that generates heat all shift toward the liver and gallbladder. External afflictions of or

externally contracted damp-heat stagnate in shaoyang. Tumbles, falls, wrenching, and contusions injure the luo collaterals in the lateral costal area and ribs, causing stagnant blood stasis. Additionally, they can block the flow of qi in the liver and gallbladder, leading to poor blood circulation and pain in the lateral costal area. These illnesses of the liver and gallbladder are exhibited as pleurisy, acute or chronic diseases, and intercostal neuralgia.

Intercostal neuralgia is a common cause of pain in the lateral costal area. Symptoms include pain along with the distribution of the intercostal nerve in one or several intercostal regions. Any chemical or physical factors that stimulate intercostal nerve fibers can cause intercostal neuralgia. Viruses, toxins, and mechanical injuries can cause intercostal neuritis, leading to intercostal neuritis. This manifests as either stabbing or dull pain, distributed along the intercostal nerve. Local pressure pain is experienced mostly along the spine, on the midline of the armpit, and near the sternum. Benevolent or malignant intercostal nerve tumors can also cause intercostal neuralgia. This pain is typically more severe and persistent. Local examinations can reveal the presence of tumors. Infections (commonly including pain in the lateral costal area following the occurrence of hepatitis and herpes zoster), poisoning, redundant or excessive bone structures, and tears and twists of the nerve root can cause pain in the nerve ganglion. This pain is a stabbing pain that radiates to the shoulders, lateral chest, and anterior chest. Inflammation, tumors, external injuries, and birth defects of the thoracic vertebrae or the thoracic spinal cord that compress the thoracic spinal cord and nerve ganglion can also cause intercostal neuralgia.

## ii. Key points of diagnosis

Key points for identifying symptoms of lateral costal pain include the following:

- (i) Liver qi depression: Swelling and pain in the lateral coastal rib area that moves randomly and increases in severity with anger, irritation, and depression; discomfort and chest oppression; reduced food and drink intake; frequent belching; white coating on the tongue; and a wiry pulse.
- (ii) Stagnation of static blood: Stabbing pain in the lateral coastal area, steady

and unchanging pain site with the pain increasing in severity at night, a purple and dark tongue, and a deep and choppy pulse.

- (iii) Damp-heat brewing and binding: Burning and stinging pain in the lateral costal area, which typically occurs on the right side of the body. Additionally, an aversion to cold with fever, a bitter taste in the mouth, nausea and vomiting, an aversion to or fear of greasy food, thick and greasy or yellow and greasy coating on the tongue, and a rapid and wiry pulse are also exhibited.
- (iv) Insufficiency of liver blood: Dull pain in the lateral costal area. Symptoms include dizzy head and vision, lusterless facial complexion, menstrual disorders, a pale and red tongue with minimal coating, and a thin and rapid pulse.

### iii. Treatment methods

- (i) Liver qi depression: Treatments mainly involve the acupoints qimen Cycle Gate (LR-14), neiguan Inner Pass (PC-6), taichong Great Thoroughfare (LR-3), and yanglingquan Yang Mound Spring (GB-34).
- (ii) Retention of static blood: Treatments mainly involve the acupoints zhigou Branch Ditch (TE-6), taichong Great Thoroughfare (LR-3), Xingjian Moving Between (LR-2), geshu Diaphragm Transport (BL-17), and sanyinjiao Three Yin Intersection (SP-6).
- (iii) Damp-heat brewing and binding: Treatments mainly involve the acupoints qimen Cycle Gate (LR-14), riyue Sun and Moon (GB-24), zhigou Branch Ditch (TE-6), yanglingquan Yang Mound Spring (GB-34), and yinglingquan Yin Mound Spring (SP-9). If there is a heavy presence of heat, add the acupoint dazhui Great Hammer (GV-14). If there are nausea and vomiting, add zhongwan Central Stomach Duct (CV-12) and zusanli Leg Three Li (ST-36).
- (iv) Insufficiency of liver blood: Treatments mainly involve the acupoints ganshu Liver Transport (BL-18), shenshu Kidney Transport (BL-23), qimen Cycle Gate (LR-14), sanyinjiao Three Yin Intersection (SP-6), and zusanli Leg Three Li (ST-36).

#### iv. Reasons for treatment

Taichong Great Thoroughfare (LR-3) is the source acupoint of the liver channel, whereas the yanglingquan Yang Mound Spring (GB-34) is the uniting point of the gallbladder channel. Both are effective in coursing the liver, enlivening the luo collateral channels, and relieving pain. Both ganshu Liver Transport (BL-18) and qimen Cycle Gate (LR-14) are located along the border between the liver and the gallbladder. This pair of shu and mu acupoints work together to achieve the effect of regulating the qi activity of the liver and gallbladder. Regulating the qi and blood helps to smooth the qi and dissipate stagnation. The acupoint zhigou Branch Ditch (TE-6) is listed in the “Song of the Ten Command Points,” which writes that “for the side of the ribs, follow zhigou Branch Ditch (TE-6), which governs all symptoms of pain in the rib side.” The acupoint geshu Diaphragm Transport (BL-17) is the meeting point of blood among the eight meeting points. Used in coordination with the acupoint sanyinjiao Three Yin Intersection (SP-6), it assists in blood-activating and stasis-dispelling. The acupoint yinlingquan Yin Mound Spring (SP-9) is the uniting point of the spleen channel. The uniting point is said to govern counterflow qi to relieve the excess. These points help to fortify the spleen and drain dampness, harmonize the stomach, and stop vomiting. The acupoint zusanli Leg Three Li (ST-36) reinforces qi and benefits the blood, whereas the acupoint sanyinjiao Three Yin Intersection (SP-6) supplements the spleen and nourishes the blood, moistening liver and kidney yin.

## 5. Sciatica

### i. Etiology and pathogenesis

TCM categorizes sciatica as pain in the lumbar region and legs. In ancient Chinese medical texts, these pains were named “general bi-syndrome,” “hip joint pain,” “huantiao Jumping Round (GB-30) wind,” and “kidney wind.” The etiology and pathogenesis may be a deficient and weak constitution, exhaustion, or long illness and deficiency that lead to liver and kidney deficiencies. Wind and cold pathogens take advantage of these deficiencies and invade undefended,

leading to bi-syndrome and impediments in the channels, resulting in disease. Sciatica can also result from stagnant qi and static blood caused by external injuries including wrenches, contusions, collisions, and excessive loads. Regardless of the cause, the main pathological change is typically pain in the lumbar region and legs because of obstruction of channels and network vessels, blood stasis due to qi stagnation.

Sciatica was named according to the location of the pain, which is near the sciatic nerve. Sciatica is a common peripheral nerve illness caused by stimulation (e.g., spinal disk compression) to the root of the fourth and fifth lumbar nerves or the first sacral nerve, which comprises the sciatic nerve. Clinical symptoms include the occurrence of pain and pressure pain along the distribution area of the sciatic nerve. The pain radiates to the posterior aspect of the thigh, the posterior, anterior, and lateral aspects of the calf, and the foot. If the anterior root motor nerve fibers are damaged, symptoms including a loss of reflexes in the affected limb, a lack of strength, and muscular atrophy occur. Most instances of sciatica include unilateral intermittent or persistent pain in the lumbar and leg regions. This pain is characterized as radiating, burning, or stinging pain that is exacerbated by movement. Primary sciatica (sciatic neuritis) is caused by injury or infection that directly damages the sciatic nerve. Secondary sciatica is caused by pathological changes in tissues adjacent to the nerve passages that cause mechanical compression and adhesion. This includes herniated lumbar discs, spinal tumors, pathological changes in the spinal joints and the pelvic cavity, and strain injuries to the soft tissues surrounding the lumbar and sacral vertebrae.

## ii. Key points of diagnosis

- (i) Bi-syndrome caused by preponderant wind, cold, and damp: Lumbar pain is typically accompanied by pain in the coccyx area and lower limbs. This pain can be gentle or severe, and is relieved with warmth. In cold or rainy weather, or in the fall and winter seasons, the pain is exacerbated. The onset of the illness can be acute or slow. Efforts to turn at the waist area are slightly restricted. This type of pain is mostly a dull pain and is typically accompanied by sensations of stiffness. If the cold pathogens are excessive,

then the pain location typically remains fixed and unchanging, and the severity of the pain can occasionally impede the ability to bend back and forth and turn sideways. The pulse is deep and strong. If the dampness pathogens are stronger, then the pain is typically less severe. However, the pain may be accompanied by sensations of heaviness and soreness, which are exacerbated by cold, rainy, and wet weather. The patient's pulse is often moderate. If wind pathogen affliction is the cause of the pain, then the pain location shifts and wanders, with the pain sometimes gentle and sometimes severe. If bi-syndrome caused by wind, cold, and damp is not cured for an extended time, numbness of the lumbar and sacral regions or the lower limbs often develops; muscular atrophy of the lower limbs may occur in extreme cases.

- (ii) Taxation detriment kidney deficiency: This is characterized by incessant pain in the lumbar region, which is temporarily relieved after resting, but exacerbated with slight labor or fatigue. In this context, sciatica is often accompanied by varying levels of the following symptoms: shortness of breath, heaviness in the body, dizzy head, tinnitus, loss of hair, loose teeth, weakness of the knees, foot and heel pain, seminal emissions (dream emissions), seminal efflux, impotence, and menstrual disorders.

### iii. Treatment methods

- (i) Body acupuncture:

Acupoints along the taiyang bladder meridian (BL) and shaoyang gallbladder meridian (GB) channels of the foot are generally selected to treat such conditions. The main acupoints manipulated when treating sciatica are shenshu Kidney Transport (BL-23), dachangshu Large Intestine Transport (BL-25), zhibian Sequential Limit (BL-54), yinmen Gate of Abundance (BL-37), weizhong Bend Center (BL-40), chengshan Mountain Support (BL-57), Kunlun Kunlun-Mountains (BL60), huantiao Jumping Round (GB-30), fengshi Wind Market (GB-31), yanglingquan Yang Mound Spring (GB-34), juegu Severed Bone (GB-38), and qiuxu Hill Ruins (GB-40). Clinically, four to six acupoints are typically selected according to the

location of the radiating pain. When inserted into the acupoints, the needles are further manipulated, propagating the acupuncture sensations upward and downward. However, repeated stimulation of the same acupoint is not recommended because it may damage the nerves. Generally, the reducing method is used when needling. Alternatively, moxibustion or cupping may be administered as treatments.

(ii) Electroacupuncture:

The huatuojiaji acupoints of the fourth and fifth lumbar vertebrae can be selected for treatment. Alternatively, acupoints zhibian Sequential Limit (BL-54), huantiao Jumping Round (GB-30), and yanglingquan Yang Mound Spring (GB-34) can be manipulated. Electricity is connected to the needle after insertion. Both dense and uneven waves can be used during stimulations, which gradually increase from medium to strong. The stimulation should be administered once daily for 10 to 15 min each session.

(iii) Pricking the luo collaterals coupled with cupping treatments:

Skin needles are used to prick the lumbar and sacral regions or are inserted into pressure pain points to release blood from the collaterals. Fire cupping is administered afterwards.

#### iv. Reasons for treatment

Clinical symptoms of sciatica mainly occur in the areas along the taiyang bladder meridian (BL) or shaoyang gallbladder meridian (GB) channels of the foot (partially radiates to the yangming stomach meridian (ST) channel of the foot). Therefore, treatment is mainly focused on the lower limb acupoints of the pang guang jing, gallbladder channel, and the stomach channel. According to the location of the pain along the channels, appropriate acupoints are selected for treatment to relax the muscles, accelerate the blood, and eliminate pain.

## Section 2. Musculoskeletal system illnesses

### 1. Neck muscle pain

#### i. Etiology and pathogenesis

The most common syndrome of neck muscle pain is neck stiffness or a crick in the neck, which is also called a “crick in the neck” or “crick in the neck.” This is a common orthopedic and neurological disorder. A crick in the neck refers to a simple and acute stiffness and pain in the neck and nape that restricts activity, also known as neck muscle injuries. This condition generally results from improper sleeping positions and uncomfortable pillow heights, which strain the muscles and joints in the neck excessively over a long period of time. However, it can also result from spasms caused by upper respiratory tract infections that lead to inflammation of the neck muscles. Often one side of the neck and nape is found to be stiff and painful upon waking in the morning. The stiffness of the neck renders bending back and forth and turning difficult. Additionally, the pain may radiate to the shoulder and upper arm of the same side, with prominent local pressure pain. Neck stiffness can also result from muscle twists or sprains caused by carrying heavy loads. Pain and stiffness of the neck can also be caused by wind and cold invasions into the nape of the neck and the back that cause local channel qi and blood stagnation, which disrupts the flow of channels. Neck and nape tissue fibrosis and rheumatism are also potential causes of neck and nape pain.

Cervical spondylosis, cervical osteoarthritis, cervical rib syndrome, whiplash and extension injuries of the neck, spinal rheumatoid arthritis, neoplasm in the neck, and tuberculosis in the neck can all cause neck and nape pain.

#### ii. Key points for diagnosis

Pathological changes of pain involving the nape of the neck and back, restricted movement of the back, nape, and head, an inability to turn left or right and look behind, and frequent significant pressure pain in the nape and back are primarily governed by the taiyang bladder meridian (BL) channel of the foot.

Pathological changes of pain involving the neck and the arms, an inability to bend the neck sideways or turn it left and right, and significant pressure pain on



the side of the neck are primarily governed by the shaoyang triple energizer meridian (TE) and gallbladder meridian (GB).

### iii. Treatment methods

The main acupoints used to treat cricks in the neck are fengchi Wind Pool (GB-20), dazhui Great Hammer (GV-14), jianjing Shoulder Well (GB-21), jianzhen True Shoulder (SI-9), waiguan Outer Pass (TE-5), xuanzhong Suspended Bell (GB 39), houxi Back Ravine (SI-3), and natural reaction points (ouch point). If the condition is located in the taiyang bladder meridian (BL) channel of the foot, then acupoints tianzhu Celestial Pillar (BL-10), dazhu Great Shuttle (BL-11), and kunlun Kunlun-Mountains (BL60) should be included. If the condition involves the shaoyang gallbladder meridian (GB) channels, then the yifeng Wind Screen (TE-17), waiguan Outer Pass (TE-5), and yanglingquan Yang Mound Spring (GB-34) acupoints can be added. Hand needles can be used to prick the patient based on the point affected by the neck crick. Plum blossom needles can also be used. Beginning from a distance and progressing to the location of the condition, needling should be performed sequentially according to the muscle and channel course locations. Needles should first be inserted into a shallow depth before deeper needles are inserted. Light pricking should be performed before heavy pricking. Continue needling until the local skin becomes red or minor bleeding is observed. The patient should be instructed to move their neck during treatment; this is called the “moving qi therapy.”

### iv. Reasons for treatment

Dazhui Great Hammer (GV-14) and fengchi Wind Pool (GB-20) free the channels and quicken the network vessels, Channel-Coursing Blood-Quickening, disperse wind and clear heat. Additionally, they also mark the starting point of the neck muscles. Yanglingquan Yang Mound Spring (GB-34) is the meeting point of the muscles and sinews, and is used to treat external injuries. Local points and distal points along channels should be selected to relax and smooth the muscles, dredge the luo collaterals, dispel wind, and alleviate pain. Houxi Back Ravine (SI-3) receives the flow from the taiyang small intestine meridian (SI) channel of the hand, is also known as the eight method acupoints of the eight channels, is

connected to the governor vessel (GV), and is excellent for treating stiffness and pain in the neck and nape. Matching *suihui* Marrow Convergence (GB-39) and *xuanzhong* Suspended Bell (GB 39) during treatments can regulate qi, accelerate the blood, relax the muscles, and alleviate pain. Moving qi therapy can be administered by first needling the *houxi* Back Ravine (SI-3) and *xuanzhong* Suspended Bell (GB 39) acupoints. The needles are twirled as the patient moves their neck and nape. If the nape pain improves significantly, then further acupuncture can be administered to other local acupuncture point. Moxibustion and cupping can also be employed to enhance and solidify the treatment effects.

## 2. Pain in the shoulder blades (scapula) and arm muscles (frozen shoulder)

### i. Etiology and pathogenesis

In TCM, frozen shoulder is considered a muscle injury that is caused by an inhibited flow of qi and blood because of wind, cold, dampness, pathogens (evil qi), and external injuries. Frozen shoulder is also known as “shoulder and back pain,” “leaky shoulder wind,” and “frozen shoulder,” and is a type of impediment syndrome.

Frozen shoulder generally occurs after middle age and the clinical symptoms are described below:

Shoulder pain generally develops gradually over a long period of time. Occasionally, it manifests as slicing or dull pain, which may radiate toward the forearms and shoulder blades. Severe pain can affect a patient’s quality of sleep. Typically, abduction and lateral rotation of the shoulder joint and raising of the upper arm are restricted, which causes difficulty when brushing one’s hair, dressing, and pulling up one’s pants. For some patients, widespread pressure pain occurs below the acromion. For other patients, no significant local pressure pain points are experienced. Occasionally, the shoulder muscles atrophy, particularly the deltoid. For most cases, the condition develops over several months or even years.

Conditions of the shoulder joint include frozen shoulder, rotator cuff tears,

shoulder bone arthritis, infections surrounding the shoulder joint, and dislocation of the acromioclavicular joint:

- (i) Frozen shoulders: Typically experienced by middle-aged people. Degenerative changes to the shoulder rotator cuffs affect the movement of the shoulder.
- (ii) Shoulder cuff tears: Sudden traction of the arm often causes severe tears in the shoulder rotator cuffs. These tears occur easily in middle-aged people because they have already undergone degenerative changes to their shoulder rotator cuffs.
- (iii) Calcifying supraspinatus tendinitis: Degenerative changes of the shoulder rotator cuff may be accompanied by local deposits of calcium salts. These calcifying or calcified materials often cause inflammatory pathological changes in the subdeltoid bursa.
- (iv) Osteoarthritis of the acromioclavicular joint: Arthritis or arthritic pathological changes of the acromion and clavicle joint lead to persistent pain that affects shoulder movement.
- (v) Recurrent dislocation of the shoulders: Typically experienced by patients with a significant history of dislocation, with the severity of the original injury decreasing over time.
- (vi) Infections surrounding the shoulder joints: The most frequent infections that develop around the shoulder are staphylococcal osteitis, which occurs at the proximal end of the humerus, and are rarely seen clinically.

## ii. Key points of diagnosis

At the onset of shoulder conditions, unilateral or bilateral shoulder soreness and pain develops. Such soreness and pain radiates up to the neck and throughout the upper limbs. Although the symptoms are mild during the day, they increase in severity at night. The affected limbs are adverse to wind and cold, with numbness and distention of the fingers. The shoulder joint exhibits various degrees of stiffness, and movement of the arms, such as lifting, lateral rotations, and posterior extensions, is restricted. As the condition worsens over time, muscle atrophy and pain in the shoulders are typically caused by congealing cold-damp or impediment

of qi and blood. Therefore, early-stage treatments of frozen shoulder mainly focus on reducing pain, whereas late-stage treatments focus on functional obstructions. If the pain is mainly located in the zhongfu Central Treasury (LU-1) acupoint area anterior to the shoulder and is exacerbated by posterior extensions of the arm, then the condition originates from the taiyin lung meridian (LU) channel of the hand. If the pain is located near jianliao and jianyu on the lateral side of the shoulder, with pressure pain in the deltoid that is exacerbated by the abduction of the arm, then the condition originates from the yangming large intestine meridian (LI) channel of the hand and the shaoyang triple energizer meridian (TE) channel of the hand. However, if the pain is located in the posterior side of the shoulder and is exacerbated by adduction of the arm, the condition originates from the taiyang small intestine meridian (SI) channel of the hand.

Frozen shoulder is a type of impediment syndrome. People with excessive wind often experience muscle injuries, with shoulder pain that involves the nape of the neck, the back, and the fingers. People with excessive cold often experience bone injuries, with more severe shoulder pain that can only be located when deep pressure is applied and is relieved when the heat is applied. People with excessive dampness often experience flesh injuries, with fixed shoulder pain and local swelling that becomes increasingly sore when pressed.

### iii. Treatment methods

Jianyu, jianliao, jianzhen True Shoulder (SI-9), binao Upper Arm (LI-14), tianzong Celestial Gathering (SI-11), jugu Great Bone (LI-16), quchi Pool at the Bend (LI-11), hegu Union Valley (LI-4), and ouch point are the main acupoints used to treat frozen shoulders. Acupuncture piercing from tiaokou Ribbon Opening (ST-38) to chengshan Mountain Support (BL-57) and yanglingquan Yang Mound Spring (GB-34) or moving qi therapy can be administered using these acupoints. If the patient's wind is excessive, then additional acupuncture can be administered to the fengchi Wind Pool (GB-20) and waiguan Outer Pass (TE-5) acupoints. If cold is excessive, then moxibustion to the shoulder acupoints can be administered. If dampness is excessive, then acupoints yinlingquan Yin Mound Spring (SP-9) and zusanli Leg Three Li (ST-36) can also be treated. If the

condition originates in the taiyin channel, then acupoints chize Cubit Marsh (LU-5) and lieque Broken Sequence (LU-7) should be included. If the condition originates in the yangming and shaoyang channels, then acupoints zusanli Leg Three Li (ST-36) and yanglingquan Yang Mound Spring (GB-34) should be included. If the condition originates in the taiyang channel, then include houxi Back Ravine (SI-3) and administer acupuncture piercing from tiaokou Ribbon Opening (ST-38) to chengshan Mountain Support (BL-57).

#### **iv. Reasons for treatment**

Frozen shoulder is often caused by local impediment syndrome and impediments to qi and blood because of external afflictions or contractions of wind, cold, and dampness pathogens or strain injuries to the muscles and channels. Therefore, local treatments of frozen shoulder should use acupoints jianliao, jianzhen True Shoulder (SI-9), and binao Upper Arm (LI-14). Acupoints quchi Pool at the Bend (LI-11), hegu Union Valley (LI-4), and tiaokou Ribbon Opening (ST-38) piercing changshan Mountain Support (BL-57) should be selected for distal treatment to liberate and smooth the flow of the yangming, taiyang, and shaoyang channels. This assists in dissipating wind, dispelling cold, facilitates the resolution of dampness, dredges the luo collaterals, relieves muscles, and accelerates blood flow.

### **3. Back muscle pain**

#### **i. Etiology and pathogenesis**

In TCM, back muscle pain is associated with pain in the shoulders and back and is a type of impediment syndrome. The etiology and pathogenesis is primarily a deficient and weak constitution, an invasion of cold at night, or long-term dwelling in cold and dampness. This leads to the accumulation of wind, cold, and dampness pathogens within the skin, muscles, and flesh, which impedes and causes bi-syndrome in the channels and generates pain from stagnant qi and blood. Alternatively, the blood stasis due to qi stagnation and consequent pain can also be caused by muscle strain injuries and sudden sprains or strains. Overwork, sprains, contusions, and climate factors have been clinically found to induce or

exacerbate the pain.

Common causes of back pain can be summarized as follows:

Muscle strain in the back (including those of the trapezius, rhomboid major, rhomboid minor, splenius cervicis, longissimus thoracis, and iliocostalis thoracic) are often caused by inappropriate uses of force or incorrect posture. Scoliosis leads to an unbalanced distribution of force in the back muscles, pain from muscular contractions, ankylosing spondylitis, kyphosis in older adults, and rheumatoid arthritis.

## ii. Key points of diagnosis

Back pain induced by invasions of wind and cold is typically caused by cold by nature is congealing and stagnating. This results from wind and cold invasions into the taiyang channel of a person with a deficient and weak constitution. The blocked channels impede the flow of qi and blood, which results in pain where the flow is not smooth or free. Thus, the clinical symptoms of stiffness and pain in the neck and nape and discomfort in the shoulder blades develop. The key points of clinical diagnosis are as follows: For wind and cold invasion-induced back pain with an aversion to cold, the patient's pulse should be floating and tense. If the patient is experiencing pain in the shoulders and back with an inability to turn their head and look behind, then the pathogen has invaded the taiyang small intestine meridian (SI). If the patient experiences back pain and nape stiffness with the waist feeling as if it is folded and broken and the neck pulled and wrenched, then the qi in the taiyang bladder meridian (BL) is not flowing well.

Back pain from stagnant qi and blood is typically experienced by older adults or people who are weak from prolonged illnesses. These people are deficient in qi and blood, with the qi insufficient to transport the blood. Thus, the blood flow becomes blocked, qi and blood stagnate, and the channel is undernourished, leading to back soreness and pain. Key clinical symptoms are back soreness and pain after sleeping, which increases in severity at night and abates after activity. Additionally, the pulse is either sunken and choppy or sunken and thin. Treatment should be focused on nourishing qi, cultivating the blood, and reviving the luo collaterals. Back pains can be classified as internal cause and external cause, or

resulting from deficiencies or excess. For example, The Gateway to Medicine states that “sudden pain results from external afflictions, whereas enduring pain results from deficiency injuries combined with stagnation.”

### **iii. Treatment methods**

The main acupoints used to treat back muscle pain are jianjing Shoulder Well (GB-21), dazhu Great Shuttle (BL-11), dazhui Great Hammer (GV-14), fengmen Wind Gate (BL-12), feishu Lung Transport (BL-13), jueyinshu Reverting Yin Transport (BL-14), xinshu Heart Transport (BL-15), geshu Diaphragm Transport (BL-17), gaohuang Gao Huang (BL-43), tianzong Celestial Gathering (SI-11), bingfeng Grasping the Wind (SI-12), quyuan Crooked Wall (SI-13), and houxi Back Ravine (SI-3). Both acupuncture and moxibustion can be administered according to the symptoms. The Hua Tuo's paravertebral points and cupping at the pain sites can also be included in treatments.

### **iv. Reasons for treatment**

Treatments for back muscle pain are mainly focused on expelling wind, dissipating cold, move qi and quicken the blood. Acupoints on the pang guang jing, small intestine channel, and governor vessel (GV) located in the back can be selected for treatment. Points distal to the afflicted area can also be selected for applications of qi movement treatments. Warm moxibustion and cupping can be combined to relax tense muscles and relieve pain.

## **4. Lumbar muscle pain**

### **i. Etiology and pathogenesis**

Lumbar muscle pain is associated with “lumbar pain” in TCM. As written in The Origin and Indicators of Disease, “there are five types of lumbar pain.” In TCM, lumbar pain results from a deficiency in the kidneys. The factors that cause this condition are wind and cold on the lumbar area, labor and overuse injuries to the kidneys, falls that injure the lumbar region, and sleeping on damp ground. Clinically, lumbar muscle strain injuries are the most common manifestation. Repeat incidence can be caused by exhaustion, waist sprains, or cold. Acute lumbar pain is typically caused by overloading the waist or improper posture,

which damages the jing main channels, luo collaterals, and sinew channels in the lumbar region. This results in blood stasis due to qi stagnation and is a type of muscle damage or injury. Chronic lumbar pain is primarily caused by bi-syndrome resulting from cold and damp to the channels in the waist, which generate lumbar pain because of the stagnation of qi and blood. Alternatively, kidney deficiencies prevent the jing (essence) in the kidneys from nourishing the sinew channels in the lumbar region, causing lumbar pain.

Soft tissue illnesses are the most common illnesses that cause lumbar and hip pain. This is followed closely by skeletal joint issues, whereas vascular pathological changes are comparatively less common. Strain injuries are the most common among soft tissue pathological changes.

- (i) Acute lumbar sprains: Most sprains result from indirect external forces, particularly inappropriate posture at work when bending at the waist and inappropriate applications of strength.
- (ii) Chronic lumbar muscle strain injuries: These injuries primarily result from working with the waist bent for prolonged durations, improper posture, and congenital deformities.
- (iii) Lumbar facet syndrome: This syndrome is typically caused by minor dislocations and injuries to the small joints between vertebrae when carrying heavy loads and participating in sports or exercise.
- (iv) Interspinuous and supraspinal ligament injuries: Often caused by twisting or suddenly altering body posture.
- (v) Lumbar transverse process syndrome: Caused by laborious activities or afflictions of wind and cold, which lead to muscular tension and spasms in the lumbar and back regions.
- (vi) Joint sprains and subluxations: Caused by inappropriate posture, which leads to unbalanced muscular force.
- (vii) Injury to the superior gluteal cutaneous nerve: Caused by sudden turns of the body to the left or right.
- (viii) Piriformis syndrome: Caused by excessive injury to the piriformis.
- (ix) Sciatica: Caused by interstitial neuritis or compression of the sciatic nerve.



- (x) Lumbar disc herniation: Herniated discs are caused by degenerative spinal changes, atrophy, and loss of elasticity with age. According to statistics, 90% of disc herniations occur between –and-, because the pressure here is the greatest. Additionally, disc herniations primarily occur in patients aged between 24 and 45 years.

## ii. Key points of diagnosis

- (i) Cold-damp lumbar pain: When wind, cold, and dampness pathogens invade the channels, illness is caused by blockages to the qi and blood. Symptoms include heaviness and pain in the lumbar region, soreness and numbness, contracture with an inability to bend back and forth, and pain in the lumbar spine that radiates to the hips and legs. If treatment is excessively delayed, manifestations of the illness will alternate between gentler and more severe symptoms. With this illness, the lumbar region feels cold and the onset is especially painful when encountering rain, wind, and cold.
- (ii) Lumbar muscular strains: This injury is caused by incomplete recovery from wrenching, contusions, and collisions, or accumulated old injuries that damage sinew channels and luo collaterals and lead to static blood. Thus, lumbar pain typically occurs when heavy labor is performed or fatigue from heavy labor occurs. When illness occurs, the lumbar region is stiff to the touch or feels restricted. The location of the pain is fixed; however, the pain is especially severe when turning from side to side.
- (iii) Kidney vacuity lumbar pain: Mostly caused by overwork, overexertion injuries to the kidneys, depletion of jing (essence) in the kidneys, and loss of nourishment in the sinew channels in the lumbar, which leads to dull pain, soreness, and weakness of the lumbar region. If symptoms such as a weary spirit, cold lumbar regions, seminal emissions, and sunken pulses are observed, then the condition results from a deficiency of yang in the kidneys. Conditions accompanied by vexation deficiencies, yellow urine, a thin and rapid pulse, and redness of the tongue are caused by a deficiency of yin in the kidneys.

### iii. Treatment methods

The main acupoints used to treat lumbar pain include shenshu Kidney Transport (BL-23), zhishi Will Chamber (BL-52), yaoyangguan lumbar yang pass (GV3), weizhong Bend Center (BL-40), chengshan Mountain Support (BL-57), houxi Back Ravine (SI-3), xuanzhong Suspended Bell (GB 39), and ouch point. If the condition results from cold and dampness, then acupoints mingmen Life Gate (GV-4) and yinlingquan Yin Mound Spring (SP-9) can be employed. If the condition results from strain injuries, then the acupoints geshu Diaphragm Transport (BL-17), shuigou Water Trough (GV-26) and ciliao Second Bone-Hole (BL-32) can be included in treatments. If the condition results from kidney deficiencies, then acupoints mingmen Life Gate (GV-4), zhishi Will Chamber (BL-52), feiyang Taking Flight (BL-58) and taixi Great Ravine (KI-3) can also be used. In addition, according to results of clinical research, the yaotong (waist pain) acupoints (located on both sides of the tendon of the extensor digitorum on the dorsal side of the hand, 1 cun below the transverse wrist crease, and at the junctions between the first and second metacarpal bones and between the third and fourth metacarpal bones) also provide good results for treating acute lumbar sprains.

### iv. Reasons for treatment

The kidneys are located in the lumbar region, and the kidney meridian channel passes through the lumbar spine. Therefore, the shenshu Kidney Transport (BL-23) acupoint is used to supplement kidney qi. Treatment with moxibustion can dispel cold and dampness. The taiyang bladder meridian (BL) arrives at the lumbar region and connects to the kidneys. As stated in the “Miraculous Pivot, End and Beginning, “if the illness originates in the lumbar region, treat it from the back of the knee.” Therefore, the acupoint weizhong Bend Center (BL-40) is used to regulate and manage the flow of qi in the taiyang bladder meridian (BL) channel, which dispels pathogens, dredges the flow in the luo collaterals, regulates the channels, and alleviates pain. The governor vessel passes through the spine into the lumbar region. Therefore, the yaoyangguan lumbar yang pass (GV3) acupoint is used to dredge and smooth the flow of qi in

the governor vessel (GV). Such points are further used in proximal point selection to smooth and regulate the flow in the sinew channels, dredge the channels, and alleviate pain.

If the condition is caused by cold and dampness, warm moxibustion on mingmen Life Gate (GV-4) and yinlingquan Yin Mound Spring (SP-9) can be used to warm the channel, dissipate cold, facilitate the resolution of dampness, and liberate or dredge the luo collaterals. If the condition is caused by strain injuries, the acupoint shuigou Water Trough (GV-26) can be used to guide the flow of yang qi, move qi and quicken the blood. The acupoints meeting point of the blood, geshu Diaphragm Transport (BL-17), and weizhong Bend Center (BL-40) can be used to blood-activating and stasis-dispelling, liberate or dredge the luo collaterals, and alleviate pain. If severe lumbar pain occurs suddenly, such points can be used for pricking and cupping. Alternatively, a three-edged needle can be used to prick and let blood at the weizhong Bend Center (BL-40) acupoint.

## 5. Arthritis

### i. Etiology and pathogenesis

Arthritis is a type of impediment syndrome in TCM. The chapter “Plain Questions, Treatise on Impediment” states that “The three qi of wind, cold, and dampness arrive mixed and jointly become bi-syndrome. Those with excessive wind qi are moving bi-syndrome; those with excessive cold qi are painful bi-syndrome; and those with excessive dampness qi are fixed bi-syndrome.” The etiology and pathogenesis is primarily a constitution with a deficiency in righteous qi, unprotected by external defensive qi with loosely structured interstices, which allows pathogens (wind, cold, dampness, and heat) to invade unopposed. This blocks the flow of channels, impeding the flow of qi and blood; these impediments then block the joints and cause illnesses. Clinically, arthritis includes rheumatic fever, rheumatism arthritis, rheumatoid arthritis, osteoarthritis, and gouty arthritis.

### ii. Key points of diagnosis

Clinical manifestations of impediment syndrome include joint soreness and pain and soreness, heaviness, and numbness of certain muscles. If treatment is

significantly delayed, contracture in the limbs may develop, and swelling and deformation of the joints may even occur, leading to joint rigidity and stiffness and contraction. Motor obstructions occur in patients, or they experience limited ranges of motion because of contraction deformation. Clinical symptoms of severe pulling pain are often exhibited when bending and flexing. Because people's constitutions vary and the affliction varies between excessive wind, cold, and dampness, various symptoms for the disease are manifested. If wind qi is excessive, it becomes moving impediment syndrome. If cold qi is excessive, it becomes painful impediment syndrome. If damp qi is excessive, it becomes fixed impediment syndrome.

- (i) Moving impediment syndrome: Wind is characterized by a fluidity of movement; thus, joint and limb pain show clinical signs of wandering without a fixed location. Occasionally, chills and fevers are also involved. The coating on the tongue is yellow and greasy, and the pulse is floating and slippery.
- (ii) Painful impediment syndrome: Cold is characterized by its freezing and congealing nature. Pain occurs either throughout the body or in local joints, and exists in fixed locations. Pain is alleviated when encountering warmth but exacerbated when encountering coldness. The coating on the tongue is white, and the pulse is wiry and tense.
- (iii) Fixed impediment syndrome: Dampness is characterized by its sticking and stagnant nature. The skin and flesh are numb and the joints and limbs are sore and painful; the joints and limbs are heavy and do not move. Rain, wind, and cold typically induce the onset. The coating on the tongue is white and greasy, and the pulse is soggy and moderate.
- (iv) Heat impediment syndrome: Joint soreness and pain, local swelling and scorching heat, areas that are too painful to be touched, and restricted movement of a single joint or multiple joints with fever and thirst. The coating on the tongue is yellow and dry, and the pulse is slippery and frequent.

### iii. Treatment methods

According to the impediment syndrome type and location of illness, clinical treatments combine local point selection, point section along channels, and point section according to symptoms. Such points are also used as supplements. When treating moving and heat impediment syndrome, fine needles can be inserted to a shallow depth to let blood. Skin needles can also be used for pricking. For painful impediment syndrome, treatments such as deep insertions with longer retention times, moxibustion, warm acupuncture, or indirect moxibustion with ginger are recommended. For fixed impediment syndrome, acupuncture and moxibustion can be used together. Alternatively, warm needles, skin needles, and fire cupping can be used as treatments.

Acupoints selected to treat impediment syndrome differ according to the location of the illness, as shown below:

- (i) Shoulders: Can be treated with jianliao, jianyu, naoshu Upper Arm Transport (SI-10), hegu Union Valley (LI-4), waiguan Outer Pass (TE-5), and houxi Back Ravine (SI-3).
- (ii) Elbows: Can be treated with quze Marsh at the Bend (PC-3), chize Cubit Marsh (LU-5), quchi Pool at the Bend (LI-11), tianjing Celestial Well (TE-10), and waiguan Outer Pass (TE-5).
- (iii) Wrists: Can be treated with daling Great Mound (PC-7), yangchi Yang Pool (TE-4), waiguan Outer Pass (TE-5), yangxi Yang Ravine (LI-5), and wangu Wrist Bone (SI-4).
- (iv) Finger joints: Can be treated with erjian Second Space (LI-2), zhongzhu Central Islet (TE-3), qiangu Front Valley (SI-2), and Eight Evils.
- (v) Spine: Can be treated with shuigou Water Trough (GV-26), shenzhu Body Pillar (GV-12), mingmen Life Gate (GV-4), and yaoyangguan lumbar yang pass (GV3).
- (vi) Knees: Can be treated with Eye of the Knee, liangqiu Beam Hill (ST-34), yanglingquan Yang Mound Spring (GB-34), yinlingquan Yin Mound Spring (SP-9), xiyangguan Knee Yang Joint (GB-33), weizhong Bend Center (BL-40), Crane Top, and xuehai Sea of Blood (SP-10).

- (vii) Ankles: Can be treated with taixi Great Ravine (KI-3), shenmai Extending Vessel (BL62), zhaohai Shining Sea (KI-6), kunlun Kunlun-Mountains (BL60), qiuxu Hill Ruins (GB-40), and jiexi Ravine Divide (ST-41).
- (viii) Toe joints: Can be treated with Eight Winds.
- (ix) Moving impediment syndrome: Can be treated with fengchi Wind Pool (GB-20), fengfu Wind House (GV-16), geshu Diaphragm Transport (BL-17), xuehai Sea of Blood (SP-10), and sanyinjiao Three Yin Intersection (SP-6).
- (x) Painful impediment syndrome: Can be treated with shenshu Kidney Transport (BL-23), mingmen Life Gate (GV-4), and guanyuan Pass Head (CV-4).
- (xi) Fixed impediment syndrome: Can be treated with zusanli Leg Three Li (ST-36), yinlingquan Yin Mound Spring (SP-9), and shangqiu Shang Hill (SP-5).
- (xii) Heat impediment syndrome: Can be treated with dazhui Great Hammer (GV-14) and quchi Pool at the Bend (LI-11).

#### **iv. Reasons for treatment**

During acupuncture treatments for impediment syndrome, acupoints are selected according to the location of the illness and channel courses. The primary goal is to remove the channel blockages to facilitate the obstruct of qi and blood. This harmonizes the nutrient and defense, and leaves nothing for wind, cold, and dampness to adhere to, naturally alleviating impediment syndrome pain. If the illness is manifested in the skin and muscles, then shallow pricking is employed. If the illness is manifested in the muscles and bones, deep insertions that are retained for prolonged periods are administered according to changes in the illness conditions. According to classifications of the illness, excesses of wind qi become moving impediment syndrome. The acupoints fengchi Wind Pool (GB-20) and fengfu Wind House (GV-16) can be selected to dispel wind. Acupoints geshu Diaphragm Transport (BL-17), xuehai Sea of Blood (SP-10), and sanyinjiao Three Yin Intersection (SP-6) can be used to cure moving impediment syndrome by nourishing and accelerating the blood. The intention is to cure the blood before

curing the wind to enable wind-dispelling when the blood begins to flow. If excesses of cold qi become pain impediment syndrome, then the treatments should warm the meridian to dissipate cold. Therefore, moxibustion is used regularly. Moxibustion can be administered to the acupoints mingmen Life Gate (GV-4), shenshu Kidney Transport (BL-23), and guanyuan Pass Head (CV-4) to boost the source of fire, agitate yang qi, and dispel cold pathogens. If excesses of damp qi become fixed impediment syndrome, then the treatment should facilitate the resolution of dampness and dredge and free the flow in the luo collaterals. Acupoints zusanli Leg Three Li (ST-36), yinlingquan Yin Mound Spring (SP-9), and shangqiu Shang Hill (SP-5) can be selected to strengthen the transport and movement of the spleen and stomach and facilitate the resolution of dampness to dredge and liberate the luo collaterals.

## Section 3. Respiratory system illnesses

### 1. Coughing

#### i. Etiology and pathogenesis

Coughing is a common symptom of respiratory system illnesses. Coughing is caused by either external contraction or internal damage that render the dispersion and descending function of lung qi abnormal, resulting in depurative downbearing or lung qi ascending counterflow. In TCM, coughs with sound but without phlegm are called “ke,” and coughs with phlegm but without sound are called “sou.” Coughs with both phlegm and sound are called “kesou,” which translates to coughing.

Coughing is a type of physiological reflex that results from the human body’s need to expel mucous from the respiratory tracts. Coughing can also be controlled by conscious thought, which travels through efferent pathways to the breathing muscles and vocal cords and cause coughing. When coughing occurs repeatedly without control, does not expel mucous (respiratory tract constriction or collapse), or is not accompanied by a discharge of mucosa (stimulatory dry coughs), it becomes abnormal and harmful.

Coughing can be caused by inflammatory reactions (infections), mechanical stimulations (inhalation of foreign objects), chemical stimulations (inhalation of stimulatory gas), temperature stimulations (inhalation of cold or hot air), or psychological factors. Acute coughing occurs most commonly with upper respiratory tract infections and acute bronchitis. Coughs typically begin gently and are accompanied by phlegm resembling either mucous or pus. Occasionally, coughs are accompanied by headaches, throat pain, muscle pain, listlessness, and fevers. Chronic coughing often occurs with tuberculosis, bronchiectasis, and chronic bronchitis.

## ii. Key points of diagnosis

Externally contracted cough: Clinically represented as an acute-onset and short-duration illness, coughs are typically accompanied by external syndromes of the defensive qi in the lungs, which indicates pathogenic or evil excess.

internal damage cough: Prolonged illnesses or repeated occurrences and a slow onset with no external syndromes. The symptoms commonly exhibited are of mixed excess and deficiency, with deficiency of the origin and excessive symptoms.

## iii. Treatment methods

The main acupoints used to treat coughing include lieque Broken Sequence (LU-7), hegu Union Valley (LI-4), and feishu Lung Transport (BL-13). Fengmen Wind Gate (BL-12), dazhu Great Shuttle (BL-11) (moxibustion or fire cupping), quchi Pool at the Bend (LI-11), dazhui Great Hammer (GV-14), shaoshang Lesser Shang (LU-11), shangyang Shāng Yang (LI-1), and chize Cubit Marsh (LU-5) can also be used for supplementary treatment. According to results from clinical research, bilateral manipulation of sanyinjiao Three Yin Intersection (SP-6) or the use of tianrong Celestial Countenance (SI-17) and fenglong Bountiful Bulge (ST-40) provide good results for treating chronic pharyngitis.

## iv. Reasons for treatment

The acupoint feishu Lung Transport (BL-13) is located on the taiyang bladder meridian (BL) channel of the foot, which is the Back Transport point of the lungs. Feishu Lung Transport (BL-13) is primarily used to treat respiratory illnesses,



including coughing, wheezing and panting, and rhinitis. Regardless of whether acupuncture is administered, moxibustion treatment can be effective. Hegu Union Valley (LI-4) is the source point of the yangming large intestine meridian (LI) channel of the hand, which travels upward to the supraclavicular fossa. This channel travels deep in the body, connecting to the lungs, and then descends through the diaphragm muscles to the large intestine. Treatment using acupoint Hegu Union Valley (LI-4) combined with Lieque Broken Sequence (LU-7), the Luo collateral connecting and diverging point of the lung channel, is known as the source-connecting, which reinforces the treatment effects. Chize Cubit Marsh (LU-5) is the uniting point of the lung channel, which is believed to travel contrary to the flow of qi, expelling the excess. Acupuncture on the Chize Cubit Marsh (LU-5) point is effective for regulating lung function, alleviating coughing, opening the chest, and maintaining the flow of qi.

## 2. Bronchial asthma

### i. Etiology and pathogenesis

Bronchial asthma is the most common respiratory tract allergic illnesses. It occurs in all seasons of the year, especially in the fall and winter. Precursor symptoms such as coughing and stifled breathing often occur before the onset of the illness, which manifests with symptoms such as shortness of breath, wheezing sounds in the throat, and an open mouth and raised shoulders. The illness often forces the patient into a sitting or crouching position, and difficulty breathing (expiratory dyspnea) is evident. In severe cases, the patient's lips and fingertips become bluish-purple (cyanosis). Generally, the onset is alleviated after between several minutes and a few hours. When the illness is in remission, the patient's appearance is normal.

In Chinese medicine, asthma (panting and wheezing) is classified into two subtypes, wheezing patterns and panting patterns. The wheezing pattern is defined as rapid breathing with wheezing sounds in the throat. The definition of panting patterns is shortness of breath. The accumulation of abiding phlegm is the main cause of asthma. Regarding external contraction, both externally contracted wind-

cold and externally contracted wind-heat prevent impaired diffusion and downbearing of the lung, which leads to deep-lying phlegm. The phlegm and qi binding together, which prevents the smooth rise and fall of lung qi and generates upward reversals and counterflow ascent. The patient's breathing changes to panting and puffing, with a sound of fighting between the phlegm and the qi, causing asthma. Regarding internal damage, the constitution is yang deficiency, which means that the qi cannot distribute the body fluids, or is lung qi deficiency, and control is lost in the qi. When the spleen qi deficiency, it loses its transformation and transportation function, causing turbid phlegm. When the kidney qi deficiency, the function of intake and acquisition is lost. These deficiencies cause lung qi ascending counterflow, which transports the phlegm and causes asthma. If the constitution is phlegm-dampness, prolonged retention or accumulation of phlegm is converted into heat. Subsequently, phlegm-fire invades and causes the impaired diffusion and downbearing of the lung and flow upward in reverse with accompanying phlegm, leading to asthma.

Modern medicine classifies asthma into two broad categories, exogenous and endogenous. Exogenous asthma often appears during childhood, and sufferers demonstrate a history of obvious abnormal reactions to multiple allergens. Endogenous asthma often appears in adulthood, with heightened reactions in the bronchial branches of the vagus nerve; it tends to occur throughout the year and is relatively more severe than exogenous asthma. During the disease progression, exogenous and endogenous asthma can affect each other and exist concurrently. Asthma is often caused by type I (rapid onset) allergic reactions. External allergies are typically caused by inhaling pollen, dust, animal fur, and mold. A minority of cases are caused by ingesting fish, crab, shrimp, eggs and dairy products, paint and dye, and drugs such as aspirin and antibiotics. Asthma can also be caused by neurological factors.

## ii. Key points of diagnosis

- (i) Cold pattern: Panting with rough breathing; white, clear, and thin phlegm; clear nasal discharge; coldness in the limbs; thin and slippery coating on the tongue; and a weak pulse.

- (ii) Heat pattern: Panting with thirst; pale yellow and sticky phlegm; obstructions to coughing up phlegm; redness of the face with heat and vexation; yellow and greasy coating on the tongue; and a wiry and frequent pulse.
- (iii) Excess pattern: Panting with rough breathing; chest oppression with excessive phlegm; frequent coughing; an inability to lie flat; a white and greasy tongue coating; and a thin, wiry, and slippery pulse.
- (iv) Deficiency pattern: Panting with weak breathing, excessive panting when active, an inability to cough up phlegm because of excessive weakness, low voice with qi timidity, the white and slippery coating on the tongue, and a weak pulse.

### iii. Treatment methods

During the onset of asthma, acupoints hegu Union Valley (LI-4), Panting Stabilizer, tiantu Celestial Chimney (CV-22), and neiguan Inner Pass (PC-6) can be used for treatment. If excessive phlegm is coughed up, include kongzui Collection Hole (LU-6) and fenglong Bountiful Bulge (ST-40). Select one or two acupuncture point each session for treatment with potent stimulation and a 30-min needle retention time. Twirl the needle once every 5 to 10 min. Treatment sessions should be provided daily or once every two days. Fire cupping can also be administered to the patient's back.

During the asthma remission stage, acupoints dazhui Great Hammer (GV-14), feishu Lung Transport (BL-13), and zusanli Leg Three Li (ST-36) can be used. If the kidney deficiency, add shenshu Kidney Transport (BL-23) and guanyuan Pass Head (CV-4). If the spleen deficiency, add zhongwan Central Stomach Duct (CV-12) and pishu Spleen Transport (BL-20). Select two to three acupuncture point each session and treat with light stimulation. One treatment session should be provided every two days.

Long-term asthma (panting) patients are mostly afflicted with deficiency pattern, which can be treated with moxibustion. An example would be the administration of moxibustion on the wuzhu acupoints, namely, zhongwan Central Stomach Duct (CV-12), bilateral liangmen Beam Gate (ST-21), juque Great Tower

Gate (CV-14), and xiawan Lower Stomach Duct (CV-10). In clinical research, using fenglong Bountiful Bulge (ST-40) as the main acupoint when using bilateral feishu Lung Transport (BL-13) and lieque Broken Sequence (LU-7) as supplements have been shown to provide superior effectiveness for treating acute bronchitis.

#### **iv. Reasons for treatment**

Both dazhui Great Hammer (GV-14) and shenzhu Body Pillar (GV-12) belong to the governor vessel (GV). The governor vessel (GV) manages the yang qi of the entire body. Dazhui Great Hammer (GV-14) is the meeting point of the three yang channels of the hand, three yang channels of the foot, and the governor vessel (GV). Therefore, acupuncture to dazhui Great Hammer (GV-14) and shenchu Body Pillar (GV-12) is effective for activating the yang qi of the body. Tiantu Celestial Chimney (CV-22) is the primary acupoint for directing qi downward and calming panting. Using the acupoints together warms the yang and calms panting. Hegu Union Valley (LI-4) is the source point of the yangming large intestine meridian (LI) channel of the hand. Fenglong Bountiful Bulge (ST-40) is the connecting point of the yangming stomach meridian (ST) channel of the foot, which diverts to the taiyin spleen meridian (SP) channel of the foot, and can resolve phlegm and calm panting.

### **3. Emphysema**

#### **i. Etiology and pathogenesis**

Emphysema is a type of “lung distention with coughing” in TCM. The etiology and pathogenesis is mainly internal damage with a deficiency in the spleen, lungs, and kidneys. Acute onset is often triggered by an external contraction of the six excesses. The symptoms often begin as a cough or coughing with phlegm, progressing into breathing difficulty. Initially, dyspnea only occurs during laborious activities, walking up stairs, and hiking. However, as the illness progresses, shortness of breath is felt when performing activity on flat ground or even when resting. During acute onset, the increase of secretions in the bronchi further exacerbates the obstruction of the air passages, leading to chest oppression

and more extreme shortness of breath. In severe cases, respiratory failure may occur, accompanied by symptoms including cyanosis, headaches, drowsiness, and absent-mindedness.

Emphysema is caused by a loss of air chamber or air cavity elasticity, or overexpansion, inflation, and enlargement of lung volume in the distal end of the terminal bronchioles (respiratory bronchioles, alveolar ducts, alveolar sacs, and alveoli). Clinical manifestations include coughing, dyspnea, and a barrel chest. The etiology and pathogenesis of emphysema is still not completely understood. Emphysema is related to the factors that cause chronic bronchitis, including infections, smoking, air pollution, long-term occupational inhalation of dust and harmful gas, and allergies. Chronic inflammation of the bronchi damages the lung tissues and causes chronic obstructive emphysema, which is the most common complication of chronic bronchitis.

## ii. Key points of diagnosis

- (i) Lung deficiency caused by prolonged illness: Including internal damage with chronic coughing, propping rheum, wheezing and panting, pulmonary consumption, chronic lung illness with treatment failure if delayed, retention of turbid phlegm, and stagnation and obstruction of lung qi. These conditions lead to lung deficiencies over time, resulting in illness.
- (ii) External pathogen: lung deficiency result in insufficient defensive qi against external pathogens, facilitating the opportunistic invasion of the six external pathogenic excesses, thereby triggering illnesses. The severity of the condition increases over time. Pathological changes first occur in the lungs, but then affect the spleen and kidneys. In later stages, the heart is also affected.

## iii. Treatment methods

To treat emphysema, the following two sets of acupoints should be manipulated in alternating daily sessions:

- (i) Set 1: Chize Cubit Marsh (LU-5), yuji Fish Border (LU-10), danzhong Chest Center (CV-17), zhongwan Central Stomach Duct (CV-12), guanyuan Pass Head (CV-4), fenglong Bountiful Bulge (ST-40), and taixi Great

Ravine (KI-3).

- (ii) Set 2: Quze Marsh at the Bend (PC-3), fengmen Wind Gate (BL-12), feishu Lung Transport (BL-13), dazhui Great Hammer (GV-14), gaohuang Gao Huang (BL-43), shenshu Kidney Transport (BL-23), and zusanli Leg Three Li (ST-36).

#### iv. Reasons for treatment

Chize Cubit Marsh (LU-5) is the uniting point of the lung channel, and is effective for clearing dry heat from the lung meridian channel, depurating the lungs, and calming coughs. Yuji Fish Border (LU-10) is the brook point of the lung channel and is effective for draining lungs, reducing phlegm, and calming coughs. Fenglong Bountiful Bulge (ST-40) is the connecting point of the stomach channel, which deviates to the taiyin spleen meridian (SP) channel of the foot, and can transport qi in the middle energizer from the spleen and the stomach. Fenglong is also effective for resolve phlegm and calming panting. Danzhong Chest Center (CV-17) is the meeting point of qi of the eight meeting points and can smooth the flow of qi, dissolve phlegm, and calm panting. Zhongwan Central Stomach Duct (CV-12) is the alarm point of the stomach channel and the meeting place of the bowels of the eight meeting points. Used in conjunction with the meeting point of qi, it helps to smooth the qi, calms the stomach, dissolves phlegm, and decreases turbidity. Guanyuan Pass Head (CV-4) is the meeting point of the three yin channels of the foot and the conception vessel (CV). Used with the source point taixi Great Ravine (KI-3) of the kidney channel, guanyuan Pass Head (CV-4) reinforces the source qi in the lower energizer, nourishes and enriches yin, and reduces fire.

Quze Marsh at the Bend (PC-3) is the uniting point of the pericardium channel that facilitates the move qi and quicken the blood. Fengmen Wind Gate (BL-12) is the meeting point between the pang guang jing and the governor vessel (GV). It was named literally the “gate of wind” because wind pathogens primarily enter the body through this point. Fengmen Wind Gate (BL-12) is effective for dispelling wind, dissipating cold, and calming panting. Feishu Lung Transport (BL-13) controls the diffuse of lung qi, whereas dazhui Great Hammer (GV-14) is

the crossing point of the three yang channels of the hand, three yang channels of the foot, and the governor vessel (GV). dazhui Great Hammer (GV-14) is effective for dissipating heat and relieving coughs. Combined with gaohuang Gao Huang (BL-43) and feishu Lung Transport (BL-13), it can warm the lungs, tonify qi, dispel wind, and calm panting.

## Section 4. Heart and circulatory system illnesses

### 1. Fearful throbbing (heart palpitations)

#### i. Etiology and pathogenesis

Fearful throbbing belongs to the “heart palpitation” category. In the classical TCM texts, cases of “chest bi-syndrome with heart palpitations” have been recorded. Fearful throbbing is a “deficiency of the origin.” The location of the illness is in the heart and often involves the lungs, spleen, liver, and kidney. This condition is caused by disorders of *zangfu Viscera and Bowels* (臟腑) (organ) function, which render the flow of qi and blood unsmooth, impeding and generating abnormality in the heart meridian channel.

Heart palpitations refer to the condition where patients can feel the beating of their heart inside themselves. Patients with palpitations also report oppression in the chest and discomfort when breathing. Regardless of whether patients’ self-felt heart rate is fast or slow, regular or irregular, palpitations feel extremely unpleasant. Generally, palpitations are caused by psychological-emotional obstructions or pathological changes in either the heart or other organs. During the onset of palpitations, symptoms such as discomfort when breathing, difficulty breathing, dizziness (dizzy head), and chest pain are also experienced.

Difficulty breathing is often described as the inability to inhale sufficient air, a sensation of asphyxiation, and/or discomfort during inhalation. Clinically, the most important concurrent condition and cause of palpitations is an arrhythmia, which may be caused by blockages in the impulses generated by the sinoatrial node, or abnormal impulses from locations other than the sinoatrial node. Clinical manifestations include bradycardia, extrasystoles, and tachycardia.

## ii. Key points of diagnosis

For a diagnosis of heart palpitations, whether the condition is caused by a deficiency or excess must be first determined. Deficiency illnesses *deficiency pattern* (虛證) include deficiencies of qi in the heart, blood, yin yin deficiency, and yang yang deficiency. Phlegm fire, water rheum, and static blood are all excess illnesses *excess pattern* (實證). The diagnosis method should be based on differences between the symptoms, with special emphasis on the tongue and pulse. If the pulse is weak *weak pulse* (弱脈) and the coating on the tongue is light and excessive, the condition is primarily because of a deficiency and weakness of qi and blood. A thin and rapid pulse accompanied by redness of the tongue with minimal coating primarily results from weaknesses and deficiencies in yin and blood. A deep and slow pulse indicates a yin deficiency and cold interior. A wiry, slippery, and strong pulse with redness of the tongue and a yellow and greasy coating on the tongue results mostly from internal disturbances and phlegm and heat. A thin and slippery pulse, inflated tongue with teeth marks on the sides, and greasy coating on the tongue indicate water-rheum collecting internally. If the symptoms include a choppy pulse with purple, dark, and occasional petechiae rash, stagnant blood is indicated. If the symptoms include a knotted pulse, this condition is caused by an extreme deficiency of qi and blood or phlegm-stasis blockages phlegm and *static blood* (痰瘀). An intermittent pulse denotes weak and diminishing qi in the *zang visceral qi* (臟氣) (organs).

## iii. Treatment methods

The main acupoints used to treat heart palpitations are neiguan Inner Pass (PC-6), shenmen Spirit Gate (HT-7), xinshu Heart Transport (BL-15), and juque Great Tower Gate (CV-14).

## iv. Reasons for treatment

Xinshu Heart Transport (BL-15) is the *shu point transport point* (俞穴) where qi from the heart meridian channel heart channel is transported to the back; thus, it is a major acupoint for treating heart illnesses. Neiguan Inner Pass (PC-6) is one of the meeting points of the *eight channels master points of the eight vessels* (八脈交會) belonging to the pericardium meridian channel. Neiguan Inner Pass



(PC-6) is effective for accelerating the blood, relieving pain, and adjusting qi activity. Shenmen Spirit Gate (HT-7) is the source acupoint of the heart meridian channel heart channel, and juque Great Tower Gate (CV-14) is the mu point alarm point of the heart meridian channel. Both are effective for soothing the heart and calming the *spirit quiet the heart and spirit* (寧心安神), relieving palpitations. Acupuncture on the acupoints described above regulates qi and accelerates the blood, soothing the heart, loosening the chest, and relieving heart palpitations.

## 2. Myocardial infarction

### i. Etiology and pathogenesis

Myocardial infarctions are categorized as “genuine heart pain *true heart pain* (真心痛),” “jue heart pain reversal heart pain,” and “bi-syndrome in the chest” in TCM. Myocardial infarctions are caused by the sudden occurrence of severe and sustained ischemia in part of the myocardium, leading to infarction of the heart muscle tissue. Chest pain is primarily caused by a deficiency of qi in the heart and lungs *heart-lung qi deficiency* (心肺氣虛) among older adults; excessive intake of sweets, fat indulgence in sweets, *fatty foods* (恣食甘肥), raw, or cold food; or excessive thinking and *worry excessive thought and preoccupation* (思慮過度). These lead to dampness from deficiencies in the spleen spleen deficiency, which accumulate as internal damp phlegm and prevent the yang in the *chest yang* (胸陽) from expanding, thereby blocking qi activity *qi dynamic* (氣機). This pain is comparatively gentle and slow. If the condition is caused by exposure to cold pathogens that lead to contractions and *tautness cold by nature causes contraction and tautness* (寒性收引) and is combined with *turbid phlegm turbidity* (痰濁) that chokes and stops the *luo collaterals collateral vessel* (絡脈), then the chest pain is severe and sudden.

This condition manifests clinically as a series of whole-body reactions including chest pain and tissue necrosis-induced fever, as well as changes in the progressive evolution of myocardial damage, ischemia, and necrosis, as observed using an ECG (EKG). Acute circulatory functional obstructions and severe arrhythmia complications often occur during myocardial infarctions, endangering

patients' lives. The pain is generally more severe and unbearable and commonly accompanied by sensations of tightness, oppression, or pressure. This occasionally manifests as oppression accompanied by a sensation of asphyxiation. The location of the pain is typically the superior posterior portion of the middle of the sternum, which radiates to the left or both sides of the chest, neck, lower jaw, and upper limbs. Gastrointestinal symptoms are fairly common during the early stages of myocardial infarction. When the pain is severe, myocardial infarctions are often accompanied by nausea and vomiting. Occasionally, gastrointestinal symptoms are exhibited as the primary symptoms.

Most acute myocardial infarctions are caused by coronary atherosclerosis. A small number of cases involve coronary arterial occlusion, embolism, or thrombosis caused by rheumatic heart disease, polyarteritis nodosa, and syphilitic arteritis. Clinical signs of acute myocardial infarction are chest pain with serious complications, such as arrhythmia, heart failure, and shock.

## ii. Key points of diagnosis

- (i) Qi deficiency and blood stasis: Severe chest pain; pain in a fixed location; flustered or heart palpitations with a shortness of breath; spontaneous sweating and a lack of strength; a low and thin voice; a purple and dark tongue with occasional petechiae; and a thin, knotted, or intermittent pulse.
- (ii) Deficiency in both qi and yin dual deficiency of qi and yin with blood stasis and impediments blood stasis obstruction: Sudden pain in the anterior region of heart; stabbing and gripping pain; chest oppression with shortness of breath; listlessness with a lack of strength; heart palpitations; and fearful throbbing with a thin, rapid, knotted, or intermittent pulse.
- (iii) Deficiency of heart yang heart yang debilitation with coagulating cold in the heart meridian channel congealing cold heart vessel: Sudden heart pain similar to the twisting of a knife, chest pain spreading throughout the back, chest oppression with a shortness of breath, heart palpitations with a sense of unease, listlessness and a lack of strength, coldness in the limbs, spontaneous sweating, a pale-dark tongue, and a white or white and greasy coating on the tongue. The pulse is deep and thin, deep and slow, or knotted

and intermittent.

- (iv) Yang desertion with depleted yin exhaustion of yin and desertion of yang: Dribbling or dripping sweat, reverse flow in the limbs, an open mouth with raised shoulders, dyspnea (hasty panting) with sleeplessness, mental confusion, blue and purple mouth and tongue, and a pulse that is weak as if fading.

### iii. Treatment methods

The main acupoints used to treat myocardial infarctions are xinshu Heart Transport (BL-15), jueyinshu Reverting Yin Transport (BL-14), danzhong Chest Center (CV-17), juque Great Tower Gate (CV-14), neiguan Inner Pass (PC-6), shenmen Spirit Gate (HT-7), and zusanli Leg Three Li (ST-36).

### iv. Reasons for treatment

Xinshu Heart Transport (BL-15) is the shu point transport point of the heart meridian channel, which excites and activates the yang of the *heart yang* (心陽). The mu acupoint alarm point juque Great Tower Gate (CV-14) is treated to support xinshu Heart Transport (BL-15) and reinforce the blood of the heart. Jueyinshu Reverting Yin Transport (BL-14) is the back shu point transport point of the pericardium meridian channel that can be used to accelerate the blood, smooth the flow of qi, loosen the chest, facilitate the *diaphragm loosen the chest disinhibit the diaphragm* (寬胸利膈), and disperse and *dredge qi activity perfusion qi dynamic* (宣通氣機). Neiguan Inner Pass (PC-6) is the luo collateral connecting and diverging point of the pericardium meridian channel, which diverts into the shaoyang channel of the hand triple energizer meridian (TE) and is one of the meeting points of the eight channels master points of the eight vessels. Neiguan Inner Pass (PC-6) is connected to the yin linking vessel yin link vessel and can treat illnesses along this channel, which can cause patients to experience heart pain. Therefore, it can be used as a supplementary acupoint to assist xinshu Heart Transport (BL-15). If the source acupoint of the heart meridian channel heart channel shenmen Spirit Gate (HT-7) is also included, then the effect is further enhanced. Zusanli Leg Three Li (ST-36) is the points uniting point of the yangming channel of the foot stomach meridian (ST), which is used together with

neiguan Inner Pass (PC-6) to dredge the channels and reduce pain.

### 3. Hypertension

#### i. Etiology and pathogenesis

The condition “hypertension” does not exist in classical TCM texts. Common symptoms of hypertension include stiffness and pain in the neck and nape, occipital headaches, easily fatigued, agitation, tinnitus, dizziness (dizzy head), heart palpitations, and deficiency and weakness. Based on these clinical symptoms, we can find a relevant description of hypertension in ancient texts. The symptoms primarily manifested pertain to the ancient symptoms of dizziness, headaches, heart palpitations, ascendant hyperactivity of liver yang, and liver wind. The etiology and pathogenesis include unbalanced emotions *affect-mind* (情志), unrestrained food and drink intake, and internal injury and deficiency detriment. These lead to disorders of the heart, liver, and kidney functions, which precipitate this illness. Clinically, ascendant disturbances of liver yang and central turbid phlegm blockages *phlegm turbidity obstructing the center* (痰濁中阻) are considered illnesses of excess pattern. Deficiencies of the heart, spleen, and *blood heart-spleen blood vacuity* (心脾血虛), insufficient jing (essence) in the kidneys *insufficiency of kidney essence* (腎精不足), and a yin deficiency with yang hyperactivity are all illnesses of deficiency pattern. Excesses and deficiencies are often categorized together *deficiency-excess complex* (虛實夾雜); thus, they should be distinguished carefully.

In modern medicine, hypertension is classified as either essential hypertension or secondary hypertension according to the pathogenesis. More than 90% of patients with hypertension have essential hypertension. Secondary hypertension comprises between 5% and 10% of all incidence of hypertension.

The cause of essential hypertension remains unknown. The commonly held belief of modern medicine is that patients with essential hypertension have congenital genetic deficiencies in their kidneys, which do not excrete sodium salt as efficiently as the average person. This leads to sodium ions and calcium ions accumulating in the smooth muscles of the arteries. Increases in calcium ions

cause the blood vessels to contract and boost peripheral resistance, which is exhibited as hypertension. This can easily result in the pathological hardening of the blood vessels, which damages crucial organs, including blood vessels in the kidneys, coronary artery, retinal blood vessels, and cerebral blood vessels.

Secondary hypertension is commonly believed to result from coarctation of the aorta, renal parenchymal disease, disorders of the blood vessels in the kidneys, and endocrine disorders. The cause of the renal parenchymal disease is damage to the kidneys, which affects their ability to excrete sodium ions. The resulting retention of sodium ions increases the volume of fluid in the body, which increases blood pressure. The cause of blood vessel disorders in the kidneys is reduced blood flow in one kidney caused by the unilateral renal artery stenosis. This stimulates the pressure receptors and leads to the secretion of renin, which ultimately increases angiotensin and induces contractions in peripheral blood vessels, generating hypertension. This type of hypertension can be treated surgically. Endocrine disorders include primary aldosteronism, Cushing's syndrome, and pheochromocytoma.

## ii. Key points of diagnosis

- (i) Ascendant disturbances of liver yang (stagnant qi converted into *fire stagnant qi transforming into the fire* (氣鬱化火): Dizzy head with distention and pain; vexation, agitation, and easy anger; exacerbated dizziness and pain when angry; redness of the face with tinnitus; reduced sleep with excessive dream sleep; dry mouth with a bitter taste; a red tongue with a yellow coating on the tongue; and a frequent and wiry pulse.
- (ii) Yin deficiency with yang hyperactivity: Dizzy head; dryness of the eyes; heart vexation with insomnia; excessive dream sleep; sometimes includes night sweats; heat in the arms, legs, and heart; dry mouth; redness of the tongue with little or no coating; and a thin and rapid or thin and wiry pulse.
- (iii) Deficiency in the heart, spleen, and blood heart-spleen blood vacuity: Dizzy head and vertigo (flowery vision) that is exacerbated when the mind is overworked, heart palpitations with the weariness of the spirit, shortness of breath and a lack of strength, insomnia, reduced food intake, lusterless facial

complexion, pale lips and tongue, and a weak pulse.

- (iv) Insufficient jing (essence) in the kidneys insufficiency of kidney essence: Dizzy head with tinnitus, dispirited or distressed, memory deterioration, vertigo (flowery vision), soreness and weakness in the lumbar and knees, seminal emissions with impotence, a thin and pale-red tongue; and a deep and weak pulse and weakness in the chi section.
- (v) Phlegm turbidity blocking the center phlegm turbidity obstructing the center: Dizzy head and heaviness of the head, fullness and oppression of the chest and diaphragm, nausea and vomiting, loss of appetite, the heaviness of the limbs, sometimes includes drowsiness, white and greasy coating on the tongue, and a soggy and slippery or wiry and slippery pulse.

### iii. Treatment methods

- (i) Body acupuncture:

Acupuncture on ganshu Liver Transport (BL-18), shenmen Spirit Gate (HT-7), sanyinjiao Three Yin Intersection (SP-6), yinlingquan Yin Mound Spring (SP-9), taichong Great Thoroughfare (LR-3), and zusanli Leg Three Li (ST-36) reduce the yang in the *liver yang* (肝陽). Acupoints yinlingquan Yin Mound Spring (SP-9), fenglong Bountiful Bulge (ST-40), neiguan Inner Pass (PC-6), and taixi Great Ravine (KI-3) can also be used in alternating treatments.

- (ii) Ear acupuncture:

Hypertension from the ascending disturbance of liver yang can be treated with ear acupuncture targeting the liver, gallbladder, hypertension, and points one and two of the eyes. Insufficient jing (essence) in the kidneys insufficiency of kidney essence can be treated by acupuncture to the kidney, adrenal gland, endocrine, subcortex, and stomach points. Before the needling, regular disinfection must be performed. Two to four points should be needled each session using fine needles and retained for 20 to 30 min. While the needles are retained, they can be twirled at intervals.

- (iii) Head acupuncture:

Needle the vertigo and auditory area. The acupuncture method

involves positioning the needle at a 30° angle to the scalp, then inserting the needle under the epicranial aponeurosis. Once the needle reaches the application depth in vertigo and auditory area, they should be twirled rapidly for 2 to three min and the needle retained for 5 to 10 min.

#### **iv. Reasons for treatment**

Both ganshu Liver Transport (BL-18) and taichong Great Thoroughfare (LR-3) are effective for enriching yin and subduing yang. Both shenshu Kidney Transport (BL-23) and taixi Great Ravine (KI-3) can boost the kidneys and enrich the yin. Shenmen Spirit Gate (HT-7) can soothe the heart, calm the spirit quiet the heart and spirit, and treat insomnia, forgetfulness, and heart vexation. Fenglong Bountiful Bulge (ST-40) dissolves phlegm and is used to treat hypertension with a central phlegm turbidity blockage phlegm turbidity obstructing the center.

## **Section 5. Gastrointestinal System Illnesses**

### **1. stomach duct pain**

#### **i. Etiology and pathogenesis**

Illnesses that primarily manifest as pain in the stomach duct near the cardiac cavity are termed stomach duct pain. stomach duct pain is a common symptom of gastritis, duodenitis, gastric ulcers, and duodenal ulcers. The etiology and pathogenesis may include excessive anxiety that liver qi depression and causes the flow to travel sideways in reverse (running cross counterflow) to invade the stomach causing pain. Alternatively, this may result from external cold invading the stomach, excessive consumption of raw or cold foods causing accumulation in the middle, and overexhaustion that leads to deficiencies and cold in the spleen and stomach, leading to stomach duct pain. Clinical experience has also shown that excessive consumption of hot, spicy, fatty, sweet, and rich food results in the accumulation of dampness and heat, which stagnates in the spleen and the stomach, causing blockages and the stagnation of qi and blood, leading to stomach duct pain.

**ii. Key points of diagnosis**

- (i) Liver qi invading the stomach: Epigastric distention and pain; attacking pain linked to the lateral costal area; frequent belching or occasional retching counterflow related to acid reflux; excessive thin and white coating on the tongue, and a sunken and wiry pulse.
- (ii) Spleen-stomach deficiency cold: Dull pain in the epigastric area, vomiting up clear fluid, a preference for warmth and avoidance of or aversion to cold, pain that decreases when the pain site is pressed, the weariness of the spirit and lack of strength, white coating on the tongue, and a weak and soft pulse.

**iii. Treatment methods**

The main acupoints for treating stomach duct pain are neiting Inner Court (ST-44), zusanli Leg Three Li (ST-36), neiguan Inner Pass (PC-6), zhongwan Central Stomach Duct (CV-12), pishu Spleen Transport (BL-20), gongsun Yellow Emperor (SP-4), geshu Diaphragm Transport (BL-17), and weishu Stomach Transport (BL-21). Clinical studies indicate that manipulating Hua Tuo's paravertebral points and zusanli Leg Three Li (ST-36) to treat chronic atrophic gastritis yields excellent results.

**iv. Reasons for treatment**

Zusanli Leg Three Li (ST-36) is the uniting point of the stomach channel. Treatment that combines zusanli Leg Three Li (ST-36) with acupoints neiguan Inner Pass (PC-6) and gongsun Yellow Emperor (SP-4) represents the master points of the eight vessels. These acupoints are effective for treating pain in the heart, chest, and epigastric areas. Zhongwan Central Stomach Duct (CV-12) is the alarm point of the stomach and is located at the center. Both needling and moxibustion can be administered to this acupoint to treat stomach duct pain.

**2. Vomiting****i. Etiology and pathogenesis**

Vomiting is a common symptom of multiple illnesses. Clinically, vomiting often occurs with illnesses of the stomach and esophagus. This symptom may result from external contraction and internal damage to the stomach bowel,



causing the harmonious downbearing of the stomach to become abnormal. The etiology and pathogenesis may be excessive consumption of raw, cold, sweet, and fatty foods or careless ingestion of spoiled food, which causes undissolved food to accumulate, leading to vomiting. It may also be caused by deficiencies and weaknesses of the spleen and stomach, which lead to abnormal transport and conversion or transformation, resulting in the accumulation of phlegm-rheum in the stomach duct. Subsequently, the harmonious downbearing becomes abnormal, causing vomiting. This may also be caused by externally contracted cold evil and heat toxins invading the stomach bowel, preventing the stomach qi failing to bear downward, leading to vomiting. Alternatively, an emotional inclination to anger or depression that liver qi failing to course freely and invades the stomach sideways in reverse (running cross counterflow) can cause the stomach qi ascending counterflow, leading to vomiting.

The following illnesses are commonly accompanied by vomiting:

(i) Acute gastrointestinal illnesses: Gastroenteritis, indigestion, intestinal infections, and food poisoning.

(ii) Endocrine disorders: Diabetic ketoacidosis.

Drug-induced illnesses: The side effects of anti-inflammatory drugs or antibiotics

(iii) Heart-related illnesses: Acute myocardial infarction.

(iv) Other conditions: Pregnancy (the initial three months), enterogastric bleeding, and psychological distress (anxiety and worry).

## ii. Key points of diagnosis

(i) Cold residing in the epigastric area: Vomiting up clear fluid or thin saliva, white coating on the tongue with a slow pulse, a preference for warmth and an aversion to cold, and thin sloppy stools.

(ii) Heat evil brewing internally: Ingested food is immediately vomited; acidic, bitter, hot, and foul-smelling substances are vomited; thirst; dry clogged feces; a rapid pulse; and yellow coating on the tongue.

(iii) Non-dispersion of abiding food: Distention and fullness or pain in the abdomen that increases when food is consumed, belching and an aversion

to consuming food, flatulence, a thick and greasy coating on the tongue, and a slippery and excessive pulse.

- (iv) Stomach qi vacuity: Frequent vomiting, decreased consumption of food, slightly sloppy stools, the weariness of the spirit and weakness of the limbs, a weak pulse, and a thin and greasy coating on the tongue.
- (v) Liver qi invading the stomach: Abdominal pain linked to the lateral costal area, frequent belching, retching counterflow with acid reflux (all of the above are affected by the patient's emotional state), thin white coating on the tongue, and a wiry pulse.

### iii. Treatment methods

The main acupoints used to treat vomiting are neiguan Inner Pass (PC-6), zusanli Leg Three Li (ST-36), zhongwan Central Stomach Duct (CV-12), sanyinjiao Three Yin Intersection (SP-6), daling Great Mound (PC-7), and neiting Inner Court (ST-44). Acupuncture should be first administered bilaterally to acupoints neiguan Inner Pass (PC-6) and daling Great Mound (PC-7) on the pericardium channel and neiting Inner Court (ST-44) and zusanli Leg Three Li (ST-36) on the stomach channel. Thin fine needles should be inserted into acupoints zhongwan Central Stomach Duct (CV-12), shangwan Upper Stomach Duct (CV-13), and tiantu Celestial Chimney (CV-22) of the conception vessel (CV), using the needle retention method. If no heat is exhibited, then moxibustion can be administered to each acupoint, using up to 3 to 5 pellets until a feeling of soreness and numbness is achieved. Generally, vomiting should be cured after 2 to 3 treatments. If vomiting persists, jianli Interior Strengthening (CV-11) and xiawan Lower Stomach Duct (CV-10) on the conception vessel (CV), gongsun Yellow Emperor (SP-4) on the spleen channel, tianshu Celestial Pivot (ST-25) on the stomach channel, and pishu Spleen Transport (BL-20), weishu Stomach Transport (BL-21), and sanjiaoshu Triple Burner Transport (BL-22) on the pang guang jing should be treated.

### iv. Reasons for treatment

According to the “Song of the Ten Command Points”, “zusanli Leg Three Li (ST-36) retains the abdomen, and neiguan Inner Pass (PC-6) helps the heart, chest,

and stomach.” Therefore, these two acupoints are the most important for treating vomiting. As the alarm point of the stomach, zhongwan Central Stomach Duct (CV-12) is also the locally selected acupoint. Sanyinjiao Three Yin Intersection (SP-6) governs illnesses of the liver, spleen, and kidneys, which are the triple yin channel. Daling Great Mound (PC-7) is the Transport source point of the pericardium channel. When heat evil brewing internally, daling Great Mound (PC-7) can be used for treatment.

### 3. Constipation

#### i. Etiology and pathogenesis

Constipation refers to constipation stool, defecation difficulty, or infrequent bowel movements, such as once in several days.

Although constipation is a type of transport failure of the large intestines, it is also related to disorders of the spleen, stomach, liver, and kidneys. The etiology and pathogenesis is a propensity to eat hot, spicy, fragrant, and irritating foods and the rare consumption of vegetables by people with a constitution of yang exuberance; this causes stool to become dry and blocks the bowel qi. Constipation may also be caused by emotional distress, which liver qi depression, resulting in transport abnormalities in the large intestines. It may also be caused by a lack of qi and blood from prolonged illness or post-operative and post-partum exhaustion. This leads to a qi deficiency, which disturbs the transport functions, and a blood deficiency, which disturbs the nourishment functions, resulting in constipation. Additionally, it may be caused by kidney deficiency that results in the insufficiency of kidney yang, which prevents the dissipation and transformation of qi and distribution of fluids, resulting in defecation difficulty. Alternatively, constipation may be caused by mechanical, endocrinal, and neurological factors that lead to a reduced defecation frequency and difficulty defecating, which causes abdominal pain, abdominal distention, and fecal impaction.

- (i) Mechanical causes: Colorectal tumors, diverticulitis, volvulus, intussusception, and anorectal pain (caused by anal fissures, hemorrhoids, and abscesses).
- (ii) Endocrine disorders: Diabetes, hypothyroidism, and Cushing’s syndrome.

(iii) Neurological causes: Spinal injuries, multiple sclerosis, sclerosis, and megacolon.

## ii. Key points of diagnosis

- (i) Repletion constipation: Reduced defecation frequency, often only once in several days, and dry and clotted feces with defecation difficulty. If caused by a blockage of severe heat pathogens, the following symptoms are exhibited: Heat in the body, vexation and thirst, halitosis with a preference for cold, a slippery and excessive pulse, and a yellow and dry coating on the tongue. If caused by qi movement stagnation, then distention, fullness, or pain in the lateral costal area and abdomen is exhibited. Frequent belching and reduced consumption of food also manifest.
- (ii) Vacuity constipation: Paleness of the face, lips, and nails and a lack of luster in the face caused by deficiencies of qi and blood; the spirit is weary and the qi is timid; paleness of the tongue with a thin coating; and a thin and deficient pulse. If caused by cold, the following symptoms are exhibited: Cold and pain in the abdomen, a preference for heat and aversion to cold, a deep and slow pulse, and paleness of the tongue with a white and moist coating.

## iii. Treatment methods

The main acupoints used to treat constipation are tianshu Celestial Pivot (ST-25), qihai Sea of Qi (CV-6), guanyuan Pass Head (CV-4), zusanli Leg Three Li (ST-36), dachangshu Large Intestine Transport (BL-25), zhigou Branch Ditch (TE-6), and zhaohai Shining Sea (KI-6).

## iv. Reasons for treatment

Tianshu Celestial Pivot (ST-25), qihai Sea of Qi (CV-6), and guanyuan Pass Head (CV-4) are selected locally. Zhigou Branch Ditch (TE-6) is a channel acupoint on the shaoyang triple energizer meridian (TE) channel of the hand, which clears and facilitates qi dynamic in the triple burner. Zhaohai Shining Sea (KI-6) is the point where the luo collateral diverts from the kidney channel and regulates the Viscera and Bowels. Dachangshu Large Intestine Transport (BL-25) is the back transport point of the large intestine channel, and zusanli Leg Three Li

(ST-36) is the lower uniting point of the stomach meridian channel.

## 4. Diarrhea

### i. Etiology and pathogenesis

The main clinical symptoms of diarrhea are increased defecation frequency, thin stool that appears similar to porridge, and an even watery discharge or occasional pus and blood discharge. The etiology is externally contracted cold-damp or heat-damp, which render the transport and conversion or transformation and reception and transduction functions of the intestines and the stomach abnormal. Mixing water with grain and confusing the clear and the turbid causes diarrhea. Most patients experience acute diarrhea, which may be caused by spoilt food or drinks or invasions of cold, dampness, and heat. Another possible cause is internal damage, spleen-stomach weakness, transverse invasion of liver qi, and an overwhelmed (over restriction and reverse restriction) spleen-earth (the spleen is related to the earth element and represents earth characteristics in the body). Alternatively, it may be caused by kidney deficiency with the debilitation of the life gate fire, which prevents water and food from being decomposed or disintegrated, leading to the internal accumulation of undigested food in stool. Consequently, dampness and cold fill the space between the intestines, causing diarrhea. This type of diarrhea is chronic diarrhea.

#### (i) Common non-infectious diarrhea:

- ① A lactose insufficiency or the abuse of polyvalent laxatives causes osmotic diarrhea.
- ② Endocrine disorders, such as Zollinger-Ellison syndrome, carcinoid tumors, and medullary thyroid carcinomas, trigger secondary diarrhea.
- ③ Diabetes, adrenal insufficiency, hyperthyroidism, collagen vascular disease, irritable bowel syndrome, and excessive upper gastrointestinal bleeding alter intestinal function, leading to diarrhea.
- ④ Other conditions such as anxiety and the accumulation of food can also cause diarrhea.

#### (ii) Common infectious diarrhea

- ① Bacterial: Invasive pathogens, such as cholera, *E. coli*, salmonella typhi, and shigella, and non-invasive pathogens, such as staphylococcus aureus and clostridium botulinum, can cause diarrhea.
- ② Viral: The rotavirus and Norwalk virus.
- ③ Parasitic: *Entamoeba histolytica*.

## ii. Key points of diagnosis

- (i) Cold-damp diarrhea: If diarrhea is caused by cold and dampness, then the clinical symptoms include clear and thin stool; borborygmus with abdominal pain; a bland taste in the mouth with a lack of thirst; cold in the body with a preference for warmth; a slow pulse; pale tongue; and white, slippery, and greasy tongue coating.
- (ii) Heat-damp diarrhea: If diarrhea is caused by dampness and heat, then the clinical symptoms include yellow, porridge-like, hot, and smelly stool; abdominal pain; scorching heat in the rectum; minimal and red urine; a soggy and rapid pulse; yellow and greasy tongue coating; dysenteric disorders with blood and pus; abdominal urgency and rectal heaviness; and heat in the body with thirst.
- (iii) Spleen-kidney yang deficiency: If diarrhea is caused by deficiencies in the spleen, then the clinical symptoms include a withered yellow complexion, weariness of the spirit and weakness of the limbs, a lack of appetite, a preference for warmth and an aversion to cold, thin sloppy stools, a soggy and weak pulse, and a tender tongue with a white coating. If diarrhea is caused by deficiencies in the kidneys, the patient typically experiences slight pain in their abdomen every day before dawn. The pain is from diarrhea. If the diarrhea is caused by yin and cold, the patient typically experiences a need to defecate several times in the mornings. Furthermore, patients have an aversion to cold near their abdomen and lower body, a deep and thin pulse, and a pale tongue with a white coating.

## iii. Treatment methods

When treating acute enteritis (such as cold-damp diarrhea and heat-damp diarrhea), acupuncture can be administered to zhongwan Central Stomach Duct

(CV-12), tianshu Celestial Pivot (ST-25), zusanli Leg Three Li (ST-36), guanyuan Pass Head (CV-4), qihai Sea of Qi (CV-6), and dachangshu Large Intestine Transport (BL-25). If the pain is exacerbated, moxibustion to shenque Spirit Gate Tower (CV-8) can be performed. To treat chronic enteritis (such as liver-kidney vacuity), acupuncture or moxibustion to zhongwan Central Stomach Duct (CV-12), tianshu Celestial Pivot (ST-25), pishu Spleen Transport (BL-20), qihai Sea of Qi (CV-6), and shenque Spirit Gate Tower (CV-8) can be administered. Additional moxibustion to baihui Hundred Convergences (GV-20) can be included in the treatment. If fifth-watch diarrhea, then administer moxibustion to mingmen Life Gate (GV-4).

#### iv. Reasons for treatment

The alarm point of the stomach zhongwan Central Stomach Duct (CV-12) can be manipulated with the uniting point of the stomach zusanli Leg Three Li (ST-36) to supplement the stomach and boost the spleen. Acupuncture or moxibustion to qihai Sea of Qi (CV-6) prevents exhaustion (deficiency desertion). Tianshu Celestial Pivot (ST-25) is the alarm point of the large intestine channel and an important acupoint of the stomach channel. Tianshu Celestial Pivot (ST-25) enhances qi conversion or transformation in the large intestines. Moxibustion to guanyuan Pass Head (CV-4) can treat damp heat in the lower energizer, which boosts original yang and dispels cold and dampness. Indirect moxibustion on salt to shenque Spirit Gate Tower (CV-8) can kidney-warming yang-invigorating. Dachangshu Large Intestine Transport (BL-25) is the back transport point of the large intestines. Moxibustion to dachangshu Large Intestine Transport (BL-25) reinforces the intestines and suppresses diarrhea. Applying acupuncture and moxibustion together to pishu Spleen Transport (BL-20) can fortify the spleen and supplement qi and warm and move spleen yang.

## 5. Rectal prolapse

### i. Etiology and pathogenesis

Rectal prolapse is also known as anal desertion and is commonly experienced by older adults, young children, and women who have given birth multiple times.

The pathogenesis is primarily a sunken middle qi or a deficiency of qi in the spleen and kidneys, which prevents the desertion from being retracted, contained, and reinforced. This is a deficiency pattern that can result from a deficient and weak constitution, weakness from prolonged illness, overwork until qi exhaustion, excessive thought and preoccupation, a high number of pregnancies (and children), or prolonged diarrhea and dysentery. Another possible pathogenesis is the damp-heat brewing and binding in the rectum, which leads to excessive exertion during defecation and a subsequent inability to restrain defecation. Therefore, this is an excess pattern. In this case, the etiology can be a propensity to consume spicy foods and fine and savory wine, which transforms accumulated dampness into heat, or prolonged constipation and hemorrhoids, which causes stagnation of damp heat in the rectum.

## ii. Key points of diagnosis

- (i) Sunken middle qi: Prolapse of the anus upon coughing or defecation, with the anus returning to its original position only when prodded by hand. The prolapsed anus is pale without red swelling or pain. The patient's facial complexion is white and their lips are pale. Breathing is short with occasional coughing. The patient's tongue is pale with minimal coating, and their pulse is weak.
- (ii) Kidney yang deficiency: Rectal prolapse, dizzy head and vertigo (flowery vision), forgetfulness, sloppy diarrhea at the fifth watch (3 a.m. to 5 a.m.), occasional seminal emissions and impotence, soreness and weakness in the lumbar region and knees, an aversion to cold throughout the body, frequent urination, swollen and tender tongue, a reduced and moist coating on the tongue, and a deep and thin pulse.
- (iii) Brewing amassment of heat-damp: Prolapsed anus; redness, swelling, and pain; thirst and dry defecation; redness of the face and lips; a red tongue; yellow coating on the tongue; and a wiry and rapid pulse.

## iii. Treatment methods

The main acupoints for treating rectal prolapse are weizhong Bend Center (BL-40), chengshan Mountain Support (BL-57), changqiang Long Strong (GV-1),



and baihui Hundred Convergences (GV-20). When treating rectal prolapse, acupuncture should be first administered bilaterally to chengshan Mountain Support (BL-57), followed by changqiang Long Strong (GV-1), using five to six moxibustion pellets. Subsequently, moxibustion is administered to baihui Hundred Convergences (GV-20) using five pellets. If the illness persists, additional moxibustion to mingmen Life Gate (GV-4) and shenque Spirit Gate Tower (CV-8) (place a layer of salt inside the navel) should be performed.

#### iv. Reasons for treatment

Changqiang Long Strong (GV-1) is the diverging network vessel of the governor vessel (GV) and can enhance the restricting function of the anus. Baihui Hundred Convergences (GV-20) is located on the governor vessel (GV) and is the confluence of the yang. Acupuncture and moxibustion to baihui Hundred Convergences (GV-20) can lift or raise the anus. Weizhong Bend Center (BL-40) is the uniting point of the pang guang jing and can be used to treat illnesses of the anus. Additionally, weizhong Bend Center (BL-40) may enhance the therapeutic effects of treatment when manipulated with chengshan Mountain Support (BL-57).

## Section 6. Illnesses of the Hepatobiliary System

### 1. Liver Cirrhosis

#### i. Etiology and pathogenesis

Cirrhosis is the partial replacement of damaged liver cells with fibrotic tissues during the repair process. Thus, the original structure of the liver becomes abnormal and consists of nodules. This is classified into the “aggregation-accumulation,” “drum distention,” and “jaundice” categories of TCM. The pathogenesis is primarily early disharmony in the liver and spleen, which continues until the yin and yang of the kidneys are damaged.

Initially, liver depression and qi stagnation and spleen deficiency with dampness obstruction inhibited qi dynamic, leading to an accumulation without appropriate dissipation. The stagnant qi then causes blood stasis. The dampness

obstruction either encumbering the spleen if they are cold formation, or cause damp-heat brewing and binding if heat formation. The blood stasis due to qi stagnation combined with dampness obstruction either cold formation or heat formation aggravates the formation of cirrhosis. If the spleen-kidney yang deficiency, then failure to move and transform water-damp, inhibited qi transformation, which further exacerbates the water retention, especially in the abdomen. This leads to liver-kidney yin deficiency, which further disrupts the free coursing, exacerbate the blood stasis due to qi stagnation, and cause substantial flooding and pervasion of water-dampness, resulting in a stubborn and deeply ingrained illness. Common causes include alcohol consumption, viral hepatitis, biliary cirrhosis, hemochromatosis, Wilson's disease, chronic active hepatitis, Budd-Chiari syndrome, chronic congestive heart failure, drugs and toxins, and schistosomiasis.

## ii. Key points of diagnosis

- (i) Qi stagnation with dampness obstruction: Abdominal distention that is soft when pressed, distension and pain in the lateral costal area, easily satiated or easy distention despite a reduced food intake, belching, reduced urination, white and greasy coating on the tongue, and a wiry pulse.
- (ii) Water-dampness encumbering the spleen: Glomus and distension in the stomach duct and abdomen, weariness, a lack of urination with sloppy stool, edema of the face and lower limbs, white and greasy coating on the tongue, and a soggy pulse.
- (iii) Damp-heat brewing and binding: Large and hard abdominal fullness; vexation heat with a bitter taste in the mouth; thirst with no desire to consume liquids; constipation or sloppy stools; inhibited or choppy voiding of reddish urine; yellowing of the face, eyes, and skin; a red tongue with a yellow and greasy coating; and a wiry and rapid pulse.
- (iv) Liver-spleen blood stasis: Large and hard abdominal fullness, bulging blood vessels, stabbing pain in the lateral costal area, blood mole, cinnabar palm, purple lips, black stools, darkening of the face, a purple-red tongue, and a thin and choppy pulse.

- (v) Spleen-kidney yang deficiency: Large, distended, and full abdomen with discomfort; an oppressed epigastric area with reduced consumption of food; weariness of the spirit with an aversion to cold; edema in the lower limbs; reduced urine volume and frequency; pale complexion; a pale and swollen tongue; and a sunken and weak pulse.
- (vi) Liver-kidney yin deficiency: Large, distended, and full abdomen with discomfort; enlarged veins in extreme cases; bleeding of the teeth and nose; dryness of the mouth; a deep red tongue; and a wiry, thin, and rapid pulse.

### iii. Treatment methods

The main acupoints used to treat cirrhosis are zhongwan Central Stomach Duct (CV-12), neiguan Inner Pass (PC-6), qimen Cycle Gate (LR-14), zhangmen Camphorwood Gate (LR-13), zusanli Leg Three Li (ST-36). First, needle the zhongwan Central Stomach Duct (CV-12) and natural reaction point. The secondary acupoints employed for treatments include zusanli Leg Three Li (ST-36), neiguan Inner Pass (PC-6), juque Great Tower Gate (CV-14), riyue Sun and Moon (GB-24), qimen Cycle Gate (LR-14), zhangmen Camphorwood Gate (LR-13), ganshu Liver Transport (BL-18), pishu Spleen Transport (BL-20), and shenshu Kidney Transport (BL-23). Occasionally, moxibustion using six or seven pellets is administered.

### iv. Reasons for treatment

Zhangmen Camphorwood Gate (LR-13) is the meeting point between the liver channel and the shaoyang gallbladder meridian (GB) channel of the foot. It is effective for soothe the liver and regulate qi, and is also the alarm point of the gallbladder. The meeting place of the bowels is the zhongwan Central Stomach Duct (CV-12), which is also the alarm point of the stomach. The gallbladder alarm point is riyue Sun and Moon (GB-24), and the liver alarm point is qimen Cycle Gate (LR-14). Yanglingquan Yang Mound Spring (GB-34) is the uniting point of the gallbladder channel. Ganshu Liver Transport (BL-18), danshu Gallbladder Transport (BL-19), and pishu Spleen Transport (BL-20) are the back transport point of the channels.

## 2. Jaundice

### i. Etiology and pathogenesis

The primary clinical symptoms are yellowing of the eyes, skin, and urine. Additionally, a yellow tint to the sclera (whites of the eyes) is an important characteristic. Jaundice is commonly presented with acute and chronic hepatitis, acute cholecystitis, gallstones, and cirrhosis. The etiology and pathogenesis is mainly the dampness turbidity brewing internally in the liver and gallbladder, hindering the free coursing of bile. When bile cannot be discharged normally, it overflows and manifests as jaundice. If turbid dampness is combined with heat and a yellow tint is discovered, the patient is affected with yang jaundice. If an epidemic pathogen transform into heat, the onset of the illness becomes significantly more intense. Dampness turbidity is complicated by stasis with an inclination toward cold and a yellowish tint indicates that the patient is afflicted with yin jaundice. This condition is commonly caused by excessive thinking, anxiety, overwork, and weariness, which damage the spleen. It is also caused by a lack of restraint when consuming alcohol and food, resulting in the spleen failing in transportation with a cold and choppy phlegm-stasis blockage.

When the serum bilirubin concentration increases beyond 2 mg/dL, yellow pigmentation of the skin and sclera occur, rendering an easy diagnosis. The causes of hyperbilirubinemia include excessive production of bilirubin, reduced intake of the liver, reduced synthesis in the liver, reduced discharge from the biliary tract, and bile discharge disorder. Furthermore, itching is a commonly co-occurring symptom, presumably because of the adhesion of bile salt to the skin.

### ii. Key points of diagnosis

- (i) Yang jaundice: Clinically exhibited as bright yellow skin and eyes, fevers, thirst, chest oppression with vomiting and nausea, abdominal distention, constipation, limited and red urination, yellow and greasy coating on the tongue, and a slippery and rapid pulse.
- (ii) Yin jaundice: Clinically exhibited as dark yellow eyes and skin, weariness of the spirit with a lack of strength, reduced food intake with sloppy stool, epigastric glomus with abdominal distention, pale tongue with a greasy

coating, and a deep and slow pulse.

### iii. Treatment methods

The main acupoints used to treat jaundice are zhongwan Central Stomach Duct (CV-12), zhangmen Camphorwood Gate (LR-13), riyue Sun and Moon (GB-24), qimen Cycle Gate (LR-14), zhiyang Extremity of Yang (GV-9), ganshu Liver Transport (BL-18), danshu Gallbladder Transport (BL-19), pishu Spleen Transport (BL-20), zusanli Leg Three Li (ST-36), and yanglingquan Yang Mound Spring (GB-34).

### iv. Reasons for treatment

Zhiyang Extremity of Yang (GV-9) belongs to the governor vessel (GV), which smoothes and facilitates gallbladder function, and is an important acupoint for treating jaundice. The meeting place of the bowels is zhongwan Central Stomach Duct (CV-12). The meeting point of the viscera is zhangmen Camphorwood Gate (LR-13). Zhangmen Camphorwood Gate (LR-13) is located on the liver channel and is the alarm point of the spleen. The gallbladder alarm point is riyue Sun and Moon (GB-24), and the liver alarm point is qimen Cycle Gate (LR-14). Yanglingquan Yang Mound Spring (GB-34) is the uniting point of the gallbladder channel. Ganshu Liver Transport (BL-18), danshu Gallbladder Transport (BL-19), and pishu Spleen Transport (BL-20) are the back transport point.

## 3. Gallstones

### i. Etiology and pathogenesis

Gallstones are categorized as “gallbladder distension,” “chest bind,” “yellow aggregation,” and “rib-side pain” in TCM. The etiology and pathogenesis are primarily blocked free coursing of bile, which then accumulation and stagnation under heat decoct, transforming into stones. The acute onset of gallstones may result from the heat toxin brewing and binding, liver-gallbladder dampness-heat, and spleen-stomach dampness-heat. These hinder the liver failing to course freely and inhibited qi movement, causing blockages and the stagnation and retention of qi and blood in the liver and gallbladder, leading to biliary colic. Additionally, the

chronic onset of gallstones may also be caused by liver qi depression, spleen failing in transportation. This leads to phlegm and static blood and inhibited qi dynamic. This condition is generally related to patients' emotional state and the intake of food and drink.

Three main types of gallstones exist, namely, pigment stones, cholesterol stones, and mixed stones. People who are obese or pregnant, are diagnosed with diabetes or ileal illness, consume estrogen and oral birth control pills, and have high blood lipids and cirrhosis are candidates for gallstones. Women are four times more likely than men to develop gallstones. Additionally, in most cases, the presence of gallstones is symptomless. However, when gallstones cause inflammation or obstruct the bile duct or the common bile duct, symptoms manifest. The main symptoms include biliary colic, nausea, and vomiting. Biliary colic is typically fixed in location. The pain is usually located in the upper right or upper abdominal area. Pain is commonly experienced 30 to 90 min after the consumption of food, persisting for several hours. Occasionally, pain develops in the right shoulder scapula or the back.

## ii. Key points of diagnosis

- (i) Lesser yang meridian pattern: Alternating chills and fever, bitter fullness in the chest and lateral costal area, bitter taste in the mouth, dryness of the throat, dizzy vision, deafness, a lack of appetite, heart vexation with a desire to vomit, white coating on the tongue, and a wiry pulse.
- (ii) Phlegm-rheum collecting internally: Suspended rheum, distention and pain in the chest and ribs, coughing and spitting, tossing and turning, pain that is exacerbated by breathing, white coating on the tongue, and a sunken and slippery pulse.
- (iii) Liver qi depression: Pain without a fixed location that manifests primarily as lateral costal distention and occurs with changes in an emotional state, chest oppression with a propensity to sigh, epigastric and abdominal distention and fullness, a thin coating on the tongue, and a wiry pulse.
- (iv) Static blood obstructing the network vessels: Stabbing pain in the lateral costal area, pain at a fixed location that increases at night, occasional

accumulations or lumps under the ribs, a purple and dark tongue with occasional petechiae, and a choppy pulse.

- (v) Liver-gallbladder dampness-heat: Pain in the lateral costal area with distention and fullness, a bitter taste in the mouth and heart vexation, chest oppression with a reduced intake of food, nausea with vomiting, redness or jaundice of the eyes, yellow urine, a wiry and slippery pulse, and a yellow and greasy coating on the tongue.
- (vi) Liver yin deficiency: Persistent dull pain in the lateral costal area and ribs; dryness of the mouth and throat; heart vexation; dizzy head and dizzy vision; dimness of vision; a red tongue with minimal coating; and a wiry, thin, and rapid pulse.

### iii. Treatment methods

The main acupoints used to treat gallstones are zhongwan Central Stomach Duct (CV-12), neiguan Inner Pass (PC-6), zhangmen Camphorwood Gate (LR-13), qimen Cycle Gate (LR-14), riyue Sun and Moon (GB-24), and yanglingquan Yang Mound Spring (GB-34). If acupuncture to the above acupoints cannot alleviate or eliminate pain, further acupuncture can be administered to acupoints zhongwan Central Stomach Duct (CV-12), xiawan Lower Stomach Duct (CV-10), burong Not Contained (ST-19), daheng Great Horizontal (SP-15), qimen Cycle Gate (LR-14), zhangmen Camphorwood Gate (LR-13), jingmen Capital Gate (GB-25), and tianshu Celestial Pivot (ST-25). Moxibustion on natural reaction point, zhongwan Central Stomach Duct (CV-12), xiawan Lower Stomach Duct (CV-10), zusanli Leg Three Li (ST-36), dadun Large Pile (LR-1), ganshu Liver Transport (BL-18), pishu Spleen Transport (BL-20), and danshu Gallbladder Transport (BL-19) can be used to enhance the treatment effects. For various types of illnesses, moxibustion may enhance the effects of manipulating specific acupoints.

### iv. Reasons for treatment

Zhangmen Camphorwood Gate (LR-13) is the meeting point of the liver channel and the shaoyang gallbladder meridian (GB) channel of the foot. It is effective for soothe the liver and regulate qi, and is also the alarm point of the

spleen. The meeting place of the bowels is zhongwan Camphorwood Gate (LR-13), which is also the alarm point of the stomach. The gallbladder alarm point is riyue Sun and Moon (GB-24), and the alarm point of the liver is qimen Cycle Gate (LR-14). Yanglingquan Yang Mound Spring (GB-34) is the uniting point of the gallbladder channel. Ganshu Liver Transport (BL-18), danshu Gallbladder Transport (BL-19), and pishu Spleen Transport (BL-20) are back transport points related to the gallbladder.

## Section 7. Illnesses of the urinary and reproductive systems

### 1. Chronic nephritis

#### i. Etiology and pathogenesis

Chronic nephritis is categorized as “edema,” “lumbago,” “consumptive disease” in TCM. The primary locations of this illness are the three zang (organs) of the lungs, spleen, and kidneys. The kidneys are considered the foundation of these three organs. The etiology and pathogenesis may be external pathogen invasion that injures the spleen and kidneys, hindering the inhibited qi transformation and distribution of water jing (essence). Subsequently, water is no longer converted into bodily fluids, and that which is turbid is no longer converted into urine. Thus, the retained turbid water develops into edema. This may also be caused by moving through water and braving the rain, uncontrolled consumption of food and beverages, and overwork with weariness. These hinder spleen vacuity with impaired movement and transformation; the earth qualities (the spleen is related to the earth element in the body) of which no longer facilitate the dispersion of fluids, exacerbating the illness. This condition may also be caused by external pathogen assailing the exterior, leading to lung qi failing to diffuse or insufficiency of lung qi. This dries and impairs the function of the water channel and jing (essence) distribution, which may further exacerbate the illness. This is primarily a deficiency pattern illness that is persistent and difficult to cure. Complications often lead to illness of other zang organs. A careful clinical



diagnosis of these symptoms is essential.

Chronic nephritis is a common illness of internal medicine, with numerous causes. Chronic nephritis of the glomeruli has a lengthy clinical progression (over one year) and is typically chronically progressive. Proteinuria, microscopic hematuria, edema, and hypertension develop gradually. In the later stages, the continual progression of glomerulonephritis leads to increases in fibrous tissue, renal atrophy, and renal failure. When renal function is abnormal, the glomerular filtration rate declines significantly. If patients do not restrict their intake of sodium, sodium is retained, leading to edema.

## ii. Key points of diagnosis

- (i) Lung-kidney qi deficiency: Edema of the face and limbs, withered yellow complexion, diminished qi, a lack of strength, easily contracts common colds, soreness and pain in the lumbar spine, a pale tongue, the white and moist coating on the tongue with teeth marks, and a weak pulse.
- (ii) Spleen-kidney yang deficiency: Edema, pale facial complexion; an aversion to cold with coldness in the limbs; soreness and pain in the lumbar spine or sore shins and weak legs; weariness of the spirit; reduced food intake or sloppy stool; sexual function disorders (seminal emission, impotence, and premature ejaculation) or menstrual disorders; a tender, pale, and inflated tongue with teeth marks; and a deep and thin or deep, slow, and weak pulse.
- (iii) Liver-kidney yin deficiency: Dryness of the eyes or dimness of vision, dizzy head, tinnitus, vexation and heat in the five hearts (center of the palms, soles of the feet, and chest), dryness of the mouth and throat, soreness and pain in the lumbar spine, seminal emissions (dream emissions) or menstrual disorders, a red tongue with minimal coating, and a wiry and thin or thin and rapid pulse.
- (iv) Dual deficiency of qi and yin: Lusterless facial complexion, diminished qi with a lack of strength or common colds contracted easily, tidal fevers in the afternoon or heat in the heart of the hands and feet, dryness of the mouth and throat or chronic throat pain, a dark red throat, a reddish tongue, a lack of coating on the tongue, and a thin or weak pulse.

### iii. Treatment methods

The main acupoints used to treat chronic nephritis are shenshu Kidney Transport (BL-23), pishu Spleen Transport (BL-20), taixi Great Ravine (KI-3), zusanli Leg Three Li (ST-36), sanyinjiao Three Yin Intersection (SP-6), qihai Sea of Qi (CV-6), and shuifen Water Divide (CV-9). If moxibustion is employed for treatment, acupoints shenshu Kidney Transport (BL-23), pishu Spleen Transport (BL-20), sanjiaoshu Triple Burner Transport (BL-22), shuifen Water Divide (CV-9), qihai Sea of Qi (CV-6), guanyuan Pass Head (CV-4), yinlingquan Yin Mound Spring (SP-9), dazhui Great Hammer (GV-14), and mingmen Life Gate (GV-4) should be selected. For end-stage cancer patients experiencing urination difficulty after chemical or radiation therapy, guanyuan Pass Head (CV-4) and taixi Great Ravine (KI-3) can be used for treatment.

During each session, three to five acupoints are gently warmed using moxibustion. When applying moxibustion, light one end of the moxa stick and burn it at approximately 3 cm from the skin at the acupuncture point designated for moxibustion. The treatment should cause the patient to feel warmth in the local area, without scorching pain. Generally, moxibustion should be administered to each acupoint for approximately 5 min or until the skin becomes flushed. Moxa cone moxibustion can also be used for moxibustion, with three pellets used on each acupoint. Moxibustion should be performed every other day. Seven sessions comprise one course of treatment.

### iv. Reasons for treatment

Shenshu Kidney Transport (BL-23) can warm and supplement kidney yang. When combined with the source point of the taiyin kidney meridian (KI) channel of the foot, taixi Great Ravine (KI-3), shenshu Kidney Transport (BL-23) can warm the kidney and disinhibit water. Pishu Spleen Transport (BL-20) can warm and move spleen yang. Zusanli Leg Three Li (ST-36) can strengthen and enrich the spleen earth. Sanyinjiao Three Yin Intersection (SP-6) is effective for filtering and smoothing the spleen channel. Acupuncture on qihai Sea of Qi (CV-6) can boost yang. Shuifen Water Divide (CV-9) is selected to facilitate water-dampness. Treating several acupoints combination can strengthen kidney yang, improve

transport in the spleen, and warm yang, promote qi transformation and disinhibit water.

## 2. Impotence

### i. Etiology and pathogenesis

Clinically, impotence is the most common sexual disorder among men. Impotence refers to an inability to achieve an erection during sexual activity, a low level of erection hardness, or an inability to sustain an erection, which hinders sexual intercourse. This is also called “impotence” and “yang that cannot rise.” The most common etiology and pathogenesis is the excessive discharge of semen, which exhausts the kidney yin. detriment to yin affects yang, which is the debilitation of the life gate fire, impotence, and erectile disorders. Additionally, fright and fear damage the kidney, and excessive thinking, anxiety, and depression injures the heart and spleen. Both the heart and spleen can hinder the ancestral sinew, leading to impotence. If caused by chronic inflammation of the genitals, it primarily involves lower energizer dampness-heat, which slackness of the ancestral sinew and leads to impotence. Modern medicine considers the cause of impotence to be either organic or non-organic. Non-organic impotence is mostly caused by psychological factors, such as exhaustion, a lack of confidence, anxiety, stress, fear, interrupted sexual intercourse, emotional coldness, and an inappropriate environment.

The most common organic causes are vascular factors, such as disorders of venous drainage; insufficient arterial supply; nervous disorders (caused by spinal cord tumors, temporal lobe abnormalities, significant injury to the pelvis, and the consumption of drugs to lower blood pressure), which lead to blockages of excitatory nerve stimulations; disorders in endocrine function (mainly diabetes and pituitary gland illnesses); drug-related factors (such as methyldopa, which has blocking effects and can affect erection and ejaculation); the effects of other male-related illnesses; inflammation of the urinary and reproductive systems; post-operative effects; and the external injuries and toxic substances. These factors all lead to erectile disorders.

## ii. Key points of diagnosis

The common etiology of impotence is liver failing to course freely, dampness-heat in the liver meridian, liver blood stasis, and dual vacuity of kidney yin and yang. Emotional factors, such as agitation, rage, suppressed anger, anxiety, and jealousy, tend to damage the free coursing of the liver. Insufficiencies or over free coursing of the liver causes liver qi depression and transverse invasion. Thus, inhibited qi dynamic, the course of blood is disordered, the Meridian and Collateral are discontinuous, and the ancestral sinew becomes malnourished, leading to impotence. Older adults are often deficient. Deficiencies also cause stasis. For example, qi deficiencies disrupt regular transport functions, causing the blood to become static. Blood deficiencies results in a loss of moisture and nourishment, which causes rough stagnation and results in stasis. Yang deficiency blood cold cause freezing and stagnation and become stasis. Yin deficiencies thicken the blood, which then becomes sticky and stagnant. These are the common etiologies of impotence caused by stasis in older adults. In other words, illnesses of deficiency and excess exist. Regarding erectile difficulties, seminal efflux; thin, clear, and cold semen; dizzy head; tinnitus; heart palpitations with shortness of breath; a pale complexion; devitalized spirit; soreness and weakness in the lumbar area and knees; an aversion to cold with cold limbs; a pale and white tongue; and a thin and weak pulse are all symptoms of deficiency. Regarding an inability to maintain an erection for a long duration, frequent premature ejaculation, a damp scrotum, the presence of an animal or urine odor, soreness and heaviness in the lower limbs, yellow and red urine, yellow and greasy coating on the tongue, and a soggy and rapid pulse are all illnesses of excess.

## iii. Treatment methods

The main acupoints used to treat impotence are guanyuan Pass Head (CV-4), zusanli Leg Three Li (ST-36), sanyinjiao Three Yin Intersection (SP-6), and taichong Great Thoroughfare (LR-3). Indirect moxibustion on ginger to guanyuan Pass Head (CV-4), zhongji Central Pole (CV-3), qugu Curved Bone (CV-2), shenque Spirit Gate Tower (CV-8), and zusanli Leg Three Li (ST-36) can be included in treatment. Alternatively, the acupoints shenshu Kidney Transport (BL-

23), mingmen Life Gate (GV-4), ligou Woodworm Canal (LR-5), ganshu Liver Transport (BL-18), danshu Gallbladder Transport (BL-19), 八, and yinlingquan Yin Mound Spring (SP-9) can be needled using body needles, with the patient in a prone position. Moxibustion on acupoints fuliu Recover Flow (KI-7), rangu Blazing Valley (KI-2), mingmen Life Gate (GV-4), and yaoyangguan lumbar yang pass (GV3) can also be used to treat impotence.

#### iv. Reasons for treatment

In Chinese medicine, impotence is associated with the liver, spleen, and kidneys. Therefore, the meeting point of the conception vessel (CV) with the three yin channels of the foot at guanyuan Pass Head (CV-4) and the meeting point of the three yin channels of the foot at sanyinjiao Three Yin Intersection (SP-6) are used for treatment. Yinlingquan Yin Mound Spring (SP-9) is effective for cleansing and facilitating the lower energizer. kidney deficiency and debilitation of the life gate fire. However, this can be treated using shenshu Kidney Transport (BL-23), mingmen Life Gate (GV-4), yaoyangguan lumbar yang pass (GV3), fuliu Recover Flow (KI-7), and rangu Blazing Valley (KI-2). Taichong Great Thoroughfare (LR-3) is the source and transport point of the liver channel, which soothe the liver and regulate qi. Qugu Curved Bone (CV-2) is the meeting point between the liver channel and the conception vessel (CV). Zhongji Central Pole (CV-3) is the meeting point of the conception vessel (CV) with the three yin channels of the foot and the alarm point of the pang guang jing. Treating both simultaneously can clear heat and disinhibit dampness and nourish original qi and smooth all qi. Ganshu Liver Transport (BL-18) and danshu Gallbladder Transport (BL-19) course the liver and indisinhibit the gallbladder. Ligou Woodworm Canal (LR-5) is the connecting point of the liver channel that diverts into the shaoyang gallbladder meridian (GB) channel and is effective for soothe the liver and regulate qi.

### 3. Seminal emissions

#### i. Etiology and pathogenesis

Seminal emissions refer to the spontaneous discharge of semen without direct stimulation, such as through sexual activity or masturbation. If this occurs when dreaming, it is called a “dream emission,” whereas discharges that occur when conscious are called “seminal efflux.” For unmarried men, one or two seminal emissions per month is normal. For most patients, seminal emissions are caused by psychological factors. Additionally, inflammation of the external genitalia and accompanying sex glands can also cause seminal emissions. Seminal emissions can also be caused by exhaustion and overwork, alcoholism, and a number of infectious diseases. Other terms for seminal emissions include “self-excess,” “seminal loss,” or “dream emission.” The etiology and pathogenesis are mainly unrestrained sexual activity, an excessive discharge of semen, and the expulsion of qi together with semen, causing kidney qi vacuity and storage failure. Alternatively, excessive effort (use of the heart; mental effort), which heart yin insidiously wears and heart fire flaming upward to the extent that it harms kidney yin can stirring ministerial fire, disrupt the jing (essence) chamber (where semen is stored), and trigger seminal emissions. These emissions can also be caused by the excessive consumption of flavorful food and fine and savory wine, leading to the spleen-stomach dampness-heat, which pours downward and disrupts the jing (essence) chamber, triggering seminal emissions.

#### ii. Key points of diagnosis

Seminal emissions can be classified as non-interaction between the heart and kidney, insecurity of kidney qi, and lower energizer dampness-heat.

- (i) non-interaction between the heart and kidney: Frequent seminal emissions when dreaming, soreness or pain in the lumbar region, the weariness of the spirit, heart palpitations, insomnia, and forgetfulness. If accompanied by yellow urine, dry defecation, heat deficiencies with night sweats, a red tongue with minimal coating, and a thin and rapid pulse, the cause is yin deficiencies of the heart and kidneys, including insufficient blood in the heart and the depletion of kidney yin. If combined with a pale complexion,

shortness of breath, a pale tongue with white coating, and a weak pulse, the cause is a lack of heart qi and insecurity of kidney qi, which result from yang deficiencies in the heart and kidneys.

- (ii) The insecurity of kidney qi: Seminal emissions without dreaming, or unrestrained seminal efflux because of one's thoughts or with slight labor-induced exhaustion that cause multiple emissions throughout the day and night, a thin form with the weariness of the spirit, dizzy head with tinnitus, the weariness of the body, soreness and weakness in the lumbar region and knees, and short and insufficient breath. For patients with a yang deficiency in the kidneys, their arms and legs are clear and cold. Additionally, patients exhibit an aversion to cold, drowsiness, clear qi in the mouth and nose, a pale tongue, and a deep and thin pulse. Patients with an yin deficiency in the kidneys present a tidal fever with steaming bones; night sweats; redness of the cheeks; throat pain; dryness of the mouth; a red tongue with minimal coating; and a thin, rapid, and weak pulse.
- (iii) Lower energizer dampness-heat: Frequent seminal emissions when dreaming, occasional slippery seminal discharge without dreaming, vexation and heat, dampness or itchiness of the genitalia, yellow and red urine, a thick or yellow coating on the tongue, and a slippery and rapid pulse.

### iii. Treatment methods

The acupoints guanyuan Pass Head (CV-4), sanyinjiao Three Yin Intersection (SP-6), taichong Great Thoroughfare (LR-3), shenmen Spirit Gate (HT-7), daling Great Mound (PC-7), zhishi Will Chamber (BL-52), shenshu Kidney Transport (BL-23), and taixi Great Ravine (KI-3) form the basis of treatments for seminal emissions. If yin deficiency with effulgent fire, zhaohai Shining Sea (KI-6) and yingu Yin Valley (KI-10) should be included. If lower energizer dampness-heat occur, zhongji Central Pole (CV-3) and yinlingquan Yin Mound Spring (SP-9) should be included.

### iv. Reasons for treatment

Guanyuan Pass Head (CV-4) is the crossing point of the conception vessel

(CV) and the liver, spleen, and kidney meridian channels. It is located on the lower abdomen and can be used to boost qi and reinforce the kidneys. Taichong Great Thoroughfare (LR-3) is the source point of the liver channel, course the liver and resolve depression. Sanyinjiao Three Yin Intersection (SP-6) is the crossing point of the three yin channels of the spleen, kidneys, and liver, which regulates the functions between the three yin channels of the foot. Combined with yinlingquan Yin Mound Spring (SP-9), the uniting point of the spleen channel, and the zhongji Central Pole (CV-3) acupoint on the conception vessel (CV), sanyinjiao Three Yin Intersection (SP-6) can cleanse and facilitate the lower energizer. Shenmen Spirit Gate (HT-7) and daling Great Mound (PC-7) are effective for quiet the heart and spirit. Zhishi Will Chamber (BL-52) and taixi Great Ravine (KI-3) combined with shenshu Kidney Transport (BL-23) can be used to treat lower origin vacuity detriment.

## Section 8. Gynecological illnesses

### 1. Premenstrual syndrome (PMS)

#### i. Etiology and pathogenesis

PMS refers to a number of symptoms women periodically experience before menstruation. Physical symptoms that may occur include breast distention and pain; head, neck, and back pain; perceived weight gain; tidal fevers; constipation; and diarrhea. Psychological symptoms include listlessness; weariness and laziness; low mood; vexation, agitation, and easy irritation; sadness and the desire to cry; insomnia and forgetfulness; loss of concentration; and reduced libido. Symptoms typically occur 10 to 14 days prior to menstruation. Once menstruation begins, these symptoms subside or disappear completely.

In TCM, PMS includes “diarrhea during menstruation,” “during menstruation cold and heat generalized pain,” “menstrual heat,” “dysmenorrhea,” “headache during menstruation” and “moodiness during menstruation.” The etiology is primarily a downpour of qi and blood to the thoroughfare and controlling vessels before menstruation. During this time, the xuehai sea of blood



(the sea of blood) acupoint is filled and the yin blood throughout the body becomes relatively insufficient, upsetting the functional balance of the Viscera and Bowels. If the yin blood in the liver is insufficient, the liver failing to course freely. Exacerbated by emotional irregularities, liver depression and qi stagnation, inhibiting the mammary luo collaterals and causing distention of the breasts. If the liver yang is hyperactive, headaches are experienced before menstruation. If the spleen-kidney yang deficiency, then xuehai sea of blood fills during the menstrual cycle, exacerbating the symptoms. This leads to the failure to move and transform water-damp, causing puffiness, swelling, and flooding and spilling. Dual deficiency of the heart and spleen exacerbate the symptoms during the menstrual cycle, resulting in heart palpitations and insomnia.

## ii. Key points of diagnosis

- (i) Liver depression and qi stagnation: Mammary distention prior to menstruation to the extent where contact with cloth is unachievable or unbearable, headaches, chest oppression, vexation and agitation, easy irritation, fullness in the lower abdomen, a dark colored tongue, and a wiry pulse.
- (ii) Spleen-kidney yang deficiency: Edema of the facial region, dizzy head, drowsiness, physical weariness, pre-menstrual diarrhea, stomach and abdominal distention and oppression, soreness in the lumbar region and weakness of the legs, an inflated tongue with teeth marks, a white coating on the tongue, and a deep and thin pulse.
- (iii) Yin deficiency liver effulgence: Pre-menstrual heart vexation and easily irritated, dizzy head and dizzy vision, forgetfulness with insomnia, a red tongue, a lack of coating on the tongue, and a wiry pulse.
- (iv) Dual deficiency of the heart and spleen: Heart palpitations with insomnia, excessive thinking and anxiety, listlessness and lack of strength, reduced consumption of food, a withered yellow complexion, a pale-red tongue, a thin and white coating on the tongue, and a thin and rapid pulse.

## iii. Treatment methods

The main acupoints used to treat PMS are neiguan Inner Pass (PC-6),

sanyinjiao Three Yin Intersection (SP-6), fengchi Wind Pool (GB-20), taixi Great Ravine (KI-3), and taichong Great Thoroughfare (LR-3). Acupoints can be added or removed from this selection according to the symptoms.

#### **iv. Reasons for treatment**

Neiguan Inner Pass (PC-6), fengchi Wind Pool (GB-20), and taichong Great Thoroughfare (LR-3) are effective for calm the liver and extinguish wind, and eliminating or clearing heat from the gallbladder and liver. The acupoints sanyinjiao Three Yin Intersection (SP-6) and taixi Great Ravine (KI-3) can also be treated to nourish the kidney yin. Taichong Great Thoroughfare (LR-3) and taixi Great Ravine (KI-3) are the source acupoints of the liver and kidney meridian channels, respectively, and can balance supplementing of the liver and kidney. Neiguan Inner Pass (PC-6) is the luo collateral connecting and diverging point of the pericardium meridian channel that connects with the yin linking vessel, and can soothe the heart and fortify the mind. Fengchi Wind Pool (GB-20) is the meeting point of the triple energizer meridian (TE), the gallbladder meridian (GB), and the yang linking vessel. Fengchi Wind Pool (GB-20) clears the head open the orifices. Combined with the sanyinjiao Three Yin Intersection (SP-6) acupoint, which is located where the spleen, liver, and kidney meridian channels intersect, fengchi liberates and dredges the flow of the channels and harmonizes qi and blood.

## **2. Menstrual disorders**

### **i. Etiology and pathogenesis**

Menstruation that is irregular, abnormal in quantity, color, and substance, and accompanied by other symptoms is categorized as a menstrual disorder. Menstrual disorders include lower menstruation frequency, shorter menstruation duration, increased menstruation frequency, shorter durations between menstruation periods, longer menstruation duration, excessive menstrual bleeding, and irregular bleeding. Menstruation that occurs seven or more days early or even twice per month is considered advanced menstruation. Menstruation that is delayed by seven or more days or occurs once in 40 to 50 days is considered delayed

menstruation. Meanwhile, menstruation that does not follow a standard cycle, occasionally occurring early or late, is menstruation at irregular intervals. Menstruation that follows a standard cycle but is accompanied by excessive or reduced menses is called profuse menstruation or scant menstruation.

Menstrual disorders include advanced menstruation, delayed menstruation, and menstruation at irregular intervals. The main pathogenesis of advanced menstruation is a weakness of the penetrating and conception vessels because of qi deficiencies, blood heat, and stasis occlusion, which cause insecurity of the thoroughfare and conception vessels. The main pathogenesis of delayed menstruation can be classified as deficiency patterns and excess illnesses. Deficiency illnesses can result from the thoroughfare and controlling vessels not filling sufficiently because of blood vacuity, an inability of the thoroughfare and controlling vessels to flourish because of yang deficiencies, and insufficiencies of the thoroughfare and controlling vessels because of yin deficiencies, which prevent xuehai sea of blood from overflowing at the correct time. Excess pattern may result from congealing cold, consolidating and stagnating, or blockages of the thoroughfare and controlling vessels. Qi stagnation renders the thoroughfare and controlling vessels stagnant and choppy or rough. Phlegm blockages occur, which lead to stagnation in the thoroughfare and controlling vessels, preventing the xuehai sea of blood from overflowing at the correct time. The main pathogenesis for irregular menstrual cycles is a kidney qi deficiency, a disharmony in the liver, or a deficient and spleen qi vacuity that causes disharmony between qi and blood, rendering the functions of the thoroughfare and controlling vessels chaotic. This leads to the abnormal storage and overflow of the xuehai sea of blood, resulting in illnesses.

Menstrual disorders are primarily caused by endocrine disorders in the sex glands. Preceded menstrual cycles are often experienced during puberty and menopause. The causes include improper follicle development, lack of ovulation, and ovulation with an unhealthy corpus luteum. Conditions such as illnesses of the entire body (e.g., anemia, tuberculosis, and obesity), ovarian tumors with endocrine abnormality (e.g., ovarian insufficiency), and psychological issues

(e.g., mood swings, anxiety, and depression) can cause delays. Uneven menstrual cycles occur when the menstrual cycle is regular; however, if menstruation continues for more than seven days, the cause may be atrophy or hypertrophy of the corpus luteum, anovulatory menstruation, uterine myoma, endometrial polyps, and endometritis.

## ii. Key points of diagnosis

- (i) Advanced menstruation: Bleeding that occurs before regular menstruation as frequently as twice per month. The amount of bleeding is excessive and occasionally characterized as red and sticky in texture, and accompanied by a red tongue with a rapid pulse. Alternatively, it may be accompanied by pale blood, a clear and diluted texture, a pale tongue, and a weak pulse.
- (ii) Delayed menstruation: Menstruation is delayed and may even occur only once in 40 to 50 days. The main symptom is a reduced flow. This is occasionally accompanied by the coldness in the lower abdomen, a pale complexion, a pale tongue, and a deep and thin pulse. It may also be accompanied by dark blood; distention in the breasts, chest, and lateral costal area; a thin and white coating on the tongue; and a wiry pulse.
- (iii) Menstruation at irregular intervals: Menstruation is occasionally early or late, with the quantity fluctuating between excessive and reduced. This may be accompanied by a distention in the chest, lateral costal area, and breasts; occluded or blocked menstrual flow; a thin and white coating on the tongue, and a wiry pulse. It may also be accompanied by pale blood, a clear and diluted texture, soreness and weakness in the lumbar area and knees, excessive urination at night, a pale tongue, and a weak pulse.

## iii. Treatment methods

Acupuncture treatments for advanced menstruation generally involve the acupoints shenshu Kidney Transport (BL-23), qihai Sea of Qi (CV-6), zhongji Central Pole (CV-3), and sanyinjiao Three Yin Intersection (SP-6). Treatments for delayed menstruation primarily involve danzhong Chest Center (CV-17), qihai Sea of Qi (CV-6), guanyuan Pass Head (CV-4), zhongji Central Pole (CV-3), diji Earth's Crux (SP-8), sanyinjiao Three Yin Intersection (SP-6), and xingjian

Moving Between (LR-2). Menstruation at irregular intervals are typically treated using geshu Diaphragm Transport (BL-17), shenshu Kidney Transport (BL-23), qihai Sea of Qi (CV-6), guanyuan Pass Head (CV-4), zusanli Leg Three Li (ST-36), taichong Great Thoroughfare (LR-3), and taixi Great Ravine (KI-3). Acupuncture needling is administered to treat irregular menstrual cycles, and treatments typically involve the reinforcing method and moxibustion.

#### **iv. Reasons for treatment**

Shenshu Kidney Transport (BL-23) is the transport point of the kidney meridian channel, which warms yang. Zhongji Central Pole (CV-3) is both an acupoint on the conception vessel and the crossing point of the three yin meridians of the foot, which regulates and smoothes the thoroughfare and controlling vessels. Qihai Sea of Qi (CV-6) is an acupoint of the conception vessel, and sanyinjiao Three Yin Intersection (SP-6) is the crossing point of the three yin meridians of the foot. The two balance the qi and blood and harmonize the thoroughfare and controlling vessels. Guanyuan Pass Head (CV-4) is the meeting point of the triple yin channel with the conception vessel. Danzhong Chest Center (CV-17) is the alarm point of the pericardium meridian channel and the meeting point of qi of the eight meeting points. Danzhong Earth's Crux (SP-8) facilitates the flow of qi and dissolves stagnations. Diji is an acupoint located on the spleen channel that harmonizes the nutrient and blood. Combined with the brook point of the liver channel xingjian Moving Between (LR-2), diji can cause the channels to flow, accelerate the luo collaterals, and eliminate heat to regulate and smooth qi. Disharmony of the qi and blood can be resolved using the meeting point of the blood geshu Diaphragm Transport (BL-17) to nourish and smooth the blood. For deficiencies of the kidneys, moxibustion to shenshu Kidney Transport (BL-23), taixi Great Ravine (KI-3), and zusanli Leg Three Li (ST-36) can be used to reinforce and nourish the kidney qi. Taichong Great Thoroughfare (LR-3) is the source acupoint of the jueyin reverting yin liver channel, which course the liver and resolve depression, rectify qi and regulate menstruation.

## 4. Dysmenorrhea

### i. Etiology and pathogenesis

Dysmenorrhea is lower abdominal pain that occurs prior to or immediately after menstruation, affecting work and daily life and occasionally radiating to or inducing pain in the lumbar and sacral regions. Primary dysmenorrhea refers to a lack of organic illnesses in the reproductive organs, which is also called functional dysmenorrhea. Secondary dysmenorrhea refers to dysmenorrhea caused by reproductive organ illnesses, including endometriosis, pelvic inflammatory disease, and submucosal myoma. This section primarily concerns primary dysmenorrhea. The typical symptoms are paroxysmal lower abdominal colic pain, distention pain, and bearing-down-type pain. Occasionally, the pain radiates to or is induced in the lumbar and sacral regions. Severe pain radiates to the medial aspect of the thighs, vagina, and anus. Most patients experience lower abdominal pain and tend to relieve the pain with pain relieved by heat or pressure. Once the number of menstrual discharge increases and the external flow is smooth, the symptoms typically decline or disappear. Besides abdominal pain, patients may also experience nausea, vomiting, diarrhea, and digestive system issues. Occasionally the symptoms of frequent urination, a persistent urge to urinate, sagging distention of the anus, a pale complexion, dribbling or dripping cold sweat, reversal cold in the limbs, or even a loss of consciousness and exhaustion also develop.

Dysmenorrhea is also known as abdominal pain during menstruation. Its etiology is the sluggish flow of qi and blood in the thoroughfare and controlling vessels around the uterus. The saying “If it when there is a stoppage, there is pain” can be used to describe dysmenorrhea with the excess pattern. Most of this is primarily triggered by blood stasis due to qi stagnation, cold congealing in the uterus, and a lower energizer dampness-heat. It can also be caused by a loss of irrigation of nourishing qi in the thoroughfare and controlling vessels around the uterus, as described by the saying “If it is not nourished, it hurts.” This refers to dysmenorrhea with a deficiency pattern. This type of dysmenorrhea is caused by deficiency and weakness in the qi and blood, with deficiencies and injuries in the

liver and kidneys. Clinically, excess pattern are often accompanied by deficiencies. Illnesses of excess alone are rarely presented. Dysmenorrhea is often experienced by patients with anxiety, depression, fear, and/or emotional instability. In addition, people with a high sensitivity to pain and low pain thresholds are more likely to be affected by dysmenorrhea. Additionally, dysmenorrhea is typically experienced by patients with ovulation cycles. Oral contraceptives that inhibit ovulation can be used to treat dysmenorrhea. The development of abnormal anatomical physiological functions, such as cervical stenosis, excessive uterine anteversion and retroflexion, or angulation of the uterine isthmus, may cause blockages to menstrual flow. Improper development of the uterus with blood supply abnormalities that cause tissue ischemia also result in dysmenorrhea.

## ii. Key points of diagnosis

Clinical symptoms of the illnesses can only be comprehensively identified based on the patient's overall condition according to the key points of diagnosis. These include the time, quality, location, and degree of pain; the period, quantity, color, and texture of the menstrual discharge; the accompanying symptoms; and the condition of the tongue, pulse, and body. Combined, these items provide a basis for diagnoses of cold, heat, depletion, and excess.

- (i) Liver depression and qi stagnation: Lower abdominal sagging distention and pain before or during menstruation, inconsistent menstrual flow, red or purple blood with clots, staggered menstrual flow, pain in the lateral costal area with distention of the breasts, vexation and agitation and chest oppression, a normal or dark-purplish tongue, and a wiry pulse.
- (ii) Uterus blood stasis: Severe abdominal pain during menstruation; pain induced in the lumbar area; staggered menstrual flow; dark-purplish menstrual blood with clots; pain that decreases when clots are discharged; dark or petechiae on the tongue; and a sunken, slow, and choppy pulse.
- (iii) Congealing cold-damp: Cold pain in the lower abdomen before or during menstruation that is relieved with heat; coldness in the torso and the limbs; delayed menstruation; reduced menstrual flow; a choppy, stagnant, and

unsmooth flow; dark red menstrual blood with clots; excessive sloppy stools; persistent leucorrhea; dark tongue with occasional petechiae; a white, greasy, and slippery coating on the tongue; and a deep and tense or deep and slow pulse.

- (iv) Heat-damp depression: Stabbing pain in the lower abdomen before or during menstruation with a sensation of heat or scorching that increases when pressed; preceded or irregular menstrual cycles; dark red, foul-smelling, and sticky menstrual blood; normal yellow and white leucorrhea; dry or unsmooth defecation; limited and red urine; redness of the tongue; a yellow and greasy coating on the tongue; and a slippery and rapid pulse.
- (v) Dual deficiency of qi and blood: Persistent pain in the lower abdomen before or during menstruation that is relieved by massage and warmth, reduced menstrual flow that is pale and thin in texture, pale or withered yellow complexion, dizzy head with heart palpitations, listlessness and weariness, paleness of the tongue, a white and thin coating on the tongue, and a thin and weak pulse.
- (vi) Thoroughfare and controlling vessel vacuity cold: Cold pain in the lower abdomen before or during menstruation that is relieved by warmth but exacerbated by cold (patients typically enjoy massages and warmth), delayed menstruation, reduced and pale menstrual blood, clear and thin leucorrhea, soreness and pain in the lumbar spinal area, cold in the back and limbs, a significant volume of clear urine, a thin and tender tongue, a thin and white coating on the tongue, and a sunken and weak pulse.
- (vii) Liver-kidney depletion: Dull pain in the lower abdomen during or after menstruation; reduced menstrual flow; pale red menstrual blood; soreness and weakness in the lumbar region and knees; dizzy head with tinnitus; a red and tender tongue with minimal coating; and a deep, thin, and rapid pulse.

### iii. Treatment methods

- (i) Body acupuncture:

The main acupoints used to treat dysmenorrhea are gongsun Yellow



Emperor (SP-4), sanyinjiao Three Yin Intersection (SP-6), yanglingquan Yang Mound Spring (GB-34), taichong Great Thoroughfare (LR-3), taixi Great Ravine (KI-3), xuehai sea of blood, tianshu Celestial Pivot (ST-25), zigong Infant's Palace (CV-4), neiguan Inner Pass (PC-6), and hegu Union Valley (LI-4).

(ii) Ear acupuncture:

To treat dysmenorrhea with ear acupuncture, acupoints of the uterus, endocrine system, sympathetic nerves, shenmen Spirit Gate (HT-7), ovaries, and kidneys can be manipulated. Manipulate two to four points during each session with moderate to substantial levels of stimulation once every day, with the needles retained for 20 min. If the pain is more severe, the buried needle method can also be employed. The patient can be instructed to massage and press the acupoint during the buried needle treatment to reinforce and enhance the stimulation.

(iii) Moxibustion

Dysmenorrhea can also be treated with moxibustion to guanyuan Pass Head (CV-4), zhongji Central Pole (CV-3), qihai Sea of Qi (CV-6), and sanyinjiao Three Yin Intersection (SP-6). This involves administering gentle moxibustion with moxa sticks one to two days before the start of menstruation or during menstruation, one to two sessions per day, and for 15 to 20 min on each acupoint per session. If dysmenorrhea is combined with excessive bleeding to the verge of exhaustion, moxibustion to baihui Hundred Convergences (GV-20) or guanyuan Pass Head (CV-4) can be provided. This can also be used to treat patients with shock from excessive menstrual blood loss. If the loss of blood is minimal, moxa sticks may be administered through moxibustion on ginger to shenque Spirit Gate Tower (CV-8), yinbai Hidden White (SP-1), and yaoyangguan lumbar yang pass (GV3), using 3 to 5 pellets per acupoint.

Results from clinical research show that acupuncture to sanyinjiao Three Yin Intersection (SP-6) and moxibustion to guanyuan Pass Head (CV-4), qihai Sea of Qi (CV-6), and shenshu Kidney Transport (BL-23) are

effective for treating primary dysmenorrhea.

#### iv. Reasons for treatment

Among the eight acupoints, 上 is the crossing point between the pang guang jing and the gallbladder channel. 中 is the meeting point between the channels of the pang guang jing, gallbladder, and liver. Combined with 次 and 下, these channels are collectively called 八髎 and are important acupoints for treating lumbar pain and illnesses of the pelvis. Zhongji Central Pole (CV-3) is located on the conception vessel and is the meeting point between the triple yin channel and the conception vessel. Yanglingquan Yang Mound Spring (GB-34) is the uniting point of the gallbladder channel. Taichong Great Thoroughfare (LR-3) is the source acupoint of the liver channel. Treating yanglingquan Yang Mound Spring (GB-34) with taichong Great Thoroughfare (LR-3) can free and facilitate the functions of the liver and gallbladder, rectify qi and regulate menstruation. Qihai Sea of Qi (CV-6) is located on the conception vessel and is effective for regulating the thoroughfare and controlling vessels. The uniting point of the stomach meridian (ST) zusanli Leg Three Li (ST-36) can regulate and reinforce the thoroughfare and controlling vessels. Qihai Sea of Qi (CV-6) can be used to regulate qi dynamic. Moxibustion treatment warms the uterus and dispels cold and stasis. Guanyuan Pass Head (CV-4) can warm yang dissipate cold. Taichong Great Thoroughfare (LR-3) is the source acupoint of the liver channel, which soothe the liver and regulate qi. When treated with the acupoint sanyinjiao Three Yin Intersection (SP-6), menstruation can be regulated and the pain eliminated. When taichong Great Thoroughfare (LR-3) is treated with hegu Union Valley (LI-4), it is known as “elbow and knee joints,” which dredge and harmonize qi dynamic.

## 5. Functional uterine bleeding

### i. Etiology and pathogenesis

A diagnosis of functional uterine bleeding is typically given when gynecological examinations for abnormal bleeding cannot identify organic illnesses, such as tumors or inflammation, for the bleeding. This is typically accompanied by ovarian function insufficiencies and anovulation. Functional

bleeding often includes endometrial abnormal bleeding caused by endocrine abnormalities. This can be classified into two types, anovulatory and ovulatory. Anovulatory bleeding is caused by ovulation disorders, which are common during puberty and menopause. Ovulatory disorders are commonly caused by functional abnormalities of the corpus luteum and are typically experienced by women of reproductive age. The primary clinical manifestations are chaotic menstrual cycles, increased menstrual discharge, extended menstrual bleeding time, incessant dribbling or dripping, a pale complexion caused by prolonged bleeding, heart palpitations with weakness, and anemia.

In TCM, functional uterine bleeding is classified as “flooding and spotting.” The etiology includes deficiencies, heat, and stasis. With prolonged illnesses, the three often interconvert. All three may cause damage to the thoroughfare and conception vessels, which hinders securing and securing and containing and leads to flooding and spotting. Numerous types of deficiencies exist, including deficiencies in the spleen and kidneys, dual deficiency of qi and blood, and deficiencies in both the Viscera and Bowels. Regarding heat, both excess heat and deficiency heat may be present. Heat damaging thoroughfare and controlling vessels, causing the forces the blood to move frenetically. Stasis can be caused by the damage by the seven affects or emotional disturbances (joy, anger, thought, sorrow, fear, and fright), which result in stagnation of the thoroughfare and controlling vessels. Alternatively, stasis can be caused by chills and fevers further contracted following menstruation or pregnancy before full recovery. This blocks the thoroughfare and controlling vessels stasis, blood failing to stay in the meridians.

## ii. Key points of diagnosis

- (i) Deficiency pattern: Metrorrhagia or incessant dribbling or dripping. These conditions are considered to result from a qi deficiency if the following symptoms are present: pale red blood, pale white complexion of the face, the listlessness of the body, shortness of breath with no inclination to speak, a lack of appetite, a pale tongue, a thin and white coating on the tongue, and a weak pulse. These conditions are considered to result from a yang

deficiency if the following symptoms are present: pale red blood, cold pain in the lower abdomen, a lack of warmth in the limbs, a preference for warmth with an aversion to cold, thin sloppy stools, a pale tongue with a white coating, and a deep and thin pulse. These conditions are considered to result from an yin deficiency if the following symptoms are present: reduced menstruation, bright red blood, dizzy head with tinnitus, vexation heat in the five hearts (center of the palms, soles of the feet, and chest), insomnia with night sweats, soreness and weakness in the lumbar region and knees, a red tongue with minimal coating, and a thin and rapid pulse.

- (ii) Excess pattern: The following symptoms indicate illnesses of excess caused by blood heat: metrorrhagia that is dark red, foul-smelling, and thick and viscous in texture; dryness of the mouth with an inclination to consume fluids; heart vexation and easily angered; a red tongue with a yellow coating; and a slippery and rapid pulse. Illnesses where the blood is dark red and accompanied by a substantial flow of white leucorrhea that is similar to the water when washing rice, or yellow-green, similar to pus, and foul-smelling; itching and pain in the vaginal area; a yellow and greasy coating on the tongue; and a soggy and rapid pulse indicate damp heat. If the illness is accompanied by symptoms of distention and pain in the chest and lateral costal area, heart vexation and easily angered, a propensity to sigh, and a wiry and rapid pulse, stagnant heat is indicated. If accompanied by stasis blood clots, abdominal pain that is uncomfortable when pressed and decreases when the stasis clots are discharged, a dark-red tongue, and a sunken and choppy pulse, blood stasis is indicated.

### iii. Treatment methods

- (i) Body acupuncture:

The main acupoints used for treating functional uterine bleeding include guanyuan Pass Head (CV-4), sanyinjiao Three Yin Intersection (SP-6), taichong Great Thoroughfare (LR-3), and yinbai Hidden White (SP-1).

- (ii) Ear acupuncture:

To treat functional uterine bleeding with ear acupuncture, acupoints of

the uterus, endocrine system, ovaries, subcortex, and shenmen Spirit Gate (HT-7) can be manipulated. The method involves applying mid to substantial levels of stimulation and inserting the needle for 15 to 20 min. Treatment should be performed once per day. Additionally, the needle-embedding method.

(iii) Moxibustion

Moxibustion on shenque Spirit Gate Tower (CV-8), yinbai Hidden White (SP-1), and yaoyangguan lumbar yang pass (GV3) can be performed to treat functional uterine bleeding.

**iv. Reasons for treatment**

Guanyuan Pass Head (CV-4) is the meeting point of the three yin meridians of the foot and the penetrating and conception vessels. It regulates and reinforces the thoroughfare and controlling vessels, enhances securing and containing, and menstrual blood frenetic movement. Sanyinjiao Three Yin Intersection (SP-6) is the crossing point of the three yin meridians of the foot, which reinforces the spleen and governs the blood. Taichong Great Thoroughfare (LR-3) is the transport and source acupoint of the liver channel, which soothe the liver and regulate qi, dredges the luo collaterals, and accelerates blood flow. Yinbai Hidden White (SP-1) is the well point of the spleen channel, which is commonly used to treat gynecological bleeding illnesses. Treating these four acupoints together can regulate the three channels of the liver, spleen, and kidneys, which soothe the liver and regulate qi, control the blood securing and containing.

**6. Uterine prolapse**

**i. Etiology and pathogenesis**

Uterine prolapse refers to the descent of the uterus down the vaginal canal to below the ischial spine or even protruding out the vaginal opening. This primarily occurs among women who have given birth and are related to injuries experienced during partum, weakened pelvic supporting tissues and reduced tension, increased pressure on the abdominal cavity, and the effects of posture and exertion, as well as the tilt of the pelvic bones. Exhaustion, severe coughing, and exertion during

defecation cause repeat occurrences of uterine prolapse. In TCM, uterine prolapse is classified as “yin erection,” “prolapse of the uterus,” “prolapse of the uterus 下,” and “birth with a non-retracting intestine.” The etiology is primarily deficient and weak spleen qi and depressed sunken middle qi, which causes the conception vessel band to lose its lifting effect, and depression leading to desertion. This can also be caused by kidney deficiencies, which hinder the performance of their storage failure, render the conception vessel band infirm, and lead to slippage desertion without return.

## ii. Key points of diagnosis

- (i) Sunken middle qi: Uterine prolapse; the collapse of the lower abdomen; symptoms are exacerbated by exhaustion; weariness of the spirit and limbs; a lack of facial luster; reduced leucorrhea; a pale tongue with a white coating; and a deficient, thin, and weak pulse.
- (ii) The insecurity of kidney qi: Uterine prolapse, collapse of the lower abdomen, soreness in the lumbar region and weakness in the legs, frequent urination that is exacerbated at night, dizzy head with tinnitus, a pale tongue with a white coating, and a sunken and weak pulse.

## iii. Treatment methods

- (i) Body acupuncture:

The main acupoints used to treat uterine prolapse include baihui Hundred Convergences (GV-20), guanyuan Pass Head (CV-4), qugu Curved Bone (CV-2), zigong Infant's Palace (CV-4), zusanli Leg Three Li (ST-36), shenshu Kidney Transport (BL-23), ququan Spring at the Bend (LR-8), and taixi Great Ravine (KI-3).

- (ii) Ear acupuncture:

When treating uterine prolapse with ear acupuncture, bilateral manipulation of the acupoints of the uterus, kidneys, and subcortex can be performed. This involves administering moderate to weak stimulation daily or every other day. Alternatively, one side of the patient's body can be treated with acupuncture while Vaccariae Semen is affixed to the acupoints on the other side and pressed 3 to 5 times per day until the pain is

experienced.

(iii) Moxibustion

Moxibustion treatment for uterine prolapse can be applied to baihui Hundred Convergences (GV-20), guanyuan Pass Head (CV-4), qihai Sea of Qi (CV-6), and sanyinjiao Three Yin Intersection (SP-6). This involves suspended moxibustion above baihui Hundred Convergences (GV-20) for 20 min, then administering direct moxa moxibustion or indirect moxibustion with ginger to guanyuan Pass Head (CV-4) and qihai Sea of Qi (CV-6). Approximately, 5 to 7 moxibustion on ginger. For sanyinjiao Three Yin Intersection (SP-6), suspended moxibustion with moxa sticks should be performed. This method can be used to treat uterine prolapses caused by spleen-kidney yang deficiency.

**iv. Reasons for treatment**

Baihui Hundred Convergences (GV-20) is an acupoint on the governor vessel. The governor vessel controls the yang qi of the entire body and can upbear yang and raise the fall. Sanyinjiao Three Yin Intersection (SP-6) and zusanli Leg Three Li (ST-36) can strengthen the spleen and reinforce the stomach, cultivating center qi. Zigong Infant's Palace (CV-4) is an extra point outside the primary channels that can lift the uterus; thus, it is an effective acupoint for treating uterine prolapse. Guanyuan Pass Head (CV-4) and qugu Curved Bone (CV-2) are acupoints on the conception vessel, which have strengthening effects. If the patient is also experiencing soreness and weakness in the lumbar region and knees, the acupoints shenshu Kidney Transport (BL-23), ququan Spring at the Bend (LR-8), and taixi Great Ravine (KI-3) can be included in the treatment.

## 7. Vomiting during pregnancy (morning sickness)

### i. Etiology and pathogenesis

Approximately 50% of women experience slight nausea, vomiting, dizziness (dizzy head), picky eating preferences, and weariness beginning in the sixth week of pregnancy. A minority of women experience frequent vomiting, even vomiting up bile, with an inability to consume food or water, leading to body fluid or

metabolic imbalance. This significantly affects the nutrition of pregnant women. By contrast, slight vomiting during pregnancy does not affect patients' health or ability to work, and does not require special treatment. Nausea and the urge to vomit typically disappear by approximately the twelfth week of pregnancy. However, for pregnant women experiencing moderate to severe vomiting, timely treatment is required to avoid electrolytic and acid-base imbalances.

Vomiting during pregnancy is classified in TCM as “morning sickness,” “obstruction sickness,” and “pregnancy sickness.” The etiology is the accumulation of blood in the pregnant women to nourish the fetus. This induces the qi and blood in the thoroughfare vessel to surge upward in reverse, causing the stomach to lose its harmonizing and descending function, which leads to vomiting. If the spleen and stomach are constitutionally weak, the qi in the thoroughfare vessel of the pregnant woman flows upwards in reverse to invade the stomach. The stomach then loses the harmonizing and descending functions because of a deficiency. Instead, the stomach follows the upwards reverse flow of qi and causes vomiting. If liver yang hyperactive, then the transverse invasion of liver qi to invade the stomach. Further combined with surging qi from the thoroughfare vessel during pregnancy, the harmonizing and descending function of the stomach is easily lost, resulting in vomiting. If phlegm-dampness stagnation in the spleen and stomach is already disrupting the regulation of ascending and descending, additional upsurges of reverse qi in the thoroughfare vessel cause the stomach to lose its harmonizing and descending functions, resulting in vomiting.

## ii. Key points of diagnosis

- (i) Spleen-stomach weakness: Nausea during the early stages of pregnancy; vomiting up clear water; a lack of appetite; listlessness and lack of strength; drowsiness; pale tongue; a white and moist coating on the tongue; and a slippery, moderate, and weak pulse.
- (ii) Liver qi invading the stomach: Vomiting up acidic and bitter water during the early stages of pregnancy, distention and fullness in the chest and lateral costal area, belching with a propensity to sigh, heart vexation with a bitter taste in the mouth, a slightly yellow coating on the tongue, and a wiry and



slippery pulse.

- (iii) Phlegm-damp obstruction: Chest oppression and shortness of breath during the early stages of pregnancy; vomiting up phlegm and saliva; a lack of appetite; dizziness and heaviness of the head; weariness throughout the body; a white, thick, and greasy coating on the tongue; and a slippery pulse.

### iii. Treatment methods

- (i) Body acupuncture:

The main acupoints used to treat vomiting during pregnancy are danzhong Chest Center (CV-17), zusanli Leg Three Li (ST-36), neiguan Inner Pass (PC-6), taichong Great Thoroughfare (LR-3), and yanglingquan Yang Mound Spring (GB-34). The treatment should be administered daily for 20 min for each session. After three to five days, the treatment interval can be increased to once every other day. If the effects are slow, administer acupuncture and moxibustion simultaneously.

- (ii) Ear acupuncture:

When using ear acupuncture to treat vomiting during pregnancy, shenmen Spirit Gate (HT-7) and the acupoints of the stomach and subcortex on both sides can be manipulated. Treatment should be administered daily, with five days considered one treatment cycle.

- (iii) Moxibustion:

To treat vomiting during pregnancy, moxibustion should first be administered to the back before moxibustion is applied to the zhongwan Central Stomach Duct (CV-12) and danzhong Chest Center (CV-17) acupoints. Treatment should be conducted for 15 min once per day. For severe cases, administer treatment twice per day. Five days constitute one treatment cycle.

### iv. Reasons for treatment

Danzhong Chest Center (CV-17) belongs to the conception vessel and is the meeting point of qi. The conception vessel manages functions related to the fetus and regulates qi, smoothes the center, and calms the fetus. Neiguan Inner Pass (PC-6) loosens the chest, harmonizes the center, and treats illnesses of the heart,

chest, and stomach. Combined with the acupoint zhongwan Central Stomach Duct (CV-12), neiguan Inner Pass (PC-6) is effective for harmonizing the stomach and suppressing vomiting. Treatment to zusanli Leg Three Li (ST-36) can strengthen transport to and from the spleen and stomach.

## 8. Menopausal syndrome

### i. Etiology and pathogenesis

Menopause generally occurs in women aged between 45 and 55 years. Because of the degeneration and loss of ovarian function, endocrine and autonomous nerve function disorders occur. These symptoms combined with the associated psychological and social factors lead to the development of menopausal syndrome. Near the time their monthly menstrual cycle stops, women tend to exhibit a number of symptoms, such as chaotic or irregular menstruation cycles, dizziness, tinnitus, hot flashes, a tendency to sweat, facial redness with tidal fevers or edema of the face and body, frequent urination with an inability to restrain urine discharge, soreness and weakness in the lumbar region and knees, and cold limbs with sloppy stool. These symptoms are collectively known as menopausal syndrome. Clinical manifestations of menopausal syndrome are often accompanied by varying degrees of neurological and psychological symptoms, such as vexation and agitation, easily angered, depression, anxiety, heart palpitations, chest oppression, and shortness of breath. Phenomena such as joint and muscular pain, senile osteoporosis, obesity, atherosclerosis, cardiac infarction, hypertension, vulvovaginitis, and atrophy of the uterus and vagina also occur. In TCM the etiology is believed to be a gradual deficiency of kidney qi when the heavenly water is nearly depleted. This leads to thoroughfare and controlling vessels vacuous pulse, which then suppresses menstruation and causes Viscera and Bowels function to deteriorate. Insufficiencies of kidney yin can easily lead to ascendant hyperactivity of liver yang and heart fire hyperactive or debilitation of kidney yang fire; this easily induces insufficiencies of spleen yang and the effect also extends to the organs, such as the heart, spleen, liver, and kidneys. The deficiency of the kidneys is the source of the illness.

## ii. Key points of diagnosis

- (i) Liver-kidney yin deficiency: Dizzy head and dizzy vision; heart vexation and easy anger; hot flashes with sweating; reduced menstruation; soreness and weakness of the lumbar region and knees; a red tongue; and a wiry, thin, and rapid pulse.
- (ii) Heart-kidney yin vacuity: Heart palpitations and fearful throbbing, insomnia with excessive dreaming, vexation heat in the five hearts (center of the palms, soles of the feet, and chest), soreness and weakness in the lumbar region and knees, a red tongue with minimal coating on the tongue, and a thin and rapid pulse.
- (iii) Spleen-kidney yang deficiency: Edema and abdominal distention, the weariness of the spirit with a lack of strength, coldness in the limbs, soreness in the lumbar region with a lack of strength, a pale tongue with a thin coating, and a weak pulse.

## iii. Treatment methods

- (i) Body acupuncture:

When treating menopausal syndrome, two sets of acupoints can be manipulated in alternating sessions. The first set is fengchi Wind Pool (GB-20), xinshu Heart Transport (BL-15), shenshu Kidney Transport (BL-23), zhishi Will Chamber (BL-52), mingmen Life Gate (GV-4), sanyinjiao Three Yin Intersection (SP-6), taixi Great Ravine (KI-3), and taichong Great Thoroughfare (LR-3). The second set is zhangmen Camphorwood Gate (LR-13), zusanli Leg Three Li (ST-36), guanyuan Pass Head (CV-4), qihai Sea of Qi (CV-6), and shenmen Spirit Gate (HT-7).

- (ii) Ear acupuncture:

When using ear acupuncture to treat the menopausal syndrome, the acupoints of the ovaries, endocrine system, shenmen Spirit Gate (HT-7), sympathetic nerves, subcortex, kidneys, heart, and liver can be manipulated. If an arrhythmia is present, include the heart point. If the patient's blood pressure is too high, include the point that lowers blood pressure. If the patient's face is flushed and sweaty, then add the sympathetic nerve and

lung acupoint. Acupuncture should first be performed gently. After the arrival of qi, stimulate it with medium or strong stimulus. Manipulate 3 to 4 points during each session, every other day. Alternatively, buried needles can be used on the ear acupuncture points.

#### iv. Reasons for treatment

Baihui Hundred Convergences (GV-20) is the transport point of the governor vessel, and the crossing point of the bladder meridian (BL). Combined with fengchi Wind Pool (GB-20), it can be used to dispel a dizzy head and dizzy vision. Taichong Great Thoroughfare (LR-3) is the source acupoint of the liver meridian (LR). Taixi Great Ravine (KI-3) is the source acupoint of the kidney meridian (KI). Using these together can pacify the liver to subdue yang, as well as regulate and reinforce kidney water. Xinshu Heart Transport (BL-15) is the transport point of the heart meridian channel, and the primary acupoint in treatments for cardiac disease. It can quiet the heart and spirit. Shenshu Kidney Transport (BL-23) works with xinshu Heart Transport (BL-15) to tonify the kidney quiet the heart. Mingmen Life Gate (GV-4) is an acupoint on the governor vessel, which is effective for cultivating the existing qi and reinforcing the kidneys. Guanyuan Pass Head (CV-4) and qihai Sea of Qi (CV-6) are acupuncture point on the conception vessel, which reinforce and boost the existing qi; they are effective for strengthening the constitution.

## Section 9. Sense organ illnesses

### 1. Rhinitis

#### i. Etiology and pathogenesis

Inflammation of the epithelial cells of the nasal cavity is called rhinitis, which can be classified as either acute or chronic. Acute rhinitis is typically caused by various viral infections, including rhinovirus, adenovirus, and enterovirus, which are collectively known as upper respiratory tract infections or the common cold. A number of allergens and chemical stimulations also cause acute rhinitis responses. Chronic rhinitis includes allergic rhinitis, rhinitis sicca, vasomotor

rhinitis, and purulent rhinitis caused by recurring infections. Chronic infections typically accompany chronic rhinitis.

The symptom described as “allergic rhinitis” in TCM corresponds to allergic rhinitis in modern medicine. The main clinical symptoms of allergic rhinitis include an intermittent nasal itch, nasal congestion, sneezing, a large amount of watery rhinorrhea, and paleness and edema of the nasal mucosa. In modern medicine, the primary causes of this illness are believed to be an allergic constitution, contact with dust, pollen, fungi, animal dander, chemical dust or powder, paint, or the ingestion of fish and shrimp, meat, and certain types of drugs. Approximately 60% of patients with rhinitis have a family history of allergies. In addition, endocrine changes, immunities, allergens, emotional volatility, temperature changes, and sunlight or ultraviolet stimulation may cause allergic rhinitis to occur. The term “sinusitis” in TCM is equivalent to chronic sinusitis in modern medicine. This condition is characterized by persistent thick and yellow nasal discharge. The earliest record of the term “sinusitis” was found in *Internal Classic*. “Plain Questions, Treatise on Qi Reversal states that “when the gallbladder shifts heat to the brain, it leads to pungency in the sinuses and sinusitis. sinusitis is the incessant discharge of turbid nasal fluid.”

## ii. Key points of diagnosis

Chronic rhinitis can be classified as follows:

- (i) Lung qi vacuity: Unbearable itching with slight wind cold and the rapid onset of sneezing, a large volume of clear nasal discharge, nasal congestion, symptoms are relieved with warmth, a pale complexion of the face, shortness of breath during activity, spontaneous sweating with a cough, a pale tongue with a thin and white coating, and a weak pulse.
- (ii) Dual deficiency of the lung-spleen: Itchy nose and sneezing immediately upon waking in the morning, nasal discharge, non-severe nasal congestion, poor appetite, reduced food and drink intake, abdominal distention with sloppy stool, listlessness, spontaneous sweating, a pale and yellow tongue, a white and slippery coating on the tongue, and a deficient and moderate pulse.

- (iii) Kidney yang deficiency: Frequent sneezing, incessant discharge of clear nasal fluid, an aversion to cold and preference for warmth, accompanied by tinnitus and deafness, soreness of the lumbar region and weakness in the knees, cold limbs with an aversion to cold, frequent urination at night, a pale tongue with a thin and white coating, and a deep and thin pulse.
- (iv) Depressed heat in the lung channel: Stinging itch inside the nose; nasal congestion with a sensation of heaviness in the body; sneezing; mucus-like nasal discharge that clots; a bitter taste in the mouth with vexation and agitation; a red tongue; a thin and yellow coating on the tongue; and a floating, thin, and rapid pulse.
- (v) Lung-kidney yin deficiency: Stinging itch inside the nose, recurrent sneezing that is exacerbated when encountering wind, nasal congestion, a small volume of mucus-like nasal discharge, nasal dryness after illness combined with tinnitus, dryness of the mouth and throat, vexation and heat in the five hearts (hands, feet, and chest), a red tongue with minimal coating, and a thin and rapid pulse.
- (vi) Blood stasis due to qi stagnation: Prolonged illnesses without recovery, significant nasal congestion, sneezing with nasal discharge, primarily experienced around the time of menstruation among women, petechiae on the tip and edges of the tongue, a thin and white coating on the tongue, and a thin and choppy pulse.

### iii. Treatment methods

#### (i) Body acupuncture

Three sets of acupoints can be manipulated in rotation to treat allergic rhinitis. These acupoints can be used interchangeably. The treatments should be daily, with 10 days comprising one treatment cycle.

- ① Set 1: Yingxiang Welcome Fragrance (LI-20), yintang Hall of Impression, shangxing Upper Star (GV-23), and fengchi Wind Pool (GB-20).
- ② Set 2: Baihui Hundred Convergences (GV-20), dazhui Great Hammer (GV-14), danzhong Chest Center (CV-17), tiantu Celestial Chimney

(CV-22), and neiguan Inner Pass (PC-6).

- ③ Set 3: Feishu Lung Transport (BL-13), pishu Spleen Transport (BL-20), shenshu Kidney Transport (BL-23), hegu Union Valley (LI-4), and taichong Great Thoroughfare (LR-3).

(ii) Moxibustion:

Applying moxibustion to the acupoints warm the meridian free the nasal orifices. Two sets of acupoints that can be used for treatment are listed below. When administering treatment, select one set of acupoints. Use suspended moxibustion for 5 min on each acupoint, once per day; 10 days comprises one treatment cycle.

- ① Set 1: Baihui Hundred Convergences (GV-20), shangxing Upper Star (GV-23), zhongwan Central Stomach Duct (CV-12), shenque Spirit Gate Tower (CV-8), qihai Sea of Qi (CV-6), and zusanli Leg Three Li (ST-36).
- ② Set 2: Shen Zhu Body Pillar (GV-12) , mingmen Life Gate (GV-4), gaohuang Gao Huang (BL-43), yongquan Gushing Spring (KI-1), and sanyinjiao Three Yin Intersection (SP-6).

Clinically, use 10 g each of baijiezi (white mustard), yuanhu (corydalis), xixin (as arum), and gansui (kansui) as the basic formula. Grind these ingredients into a fine powder, and then mix with water to form a soft mud-like paste. For treating nasal congestion and coughing from allergic rhinitis, good results are obtained by spreading the paste on the patient at the dazhui Great Hammer (GV-14), dazhu Great Shuttle (BL-11), fengmen Wind Gate (BL-12), and feishu Lung Transport (BL-13) acupoints.

**iv. Reasons for treatment**

Acupuncture on acupoints yingxiang Welcome Fragrance (LI-20) and yintang Hall of Impression can free the nasal orifices. Acupoints yingxiang Welcome Fragrance (LI-20), yintang Hall of Impression, and shangxing Upper Star (GV-23) can relieve the stuffy nose clear heat. Fengchi Wind Pool (GB-20) is the meeting point between the shaoyang channels of the arms and legs and the yang linking vessel, and is effective for dispelling wind nose-clearing. Both baihui

Hundred Convergences (GV-20) and dazhui Great Hammer (GV-14) are meeting points for the governor vessel and the three yang channels of the hand and foot that link the yang vessels and are important for course wind and resolve the exterior, warm the meridian unblock yang. Danzhong Chest Center (CV-17) is the meeting point of qi of the eight meeting points. It belongs to the conception vessel and is effective for loosening the chest, directing qi downward, and calming panting. Tiantu Celestial Chimney (CV-22) belongs to the conception vessel and can be used to diffuse the lung to resolve phlegm; it is primarily used to treat coughing. Neiguan Inner Pass (PC-6) is the luo collateral connecting and diverging point of the pericardium meridian channel, which suppresses retching, inhibits vomiting, opens the chest, and facilitates the diaphragm. Hegu Union Valley (LI-4) and taichong Great Thoroughfare (LR-3) are the source acupoints of the large intestine channel and the liver channel, respectively. The four points of these two acupoints on both sides of the body are collectively known as the “elbow and knee joints.” The large intestine channel on both sides meet at renzhong, after which the left travels on the right and the right travels on the left, both upward to the nostrils. Illnesses in the areas along the channel course can be treated using points on this channel.

## 2. Toothache

### i. Etiology and pathogenesis

The most common causes of toothaches include acute inflammation from a decayed tooth, pulpitis, and periodontitis. In TCM, toothaches are known as “tooth pain” or “toothache.” The etiology and pathogenesis may include a kidney yin depletion, which allows a deficiency fire flaming upward and injure the gums. Tooth pain may also be caused by insufficient jing (essence) and marrow caused by a kidney deficiency, leading to a loss of nourishment to a tooth, ultimately causing pain. Additionally, it can also be caused by excessive stomach heat, where dry heat from the large intestines travels upward along the channel, injuring the tooth bed and causing pain.



## ii. Key points of diagnosis

- (i) Deficiency symptom: Intermittent dull pain, a lack of foul oral odor, a thin pulse, and loose teeth.
- (ii) Fire heat: Severe toothache with halitosis, a yellow coating on the tongue with thirst and constipation, a surging pulse, occasionally swollen gums, physical cold with heat in the body, and a floating and rapid pulse.

## iii. Treatment methods

The main acupoints used to treat toothaches are hegu Union Valley (LI-4), neiting Inner Court (ST-44), jiache Cheek Carriage (ST-6), tinghui Auditory Convergence (GB-2), and quchi Pool at the Bend (LI-11). Hegu Union Valley (LI-4) is located on the large intestine meridian (LI) and is effective for treating toothaches. When treating toothaches, first administer acupuncture to hegu Union Valley (LI-4) on the affected side, inserting the needle in an oblique superior direction. Proceed until the patient feels soreness and numbness similar to the feeling of electricity reaching the upper arm. Use the pecking method until the stabbing pain dissipates before removing the needle. If the pain remains, insert a needle into the hegu Union Valley (LI-4) acupoint of the hand on the other side. If the pain is still not relieved, continue needling acupoints neiting Inner Court (ST-44), xiaguan Below the Joint (ST-7), jiache Cheek Carriage (ST-6), and ermen Ear Gate (TE-21) until the pain dissipates.

## iv. Reasons for treatment

Hegu Union Valley (LI-4) belongs to the large intestine meridian (LI), and neiting Inner Court (ST-44) belongs to the stomach meridian (ST). The yangming channels of both the hand and foot pass through the dental alveolus. Therefore, acupuncture to both hegu Union Valley (LI-4) and neiting Inner Court (ST-44) can be used to treat toothaches. However, if a deficiency fire and looseness (loose teeth) caused by a kidney deficiency and liver fire remain, then acupoints taixi Great Ravine (KI-3) and taichong Great Thoroughfare (LR-3) should also be treated.

## Section 10. Integumentary system illnesses

### 1. Eczema

#### i. Etiology and pathogenesis

Eczema is a common symptom of atopic dermatitis, contact dermatitis, dyshidrotic eczema, nummular eczema, lichen simplex chronicus, asteatotic eczema, and seborrheic dermatitis. Contact dermatitis refers to red rashes, blisters, and severe itching primarily caused by allergic reactions to sumac, plastic products (watch straps and toys), and metal surfaces. Long-term contact thickens the skin until it becomes scaly. The term “four-bends wind” was first used in the Great Compendium of External Medicine and is defined as “an unbearable itch with rashes shaped like wind lichens that break and form sores when scratched.” This corresponds with the clinical symptoms of atopic dermatitis. The etiology and pathogenesis is primarily an innate intolerance or low tolerance for external factors, spleen failing in transportation, the dampness-heat arising internally, and afflictions of wind, dampness, and heat pathogens. These stagnate in the skin and flesh interstices, causing repeated occurrences over extended periods. This spleen deficiency blood dryness, resulting in disease.

#### ii. Key points of diagnosis

- (i) Wind depressed in the exterior: Itching throughout the body with a normal skin appearance or wind wheals of varying size. Red rashes and papules may occur with severe itching. If the illness is accompanied by heat, the skin injuries are bright red with scorching heat and severe itching, which is exacerbated by heat and relieved by cold. Symptoms include a red tongue, a thin and yellow coating on the tongue, and a floating and rapid pulse. If the illness is accompanied by cold, then the skin injuries appear pale red and are exacerbated by cold and alleviated by heat. Symptoms include a pale tongue, a thin and white coating on the tongue, and a floating and tense pulse. If the illness is accompanied by dampness, then blisters develop. Severe cases tend to fester. Symptoms include a pink tongue, a white and greasy or yellow and greasy coating on the tongue, and a soggy or slippery

and rapid pulse.

- (ii) Blood heat intense: Skin becomes red and itchy with papules and small blisters that, if broken by scratching, release fluid. Severe cases tend to fester and become sores. The patient's skin may also show red rashes and purpura that are bright red, or symptoms of red swollen heat pain on the skin. Occasionally, the entire body is hot and the mouth and lips are dry. Additionally, urine is red, and constipation is experienced. Symptoms include a purple-red tongue, a thin and yellow or yellow and greasy coating, and a slippery and rapid pulse.
- (iii) Blood deficiency engenders heat: This condition commonly occurs among older adults, especially in the fall and winter. The symptoms typically decrease in the spring and summer. The illness manifests as dryness of the skin, with scratches covering the entire body. Often lichen-like changes can be observed in the scratched areas. The skin either flakes off as scales or blood scabs form. Accompanying symptoms include a lusterless facial complexion, heart palpitations with insomnia, dizzy head and vertigo (flowery vision), a wiry and thin pulse, and a pale tongue with a clean coating.

### iii. Treatment methods

- (i) Wind depressed in the exterior: The main acupoints used for treatment are fengchi Wind Pool (GB-20), quchi Pool at the Bend (LI-11), fengshi Wind Market (GB-31), and xuehai sea of blood. If accompanied by dampness and blisters, the acupoint yinlingquan Yin Mound Spring (SP-9) should be included in the treatment. If it is caused by wind-cold, then the acupoint fengmen Wind Gate (BL-12) should be included.
- (ii) Blood heat intense: The main acupoints used for treatment are dazhui Great Hammer (GV-14), quchi Pool at the Bend (LI-11), hegu Union Valley (LI-4), xuehai sea of blood, sanyinjiao Three Yin Intersection (SP-6), and geshu Diaphragm Transport (BL-17). If eczema is observed on the head and face, administer reduction to hegu Union Valley (LI-4) to enable the quchi Pool at the Bend (LI-11) acupoint to yang brightness fire toxin. If the skin of the

torso is red, swollen, and hot, prick acupoints chize Cubit Marsh (LU-5) and weizhong Bend Center (BL-40) to release blood to reduce heat and relieve swelling.

- (iii) Blood deficiency engenders heat: The main acupoints used for treatment are ganshu Liver Transport (BL-18), qimen Cycle Gate (LR-14), fengchi Wind Pool (GB-20), xingjian Moving Between (LR-2), and xuehai sea of blood.

#### **iv. Reasons for treatment**

Acupuncture to fengchi Wind Pool (GB-20) and xingjian Moving Between (LR-2) can clear and release fire in the liver and spleen meridian channels. The acupoints quchi Pool at the Bend (LI-11) and hegu Union Valley (LI-4) disperse qi and course the blood to clear the wind heat of the head and face and inhibit itching. The acupoint fengshi Wind Market (GB-31) dissipates wind and inhibits itching. Geshu Diaphragm Transport (BL-17), xuehai sea of blood, and sanyinjiao Three Yin Intersection (SP-6) activate and cool the blood. The acupoint dazhui Great Hammer (GV-14) on the governor vessel is the confluence of the yang. Needling this point can release the heat and unknot the pathogens. Ganshu Liver Transport (BL-18) and qimen Cycle Gate (LR-14) are a combining front and back points. Applying acupuncture to these two points can free the flow of the liver. Ganshu is the point where the channel qi of the liver meridian channel enters. Administering both acupuncture and moxibustion to ganshu Liver Transport (BL-18) enhances the liver and boosts the blood.

## **2. Acne**

### **i. Etiology and pathogenesis**

In Internal Classic, the formation of acne is discussed in the chapter titled “Plain Questions, Treatise on Vital Qi Connecting with Heaven” in Basic Questions, which states that “if the patient’s sweat dampness invades, then zuofei (pock pimples) occur...When sweat resulting from excessive work encounters wind, and cold is accumulated in the skin, the stagnation leads to the condition of zuo (acne).” During the Sui Dynasty, this condition was called “facial blisters,” as shown in the Origin and Indicators of Disease. In the Golden Mirror of Medicine

from the Qing Dynasty, this condition is called “lung wind acne.” In the Great Compendium of External Medicine, it is called “wine blisters or liquor pimples.” Currently, this condition is commonly called “acne.”

Acne is caused by increased secretions of the sebaceous glands during puberty. Follicle openings are blocked by keratin and sebum secretions that accumulate on the skin. This causes small cysts to occur, which are called pink blisters. The effect of lipophilic yeast and bacteria in the acne causes sebum to form free fatty acids, leading to folliculitis.

Acne most commonly appears on the face, but can also appear on the chest and back. Most patients experience minimal or no scarring when cured. However, for some patients, acne develops into large inflamed cysts or nodules. Significant scars develop after the content is expelled. The goal of treatment is to directly eliminate acne, alleviate inflammation, and maintain hygiene and remove oily substances on the surface from the afflicted area. If scratched with excessive force, the cysts may burst, exacerbating the acne. Therefore, attention should be given to the method used to clean the skin.

## ii. Key points of diagnosis

- (i) Lung heat: Corn-sized papules appear on the follicles of the face. Distribution is primarily around the nose and the forehead. Occasionally, blackheads can also be observed. Slight itching is also experienced. This condition is frequently accompanied by dryness of the mouth and nose, dry defecation, a slightly red tongue, a thin and white or thin and yellow coating on the tongue, and a floating and slippery pulse.
- (ii) Stomach heat: Corn-sized papules develop across the follicles on the face, with the occasional blackheads, and are distributed primarily around the mouth. They may also develop on the back and chest, and excessive facial oil may be observed. This condition is often accompanied by excessive food intake, halitosis, dryness of the mouth, dryness of the tongue with a fondness for cold drinks, and constipation. Symptoms also include a red tongue; a greasy coating on the tongue; and a sunken, slippery, and forceful pulse.

- (iii) Blood heat: Rice grain-sized red papules develop across the cheeks, especially around the mouth and nose and between the eyebrows. Dilation of the facial capillaries is common. When encountering heat, the face flushes red with self-perceived scorching heat. For women, acne often increases prior to and immediately after menstruation. Symptoms include dry defecation; yellow and red urine; a red tongue tip with a thin coating; and a thin, slippery, and rapid pulse.
- (iv) Toxic heat: Large rice grain-sized papules develop across the face. Small blisters with pus typically form at the tip of the papules, with slight redness and swelling of the surrounding area. Patients tend to experience pain and recurring blisters that form continuously. Once the blisters heal, the skin surface often retains small depression scars, similar to orange peels. These symptoms also commonly develop on the chest and back. Patients typically experience dry defecation or constipation, with constipation lasting for several days. Symptoms also include yellow and red urine, a red tongue, a yellow and dry coating on the tongue, and a wiry and slippery or rapid pulse.
- (v) Dampness-heat blood stasis: In addition to rice grain-sized papules on the face, chest, and back, bean- or cherry-sized nodules and cysts also develop in these areas. The skin surface is uneven. Severe cases can include infections and blisters with pus, which cause redness, swelling, and pain in the local areas. Other symptoms include headaches, heat in the body, overall discomfort, and excessively oily facial skin. The chest and back are often similarly affected. Symptoms also include a dark-red tongue, a yellow or white coating on the tongue, and a moderate or deep and choppy pulse.

### iii. Treatment methods

The main acupoints used for treatment are dazhui Great Hammer (GV-14), hegu Union Valley (LI-4), quchi Pool at the Bend (LI-11), fengchi Wind Pool (GB-20), xingjian Moving Between (LR-2), xuehai sea of blood, sanyinjiao Three Yin Intersection (SP-6), and yinlingquan Yin Mound Spring (SP-9).

### iv. Reasons for treatment

The dazhui Great Hammer (GV-14) acupoint on the governor vessel is the

meeting point of the confluence of the yang. Needling this acupoint to reduce it can course and dispel evil heat. A saying related to this condition is “face and mouth, hegu Union Valley (LI-4) collects.” Combined with quchi Pool at the Bend (LI-11), treatment to dazhui is effective for releasing heat to resolve heat, especially for facial illnesses. Acupuncture to fengchi Wind Pool (GB-20) and xingjian Moving Between (LR-2) can clear and drain fire heat, and treating xuehai sea of blood, sanyinjiao Three Yin Intersection (SP-6), and yinlingquan Yin Mound Spring (SP-9) can quicken the blood clear heat, disperse swelling dissipate stasis.

### 3. Urticaria

#### i. Etiology and pathogenesis

Urticaria is a common skin allergy that clinically manifests as local wind wheals or wind rash wheals of varying size. They occur and disappear suddenly, and are accompanied by severe itchy pain. However, the afflicted skin rarely forms scars once the illness is cured. A number of patients also show signs of fever and abdominal pain. The cause of urticaria is primarily a person’s constitution combined with external factors. According to the duration of the illness, it can be classified as either acute or chronic.

Acute urticaria is an allergic skin reaction and is primarily triggered by the ingestion of fish, shrimp, and crab; the use of certain drugs; or pollen, feathers, insect bites, and infections. Contact, physical factors, psychological factors, and certain internal organs or entire body illnesses can also cause urticaria.

Clinical manifestations of common urticaria are a sudden occurrence of localized red or pale bumps or conglomerations of varying size on the skin. The borders of these bumps are clear and vary in form, such as a round, roundish, or irregular form. Scratching with fingernails can spread the condition and aggravate existing rashes. The rashes may merge, becoming irregular, geographic, or ring-shaped. This condition is typically accompanied by a self-perceived sense of heat and severe itching. Most rashes last between half an hour and several hours before disappearing naturally, without leaving scars. Occasionally, the illness may occur

in bouts, appearing and disappearing several times in a single day. The location of the rashes vary; they may develop across the body or be limited to specific locations. If a rash develops in the stomach and intestines, symptoms such as nausea, vomiting, abdominal pain, and diarrhea occur. If rashes develop in the throat mucosa, then chest oppression, asthma (panting), and difficulty breathing may be experienced. Severe cases may result in life-threatening asphyxiation.

Urticaria is commonly called “wind wheals.” In TCM, it is also known as “urticaria,” “rubella,” and “wind itch urticaria.” The etiology and pathogenesis are primarily wind accompanied by either damp-heat or cold stagnation in the interstices of the skin and hair. Acute onset is typically caused by the ingestion of fish and shrimp, which induce inflammation and agitate wind. This illness may also be caused by a lack of moderation when consuming food and drink combined with a further affliction of wind-cold or wind-heat pathogens or insecurity of exterior defense, and encountering wind when sweating. External factors are the most common sources. Chronic occurrences mostly result from the insufficiency of yin-blood, which easily leads to yin deficiency with internal heat. Blood deficiency engendering wind, which is wind evil assailing the outer body. Additionally, disharmony of thoroughfare and conception vessels and insufficiency of essence-blood combined with wind encounters may also trigger this condition.

## ii. Key points of diagnosis

- (i) Wind-heat settling in the exterior: Swift onset of illness with red wind wheals; scorching heat and severe itching; thirst with heart vexation, which is exacerbated by heat and alleviated by cold; and an aversion to cold and fever. Swelling and pain in the throat, occasionally coupled with stomach pain and vomiting, and abdominal pain with diarrhea. Symptoms include a red tongue, a thin and white or thin and yellow coating on the tongue, and a floating and rapid pulse. If dampness is involved, a red border develops around the rashes comprising small blisters. Occasionally, large blisters that are extremely itchy also develop. If broken by scratching, these blisters leak sebaceous fluid. Signs include a red tongue, a yellow and greasy coating on



the tongue, and a slippery and rapid pulse.

- (ii) Spleen-stomach dampness-heat: The onset is swift with numerous red rash patches merging. Symptoms include pain in the epigastric and abdominal areas, nausea with vomiting, borborygmus with diarrhea, limited and red urine, a red tongue, a yellow and greasy coating on the tongue, and a slippery and rapid pulse.
- (iii) Dual deficiency of qi and blood: Recurring urticaria, pale-colored rash patches that persist and never fully heal and are exacerbated by exhaustion. This condition is accompanied by the paleness of the face with a lack of luster, weariness of the spirit with a lack of strength, a reduced food intake with insomnia, heart palpitations with shortness of breath, a pale and inflated tongue, and a weak pulse.
- (iv) Disharmony of thoroughfare and conception vessels: Wind rashes typically occur two to three days before menstruation and clear naturally by the end of the menstrual cycle, occurring again prior to the next menstruation. This is often accompanied by menstrual disorders, preceded or delayed menstrual cycles, abdominal pain during menstruation, purple menses with clots, a pale red tongue with petechiae or a purple and dark tongue, a thin and white coating on the tongue, and a wiry and thin pulse.

### iii. Treatment methods

The main acupoints used to treat urticaria are quchi Pool at the Bend (LI-11) and xuehai Sea of Blood (SP-10). The acupoints geshu Diaphragm Transport (BL-17), feishu Lung Transport (BL-13), fengmen Wind Gate (BL-12), gaohuang Gao Huang (BL-43), hegu Union Valley (LI-4), and sanyinjiao Three Yin Intersection (SP-6) can also be used as supplementary points.

### iv. Reasons for treatment

- (i) Wind-heat settling in the exterior: Urticaria is primarily caused by wind-heat that stagnates in the crevices or interstices of flesh. Thus, the acupoints fengchi Wind Pool (GB-20) and fengmen Wind Gate (BL-12) are used to course wind and resolve the exterior. The quchi Pool at the Bend (LI-11) and fengshi Wind Market (GB-31) acupoints can be used to clear heat Wind-

Dispersing. Geshu Diaphragm Transport (BL-17) and xuehai Sea of Blood (SP-10) can cool the blood and resolve stasis. This stimulates blood flow, dissipates wind naturally when blood moves, the wind naturally disappears, and clears heat to prevent rashes and itches from developing. Alternatively, if an aversion to cold with fever, acupuncture should also be administered to hegu Union Valley (LI-4) and dazhui Great Hammer (GV-14). If the patient also reports swelling and pain in the throat, then the acupoints yuji Fish Border (LU-10) and shaoshang Lesser Shang (LU-11) should be included. If vomiting and diarrhea are also presented, then include neiguan Inner Pass (PC-6) and zusanli Leg Three Li (ST-36). If blistering with dampness is observed, then include yinlingquan Yin Mound Spring (SP-9) and sanyinjiao Three Yin Intersection (SP-6).

- (ii) Dampness and heat in the spleen and stomach Spleen-stomach dampness-heat: Urticaria is caused by the accumulation of damp-heat in the intestines and the stomach, with wind pathogens stagnating in the skin and flesh. The acupoints on the large intestine channel, including the uniting point quchi Pool at the Bend (LI-11), the source point hegu Union Valley (LI-4), and the alarm point tianshu Celestial Pivot (ST-25), can be needled to reduce these pathogens. This is disperse wind outthrust through the exterior, clear and eliminate dampness and heat, and harmonize the intestines and stomach. Manipulate acupoints neiguan Inner Pass (PC-6) and zusanli Leg Three Li (ST-36) to regulate qi regulate the center. The meeting point of the three channels of the liver, spleen, and kidneys known as sanyinjiao Three Yin Intersection (SP-6) can also be used to soothe the liver and move the spleen.
- (iii) Dual deficiency of qi and blood: Urticaria can be caused by an invasion of wind pathogens caused by a deficient and weak constitution or insufficient qi and blood after a bout of illness, which results in insufficient defensive qi on the exterior and further contraction of wind pathogens. Treatments should consider both the symptoms and the cause. Administer acupuncture and moxibustion to pishu Spleen Transport (BL-20), qihai Sea of Qi (CV-6), and zusanli Leg Three Li (ST-36) to supplement the spleen and boost qi.

Geshu Diaphragm Transport (BL-17) and xuehai sea of blood are important acupoints for regulating, controlling, and accelerating the blood. When combined with pishu Spleen Transport (BL-20), qihai Sea of Qi (CV-6), and zusanli Leg Three Li (ST-36), treatment using reinforcing techniques with moxibustion can tonify qi and tonify blood. Acupuncture to fengmen Wind Gate (BL-12) can dispel wind pathogens. If the exterior deficiency profuse sweating, then include hegu Union Valley (LI-4) to secure the exterior to check sweating. If the condition is accompanied by heart palpitations and insomnia, then include shenmen Spirit Gate (HT-7) to nourish the heart to tranquilize. If coughing and panting are also experienced, include acupoints tiantu Celestial Chimney (CV-22) and danzhong Chest Center (CV-17) to downbear qi and calm panting.

(iv) Disharmony of thoroughfare and conception vessels: Urticaria can be caused by the liver qi depression, blood stasis due to qi stagnation, and disharmony of thoroughfare and conception vessels. Therefore, the acupoints ganshu Liver Transport (BL-18) and qimen Cycle Gate (LR-14) should be needled to release the liver qi and unclog the stagnation and knots and binds. The acupoints guanyuan Pass Head (CV-4) and xuehai Sea of Blood (SP-10) should be used to regulate the thoroughfare and controlling vessels. Geshu Diaphragm Transport (BL-17) and sanyinjiao Three Yin Intersection (SP-6) are used to dredge channel qi and facilitate the blood. The acupoints quchi Pool at the Bend (LI-11) and fengshi Wind Market (GB-31) can be treated with acupuncture to dispel wind pathogens and suppress itching.

## 4. Herpes zoster

### i. Etiology and pathogenesis

Herpes zoster is also known as “herpes zoster.” In TCM, this illness is called “herpes zoster,” “spider blisters,” “snake nest blisters,” and “snake string blisters.” Because it typically occurs in the chest and waist region, it is also called “fire cinnabar surrounding the waist.” The etiology and pathogenesis are mainly either

emotional disturbances that liver qi depression it into heat, or the spleen failing in transportation, causing collecting internally. This condition may also be caused by wind fire dampness toxins accumulating in the liver and gallbladder meridian channels. Clinically, liver fire is often triggered by wind fire, which causes depressed liver channel fire. Wind fire can also trigger spleen dampness, causing dampness and spleen channel dampness-heat.

Herpes zoster is caused by the same virus that causes chicken pox, that is, the varicella-zoster virus. The virus remains latent in the nerve cells. When immune function is reduced because of infection, injury, radiation therapy, malignant tumors, and nervous system disorders, herpes zoster is triggered.

Herpes zoster occurs primarily during the spring and fall. Before the onset, precursor symptoms such as fever, listlessness, and a loss of appetite occur. Initially, patients experience local skin sensations of scorching heat, sensory oversensitivity, and neuralgia. This is followed by the skin flushing red. Papules rapidly develop into small blisters with a depression in the middle, similar to the navel; these blisters do not merge with each other. The skin rashes are distributed along the affected nerve in irregular bands and are primarily unilateral; that is, they do not cross the midline of the body. This condition typically manifests in areas controlled by the intercostal and trigeminal nerves and may invade the eyes, nose, mouth, and/or genital mucosa. Generally, after a few days, the blisters dry into scabs, which do not leave scars upon recovery. Only temporary pigmentation may be observed. Severe cases include the development of large blood blisters and gangrene. The local lymphatic nodes are typically swollen. Local scorching pain is a characteristic of this illness. The pain usually radiates along the area controlled by the affected nerves. Patients with this condition generally recover naturally without intervention after 2 to 3 weeks. However, older adults may experience longer residual neuralgia after the skin damage heals.

## **ii. Key points of diagnosis**

- (i) Exuberant liver-gallbladder fire: Bright red skin blisters with tense walls; a bitter taste in the mouth combined with thirst; vexation, agitation, and easy anger; constipation with red urine; a red tongue with a yellow coating; and

a wiry and rapid pulse.

- (ii) Spleen-stomach with exuberant phlegm: Pale red skin blisters with loose walls, a lack of thirst, reduced food intake, sloppy stool, a swollen tongue, a white and thick or white and greasy coating on the tongue, and a soggy and rapid pulse.

### iii. Treatment methods

- (i) Body acupuncture:

The main acupoints used for treatment are waiguan Outer Pass (TE-5), hegu Union Valley (LI-4), quchi Pool at the Bend (LI-11), zhongzhu Central Islet (TE-3), yanglingquan Yang Mound Spring (GB-34), xingjian Moving Between (LR-2), zulinqi Foot Overlooking Tears (GB-41), taichong Great Thoroughfare (LR-3), and sanyinjiao Three Yin Intersection (SP-6). Electroacupuncture treatment can also be used to relieve pain.

- (ii) Skin acupuncture:

The main acupoints used for treatment are the paravertebral points in the area surrounding the herpes outbreak. Employ the heavy tapping method until the skin bleeds slightly. Administer one treatment session per day.

- (iii) Ear acupuncture:

The main acupoints used for treatment are those that govern the liver, spleen, lungs, and ear shenmen Spirit Gate (HT-7). Employ fine needles with significant stimulation. Insert needles for 30 min. Treatment should be performed once per day. Alternatively, ear needles should be buried for 2 to 3 days each time and administered in rotation.

### iv. Reasons for treatment

Herpes zoster results from the liver-gallbladder fire depression. Therefore, the uniting point of the liver channel ququan Spring at the Bend (LR-8) and brook point xingjian Moving Between (LR-2) can be treated with acupuncture to reduce them, which depressed fire of the clearing and discharging reverting yin. Combined with a reduction of the uniting point of the gallbladder channel yanglingquan Yang Mound Spring (GB-34) and the brook point xiashi Pinched Ravine (GB-43), this can free and discharge the wind heat. The acupoint xuehai

Sea of Blood (SP-10) can be used to cool the blood and resolve stasis. Pricking around the illness site can be performed on the corresponding paravertebral points to treat the affected regions, clear heat, dispel poisons, and eliminate pain. Needling the uniting point of the spleen channel yinlingquan Yin Mound Spring (SP-9) with sanyinjiao Three Yin Intersection (SP-6) can facilitate move the spleen and drain dampness. If the paravertebral points corresponding to the skin herpes locations are needled together with pricking around the herpes area, drain fire and resolve toxin. If the heat is significant, then the acupoints hegu Union Valley (LI-4) and quchi Pool at the Bend (LI-11) can be used to resolve the exterior and clear heat. If the illness invades the skin of the face, then the corresponding acupoints on the distal end (on the limbs) of the Meridian and Collateral running through the affected area can be included in treatments.

## Section 11. Pediatric illnesses

### Infantile cerebral palsy

#### i. Etiology and pathogenesis

Clinically, infantile cerebral palsy can be divided into three periods according to whether the illness onset occurred before or after birth.

The reasons for illness in the different periods are stated below.

- (i) Pre-partum stage: During pregnancy the fetus develops infections, hemorrhages, ischemia, growth disorders, and developmental abnormalities; or during pregnancy, the mother develops hypertension or diabetes, experiences falls or injury to the fetus, is exposed to radioactivity, or ingests drugs. These occurrences can all lead to cerebral development abnormalities.
- (ii) Partum stage: Brain ischemia or intracranial hemorrhage in infants caused by blockages to the amniotic fluid, the umbilical cord being tangled around the infant's neck, choking or asphyxiation following the inhalation of fetal fecal matter, difficulty giving birth, or injury by forceps.
- (iii) Post-partum stage: Often caused by kernicterus, brain infection, external injuries, or improper caretaking, such as smothering asphyxia that leads to

brain ischemia in the infant.

Various degrees of motor disorders exist for cerebral palsy, and may include slower motor development. Patients with minor symptoms may develop gross motor skills. However, fine motor control disorders still require attention. In static positions, postural abnormalities include tonic neck reflexes, tonic limbs or tonic spasms in the limbs, opisthotonus, and hemiplegia. Abnormal posture during activity includes hypotonic, ataxic, and spastic movement. A number of patients have abnormal reflexes and abnormal muscular tension, including hypotonic, hypertonic, myotonic, and ataxic movements.

Infantile cerebral palsy corresponds to the “*five retardations* (五遲),” “*five limpnesses* (五軟),” and “*five stiffnesses*” of pediatrics in TCM. This condition is also called “childhood brain paralysis.” A number of the clinical manifestations are similar to that of the wilting pattern in TCM. The etiology is primarily natural or congenital deficiencies, insufficient nurture, imbalance or lack of proper caretaking after illness, or heat toxin afflictions leading to insufficient qi and blood, resulting in depletions. This prevents the appropriate nourishment of the five visceral and six bowels, muscles, bones, limbs, and body. These illnesses are primarily deficiency pattern, with deficiency-excess complex.

## ii. Key points of diagnosis

- (i) Insufficiency of kidney essence: Paralysis of the limbs; atrophy and weakness from disuse; retarded development; low intelligence; unopened fontanel; slurred speech; difficulty raising the head, standing, and sitting; a white coating on the tongue; and a thin and weak pulse.
- (ii) Liver-kidney yin deficiency: Lower limb paralysis; neck and nape strain and stiffness; slow, sinuous, and writhing movements of the arms and legs; spasms in the legs when standing; tilted and twisted steps; facial tension; speech difficulties; spasms similar to epilepsy; a red tongue; and a thin and rapid pulse.
- (iii) Spleen qi deficiency: Listlessness of spirit, paralysis of the limbs, diminished qi with no desire to speak, soft lips with weak chewing ability, drooling saliva without restraint, frequent tongue extension, minimal food

intake, abdominal distention, sloppy stool, a pale tongue with a white coating, and a weak pulse.

- (iv) Qi-blood deficiency: Insufficient intelligence, stupefied or torpid expression, a lack of crying or activity, slow speech, lack of luster in the complexion, a pale tongue with a thin coating, and a weak pulse.
- (v) Yin liquid humor depletion: Paralysis of the limbs, muscular atrophy, dry and cracked lips, low fever, night sweats, a dark-red tongue, an uncoated and smooth tongue or mirror-like coating on the tongue, and a thin and rapid pulse.
- (vi) Stasis obstructing the brain collateral: Lower limb paralysis, reduced intellect, minimal hair growth, visible veins on the face and skulls, reversal cold in the limbs, a purple and dark tongue, and a thin and choppy pulse.
- (vii) Phlegm-dampness clouding: Paralysis of the limbs, phlegm rale in the throat, spasms similar to epilepsy or convulsions, retching, reduced food intake, a greasy coating on the tongue, and a slippery pulse.

### iii. Treatment methods

Infantile cerebral palsies are mostly deficiency pattern, or a deficiency-excess complex. In some cases, innate inadequacies lead to liver-kidney depletion patterns. In other cases, later-heaven loss of nourishment causes spleen deficiencies, inhibiting the transformation and generation of qi and blood. Clinically, the symptoms of illnesses must be first diagnosed before various treatments are administered. For the minority of cases with stasis blockages of stasis obstructing the brain collateral or phlegm-dampness clouding, acupuncture methods that either activate blood and resolve stasis, free the orifices open the orifices, fortify the spleen and transform phlegm, or extinguish wind open the orifices are used.

#### (i) Body acupuncture:

The main acupoints used in treatments are baihui Hundred Convergences (GV-20), sishencong Alert Spirit Quartet, dazhui Great Hammer (GV-14), shenshu Kidney Transport (BL-23), ganshu Liver Transport (BL-18), pishu Spleen Transport (BL-20), weishu Stomach



Transport (BL-21), yongquan Gushing Spring (KI-1), xinshu Heart Transport (BL-15), hegu Union Valley (LI-4), and zusanli Leg Three Li (ST-36).

Other complementary acupoints are listed below.

For lower-limb paralysis, use huantiao Jumping Round (GB-30), fengshi Wind Market (GB-31), yanglingquan Yang Mound Spring (GB-34), juegu Severed Bone (GB-38), qiuxu Hill Ruins (GB-40), kunlun Kunlun-Mountains (BL60), and weizhong Bend Center (BL-40).

For upper limb paralysis, use quchi Pool at the Bend (LI-11), shousanli Arm Three Li (LI-10), waiguan Outer Pass (TE-5), and houxi Back Ravine (SI-3).

If the insufficiency of kidney essence, include taixi Great Ravine (KI-3) and guanyuan Pass Head (CV-4).

If the liver-kidney yin deficiency, add ququan Spring at the Bend (LR-8), yinlingquan Yin Mound Spring (SP-9), and taichong Great Thoroughfare (LR-3).

If the yin liquid humor depletion, add neiguan Inner Pass (PC-6) and sanyinjiao Three Yin Intersection (SP-6).

If stasis obstructing the brain collateral, include fengfu Wind House (GV-16), fengchi Wind Pool (GB-20), and xuehai Sea of Blood (SP-10).

If phlegm-dampness clouding, add laogong Palace of Toil (PC-8) and fenglong Bountiful Bulge (ST-40).

If the facial expressions are stupefied or lifeless, add yintang Hall of Impression and shenmen Spirit Gate (HT-7).

If speech is slurred, add jinjin Golden Liquid, yuye Jade Humor, and lianquan Ridge Spring (CV-23).

Generally, three main acupoints and five complementary acupoints are treated during every session. Both the afflicted side and the healthy side should be treated, even when hemiplegia is present. Treatment should be administered once every other day, with the needles inserted for 15 min. Even neutral supplementation and draining methods should be employed.

One treatment cycle comprises 15 sessions. A week after discontinuing the first treatment, a second treatment cycle can be initiated.

(ii) Scalp acupuncture

- ① Motor function disorders: Treat the motor area, foot motor-sensory area, chorea-tremor area, and sensory area.
- ② Fine motor disorder: Treat the motor area.
- ③ Intellectual disorder: Treat the intellect area, and the second and third areas for speech disorders.
- ④ Auditory disorders: Treat the auditory area.
- ⑤ Visual disorders: Treat the visual area.

Unstable gait and integration dysfunction: Treat the balance and motor control areas.

**iv. Reasons for treatment**

Baihui Hundred Convergences (GV-20), sishencong Alert Spirit Quartet, and xinshu Heart Transport (BL-15) are effective for strengthening the brain, boosting intellect, and soothing the spirit. Zusanli Leg Three Li (ST-36), pishu Spleen Transport (BL-20), weishu Stomach Transport (BL-21), and hegu Union Valley (LI-4) supplements the spleen and fortify the stomach, supplement qi and nourish the blood. For paralysis of the upper and lower limbs, the acupoints selected are concentrated on the yangming yang brightness meridian, which regulate the spleen and stomach, tonify qi and replenish blood, lubricate the penis, nourish the muscles, facilitate joint function, free the channels and quicken the network vessels, and facilitate and relax the muscles and bones. The yangming yang brightness has copious qi and copious blood and is connected internally to the spleen and the stomach. The spleen and the stomach are the sea of the five visceral and six bowels are responsible for infusing and regulating the penis. The penis is responsible for controlling the bones and facilitating joint movement. The acupoints ganshu Liver Transport (BL-18), shenshu Kidney Transport (BL-23), and yongquan Gushing Spring (KI-1) enriches the liver and kidney, relaxing the muscles, and strengthening the bones.

Scalp acupuncture therapy is based on the horizontal connection theory of

channel qi in acupuncturology. It summarizes the physiological anatomy knowledge of modern medicine. Additionally, it employs scalp projection zones that correspond with the functional location of the cerebral cortex, and can be used to manage various brain injuries according to the specific conditions and to treat the symptoms of cerebral palsy.



# Atlas of Acupuncturology

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出版機關：衛生福利部國家中醫藥研究所 ( 地址：11221台北市北投區立農街2  
段155之1號·網址：<https://www.nricm.edu.tw>·編印單位電話：  
02-28201999分機4034 )

出版年月：中華民國109年12月

版(刷)次：第一版第一刷

其他類型版本說明：PDF

定價：新台幣730元

展售處：國家書店 ( 松江門市：104台北市中山區松江路209號一樓·門市/網  
路服務專線：886-2-25180207·<http://www.govbooks.com.tw> )、  
五南文化廣場政府出版品總經銷 ( 406 台中市北屯區軍福七路600  
號·04-24378010·<http://www.wunanbooks.com.tw> )

GPN : 1010902091

ISBN : 9789865439774 ( 精裝 )

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權。( 請洽作者林昭庚教授·電話：02-23013637 )



GPN : 1010902091  
定價 : 新台幣730元