Chinese Acupuncture and Moxibustion
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Chief editor
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FOREWORD

The science of acupuncture and moxibustion is an important part of traditional Chinese medicine. For thousands of years the Chinese people have appreciated it for its nonpharmaceutical treatment, simple application, wide range of use, good curative effect, and low cost.

As part of Chinese science and culture acupuncture and moxibustion have long been known in the world as a result of cultural exchange between China and other countries. However, a global interest in acupuncture and moxibustion and special enthusiasm for the subject have been growing in the past dozen years. To offer further service to the other people and help acupuncture and moxibustion enrich the world's science and culture, the Ministry of Public Health of China established three international acupuncture training centres in research institutes and colleges of traditional Chinese medicine in Beijing, Shanghai and Nanjing with the support of the Office of the Western Pacific Region of the United Nations' World Health Organization. More than 1,000 foreign students from 120 countries and regions have been trained there in less than ten years. With their strong thirst for knowledge these students were not satisfied with their basic understanding and sought more detailed information. To meet their needs, the three training centres have organized advanced training and research courses.

*Chinese Acupuncture and Moxibustion*, the textbook for these advanced courses, was compiled by the three training centres, under the supervision of the Ministry of Public Health, in accordance with their teaching programme, acupuncture theory and clinical experience. Professor Cheng Xinnong, well-known specialist of Chinese acupuncture and moxibustion, headed the editorial board for the compilation of this book. Both the Chinese and English editions of *Chinese Acupuncture and Moxibustion* were examined and revised by a number of specialists before publication.
Based on *Essentials of Chinese Acupuncture* and supplemented by the results of many years of teaching and clinical experience, *Chinese Acupuncture and Moxibustion* was continually revised, substantiated and perfected. As a valued scientific gift from the home of acupuncture and moxibustion, this book, we hope, will be a good teacher and helpful friend to students and practitioners of acupuncture and moxibustion in the world.

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PREFACE

The science of acupuncture and moxibustion is an important component of traditional Chinese medicine used in the prevention and treatment of disease. This therapy has been accepted by the general population for thousands of years. Since the founding of the People's Republic of China, great importance has been attached by the Chinese Government to the investigation of acupuncture and moxibustion. It has thus been greatly popularized and developed and is becoming an increasingly important component of world medicine.

With a view to offering further service to the people of the world, three International Acupuncture Training Centres were established in Beijing, Shanghai and Nanjing. Since 1975, a number of acupuncture training courses have been sponsored for more than one thousand foreign students from one hundred countries and regions, using Essentials of Chinese Acupuncture* as the textbook. Upon returning to their home countries these students applied what they had learnt to their own practice to good effect. Many practitioners are not satisfied with their understanding of the basic theories and seek more detailed knowledge. Therefore, the Ministry of Public Health has entrusted these three training centres with the task of organizing advanced training and research courses. Chinese Acupuncture and Moxibustion has been compiled to serve as the textbook for these courses and as a reference for foreign practitioners in their own study.

Based upon Essentials of Chinese Acupuncture and supplemented with many years of teaching and clinical experience, as well as recent research, the book lays emphasis on the integration of theory with practice, in keeping with the great heritage of traditional Chinese medicine. Chinese Acupuncture and Moxibustion consists of eighteen chapters. Chapter 1 is a brief history of Chinese acupuncture and moxibustion, giving an outline of its origin and development. Chapters 2 to 4 deal with the basic theories, primarily in relation to yin-yang, five elements, zang-fu, qi, blood, essence and body fluid. Chapters 5 to 10 give an overall description of the 12 regular meridians, 8 extra meridians, 12 divergent meridians, 15 collaterals, 12 muscle meridians, 12 cutaneous regions, acupoints of the 14 meridians and the extra points. Chapters 11 and 12 are concerned with etiology, pathogenesis and diagnostic methods, with emphasis placed on pulse and tongue

*Published by the Foreign Languages Press, Beijing, in 1975 and 1980.
diagnosis. Chapter 13 is about differentiation of syndromes according to the eight principles, the theories of qi and blood, meridians and collaterals, and zang-fu organs, with brief differentiation according to the theories of six meridians, wei, qi, ying, xue, and sanjiao. Chapters 14 and 15 cover the techniques of acupuncture and moxibustion in relation to commonly used needling methods and some acupuncture techniques mentioned in Internal Classic. Chapter 16 is a general introduction to acupuncture treatment, including general principles and methods of treatment, basic principles for prescription and selection of points, and application of specific points. Chapters 17 and 18 relate to the clinical management of 63 kinds of diseases in internal medicine, gynecology, pediatrics, surgery and ENT. A supplementary section is devoted to ear acupuncture and acupuncture anesthesia.

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In conclusion, we sincerely appreciate comments and suggestions from our readers so that we can make revisions in future editions.

August 1, 1987
Chapter 1
A BRIEF HISTORY OF CHINESE ACUPUNCTURE AND MOXIBUSTION

I. THE ORIGIN OF ACUPUNCTURE AND MOXIBUSTION

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

In the classics of two thousand years ago, it was frequently cited that the acupuncture instruments were made of stone and were named bian stone. For example, in Commentary on the Spring and Autumn Annals, there is a paragraph in historical records for 550 B.C. saying: “Praise pleasant to hear that does an ill turn is worse than advice unpleasant to hear that acts like a stone.” Fu Qian in the second century explained that “stone” here meant bian stone. Quan Yuanqi who lived around the 5th-6th centuries pointed out: “bian stone is an ancient appliance for external treatment and was known by three names: 1. needle stone; 2. bian stone; 3. arrow-headed stone. In fact, they are the same thing. Because there was no iron casting in ancient times, the needles were made of stone.” This is correlated with the fact that the stone instruments were extensively used in the primitive society. Primitive period in China was divided into two stages, the Old Stone Age (from remote antiquity to 10,000 years ago) and the New Stone Age (from 10,000-4,000 years ago). In the Old Stone Age the ancestors knew how to use stone knives and scrapers to incise an abscess, drain pus and let blood out for therapeutic purposes. With the accumulation of experiences the indications of the treatment by bian stone were gradually increased. In the New Stone Age because of the improvement in their technique of stone manufacturing, the ancient people were able to make bian stone as a special tool with more medical usage. In China, a bian stone needle 4.5 cun long was discovered in the New Stone Age ruins in Duolun County of Inner Mongolia. At one end, it is oval shaped with a semicircular
edge used for incising boils and abscesses, and at the other end, it is pyramid shaped with a square base used for bloodletting (see Fig. 1-1). Two more bian stones were discovered as funerary objects in a late New Stone Age grave in Rizhao County of Shandong Province. They are 8.3 cm and 9.1 cm in length respectively, with three-edged and cone-shaped ends used for bloodletting and regulating qi circulation. The discovered relics of bian stone have provided powerful evidence that acupuncture originated early in the primitive society.

According to the records of Chapter 12 of Plain Questions: "The treatment with bian stone needle was originated in the east coast of China where the inhabitants lived on fishery, and moxibustion was originated in the north where the people subsisted on animal husbandry. Because it was cold and windy in the northern areas, people had to warm themselves by fire. Living in camps and subsisting on milk, they easily suffered from abdominal pain and distension by cold, suitable to be treated by heat. Through long-term accumulation of experiences, moxibustion therapy and hot compression were created."

II. THE ACADEMIC ACCOMPLISHMENTS OF ANCIENT ACUPUNCTURE AND MOXIBUSTION

From the twenty-first century B.C. when China entered the slave society to 476 B.C., Chinese history went through the Xia, Shang and Western Zhou dynasties and the Spring and Autumn Period. Three thousand years ago in the Shang Dynasty the hieroglyphs of acupuncture and moxibustion appeared in the inscriptions on bones and tortoise shells. Because of the development of bronze casting techniques there appeared bronze medical needles. But bian stone was still used as the main tool for treating diseases. During this period the philosophical thinking of yin-yang and five elements was formed, and in the field of medicine the ancient physicians had a preliminary understanding of pulse, blood, body fluid, qi, shen (manifestations of vitality), essence, five sounds, five colours, five flavours, six qi, eight winds, etc., as well as the ideology of relevant adaptation of the human body to natural environment. Thus germinated the sprout of the basic theory of traditional Chinese medicine.

From the Warring States Period (475 B.C.-221 B.C.) to the Qin Dynasty (221 B.C.-207 B.C.) and to the Western Han Dynasty (206 B.C.-A.D. 24), it was the establishing and strengthening stage of the feudal system in China. With the introduction and application of iron instruments, bian stone needles were replaced by metal medical needles. This broadened the field of acupuncture practice, bringing about a development of acupuncture by leaps and bounds. As recorded in the book Miraculous Pivot, there were nine kinds of metallic needles at that time with different shapes and usage. They are named as nine needles including the needles for puncturing, surgical incision and massage as well. In 1968, in Mancheng County, Hebei Province, an ancient tomb of the Western Han Dynasty buried in 113 B.C. was excavated. Among the relics, there were four golden needles and five decaying silver ones (see Fig. 1-2). These discoveries demonstrate the original shapes of the ancient needles. The doctors of this period treated diseases with multiple techniques. For example, the
famous doctor Qin Yueren (or named Bian Que) who lived in about the fifth to fourth century B.C., had a good command of medical knowledge in various clinical branches; he treated patients by needling, moxibustion, herbal decoction, massage and hot compression. He rescued a critically ill prince by acupuncture, and this story went down in history. Another famous doctor Chunyu Yi of the second century B.C. was good at acupuncture-moxibustion and herbal treatment. There is an account of his case reports of twenty-five patients in the book *Historical Records*, in which four cases were treated by acupuncture and moxibustion. In the period of Warring States, ancient doctors began to generalize and summarize medicine and pharmacology, and writings on acupuncture and moxibustion appeared. Two silk scrolls recording meridians and collaterals written in the third century B.C., were discovered in the excavation of the No. 3 Han Tomb at Mawangdui, Hunan Province, which reflected the earliest outlook of the theory of meridians and collaterals. The book *Huangdi’s Internal Classic* passed on to now is a medical classic concerning the theory of traditional Chinese medicine, with its authorship ascribed to the ancient Emperor Huangdi. It includes two parts: *Miraculous Pivot*, in another name *Huangdi’s Canon of Acupuncture*, and *Plain Questions*. On the basis of previous literature, it takes the theories of yin-yang, five elements, zang-fu, meridians and collaterals, mentality and spirit, qi and blood, body fluid, five emotions and six exogeneous pathogenic factors as the basic knowledge of traditional Chinese medicine, and acupuncture and moxibustion as the main therapeutic technique; it explained the physiology and pathology of the human body, the principles of diagnosis, the prevention and treatment of diseases from the perspective of atheism, holistic conception, the viewpoint of development and change, and the relationship between the human body and the natural environment. This laid a theoretical foundation of Chinese medicine and pharmacology, including acupuncture and moxibustion. During this period also appeared the books *Huangdi’s Canon of Eighty-One Difficult Problems* and *Essentials of Points, Acupuncture and Moxibustion*, both related to the fundamental theories of acupuncture and moxibustion, but the latter book has been lost.

From the Eastern Han Dynasty (A.D. 25-220) to the Three Kingdoms Period (220-265), another generalization and summarization of traditional Chinese medicine and pharmacology was made. Many famous doctors paid great attention to the study of acupuncture and moxibustion. For example, Hua Tuo who was the pioneer to apply herbal anesthesia for surgical operations only selected one to two points in acupuncture treatment and took much notice to the propagation of needling sensation. He was ascribed the authorship of *Canon of Moxibustion and Acupuncture Preserved in Pillow* (lost). The outstanding medical doctor Zhang Zhongjing also mentioned the methods of acupuncture, moxibustion, fire needling, warm needling, etc. in his book *Treatise on Febrile and Miscellaneous Diseases*. He stressed very much on combining acupuncture with medicinal herbs as well as applying the treatment according to the differentiation of symptom complex. During this period the basic theories of acupuncture and moxibustion had already been formed, but the locations and names of acupuncture points were neither unified nor systemized.
A bamboo scroll of medicine of the Eastern Han Dynasty which was excavated from Wuwei County in Gansu Province, mistook Zusanli to be located “five cun below the knee.” Hua Tuo located Back-Shu points as “one cun bilaterally along the spine,” with a great difference in locations and names of the points when compared with other books. Because the earliest acupuncture books contained mistakes and differences, and had missing information, the famous medical doctor Huangfu Mi compiled the book Systematic Classic of Acupuncture and Moxibustion in 256-260 by collecting the materials of acupuncture and moxibustion from the ancient books Plain Questions, Canon of Acupuncture and Essentials of Points, Acupuncture and Moxibustion. The book consists of 12 volumes with 128 chapters, including 349 acupuncture points. He edited and arranged the contents according to the following order: the theories of Zang-Fu, Qi and Blood, channels and collaterals, acupuncture points, the pulse diagnosis, manipulating techniques of acupuncture and moxibustion, and their clinical application in various branches of medicine. It is the earliest exclusive and systemized book on acupuncture and moxibustion which has been one of the most influential works in the history of acupuncture and moxibustion.

During the Jin Dynasty and the Northern and Southern Dynasties (265-581), the chaos was upheaved by wars. The physicians advocated acupuncture and moxibustion therapy very much because of its convenient use in times of turmoil, and the masses of Chinese people also knew something about moxibustion therapy. The famous doctor Ge Hong wrote the book Prescriptions for Emergencies to popularize medical knowledge, especially the therapeutic methods of acupuncture and moxibustion. From the Jin Dynasty to the Northern and Southern Dynasties, Xu Xi’s family were expert in the art of healing for several generations, including Xu Qifu, Xu Wenbo and Xu Shuxiang, all well known in the history of acupuncture and moxibustion. In this period there appeared more and more monographs on acupuncture and moxibustion, and charts of acupuncture points, such as Acupuncture Chart from Lateral and Posterior Views and Diagrams of Meridians and Points.

During the Sui (581-618) and Tang dynasties (618-907), China was undergoing the process of economical and cultural prosperity of the feudal society. The science of acupuncture and moxibustion also had great development. The famous physician Zhen Quan and his contemporary Sun Simiao both had good command of the knowledge of traditional Chinese medicine and made deep study on acupuncture and moxibustion. The Tang government, in the years around 627-649, ordered Zhen Quan and the others to revise the books and charts of acupuncture and moxibustion. Sun Simiao compiled Prescriptions Worth a Thousand Gold for Emergencies (650-652), and A Supplement to the Prescriptions Worth a Thousand Gold (680-682), in which a great deal of clinical experiences in acupuncture treatment of various schools were included. He also designed and made Charts of Three Views, in which “the twelve regular meridians and the eight extra meridians were illustrated in various colours, and there were altogether 650 points.” They are the earliest multicoloured charts of meridians and points, but have been lost. In addition, Yang Shangshan of the Tang Dynasty compiled Acupuncture Points in Internal Classic, which revised the relevant contents of...
Internal Classic; Wang Tao wrote the book *The Medical Secrets of An Official*, in which a host of moxibustion methods of various schools were recorded. During this period there appeared monographs on the treatment of special diseases, for example, the book *Moxibustion Method for Consumptive Diseases* written by Cui Zhidi, in which moxibustion treatment of tuberculosis was described. It has been found that the earliest block-printed edition of acupuncture and moxibustion is *A New Collection of Moxibustion Therapy for Emergency*, which appeared in the year 862, specially describing the moxibustion therapy for emergencies. In the seventh century, acupuncture and moxibustion had already become a special branch of medicine, and those specialized in this field were entitled acupuncturists and moxibustionists. During the Tang Dynasty, the Imperial Medical Bureau responsible for medical education, was divided into four departments of medical specialities and one department of pharmacology. And the department of acupuncture was also one of them, in which there were 1 professor of acupuncture, 1 assistant professor, 10 instructors, 28 technicians and 20 students. The acupuncture professor was in charge of teaching the students the meridian-collaterals and acupuncture points, pulse diagnosis, and manipulating methods of needling.

In the Five Dynasties (907-960), Liao Dynasty (916-1125), Song Dynasty (960-1279), Jin Dynasty (1115-1234) and Yuan Dynasty (1206-1368), the extensive application of printing technique greatly promoted the accumulation of medical literature and speeded up the dissemination and development of Chinese medicine and pharmacology. Supported by the Northern Song government, the famous acupuncturist Wang Weiyi revised the locations of the acupuncture points and their related meridians, and made a supplement to the indications of acupuncture points. In 1026, he wrote the book *Illustrated Manual on the Points for Acupuncture and Moxibustion on a New Bronze Figure*, which was block printed and published by the government. In 1027, two bronze figures designed by Wang Weiyi were manufactured, with the internal organs set inside and the meridians and points engraved on the surface for visual teaching and examination. These achievements and measures promoted the unification of the theoretical knowledge of acupuncture points and meridians. The famous acupuncturist Wang Zhizhong of the Southern Song Dynasty wrote the book *Canon on the Origin of Acupuncture and Moxibustion*, in which he laid stress on practical experiences including folk experiences, exerting a great influence on later generations. The famous doctor Hua Shou of the Yuan Dynasty did textual research on the pathways of meridians and collaterals as well as their relationship with acupuncture points. In 1341 he wrote the book *Exposition of the Fourteen Meridians*, which further developed the theory of meridians and acupuncture points. In this period there were plenty of famous doctors who were good at acupuncture and moxibustion. Some of them laid emphasis on the theory and technique of a particular aspect. So different branches of acupuncture and moxibustion were formed. For example, the publication of *Canon of Acupuncture and Moxibustion for Children’s Diseases* (lost), *Moxibustion Methods for Emergencies, The Secret of Moxibustion for Abscess and Ulcer* and so on, showed the deep development of acupuncture and moxibustion into various branches of the clinic. Xi Hong of the early
Southern Song Dynasty who was from a famous acupuncturist family, particularly stressed the manipulating technique of acupuncture. And his contemporary Dou Cai wrote a book entitled *Bian Que's Medical Experiences*, in which he highly praised the scorching moxibustion, and even gave a general anesthesia to avoid pain while applying scorching moxibustion. At the same time, Yang Jie and Zhang Ji observed autopsies, and advocated selecting acupuncture points in the light of anatomical knowledge. He Ruoyu and Dou Hanqin of the Jin and Yuan dynasties suggested that the acupuncture points should be selected according to *ziwuluzhu* (Chinese two-hour time on the basis of Heavenly Stems and Earthly Branches).

In the Ming Dynasty (1368-1644) acupuncture and moxibustion were worked up to a climax that many problems were studied deeper and broader. There were more famous doctors specialized in this field. Chen Hui of the early stage of Ming Dynasty, Ling Yun of the middle stage, and Yang Jizhou of the later stage, all were known far and wide in China, and exerted a tremendous influence upon the development of acupuncture and moxibustion. The main accomplishments in the Ming Dynasty were: 1. Extensive collection and revision of the literature of acupuncture and moxibustion, e.g. the chapter of acupuncture and moxibustion in the book *Prescriptions for Universal Relief* (1406), *A Complete Collection of Acupuncture and Moxibustion* by Xu Feng in the fifteenth century, *An Exemplary Collection of Acupuncture and Moxibustion* by Gao Wu in 1529, *Compendium of Acupuncture and Moxibustion* in 1601 based on Yang Jizhou's work, *Six Volumes on Acupuncture Prescriptions* by Wu Kun in 1618, and *An Illustrated Supplement to Systematic Compilation of the Internal Classic* by Zhang Jiebin in 1624, etc.

All these works were the summarization of the literature of acupuncture and moxibustion through the ages. 2. Studies on the manipulating methods of acupuncture. On the basis of single manipulation of acupuncture, more than twenty kinds of compound manipulation were developed, and an academical contention was carried out about different manipulation methods. *Questions and Answers Concerning Acupuncture and Moxibustion* by Wang Ji in 1530 was the representative work of that academical dispute. 3. Development of warm moxibustion with moxa stick from burning moxibustion with moxa cone. 4. Sorting out the previous records of acupuncture sites located away from the Fourteen Meridians and formation of a new category of extra points.

From the establishment of the Qing Dynasty to the Opium War (1644-1840), the medical doctors regarded herbal medication as superior to acupuncture, therefore acupuncture and moxibustion gradually turned to a failure. In the eighteenth century Wu Qian and his collaborators compiled the book *Golden Mirror of Medicine* by the imperial order. In this book the chapter “Essentials of Acupuncture and Moxibustion in Verse” took the practical form of rhymed verse with illustrations. Li Xuechuan compiled *The Source of Acupuncture and Moxibustion* (1817), in which selection of acupuncture points according to the differentiation of syndromes was emphasized, acupuncture and herbal medication were equally stressed, and the 361 points on the Fourteen Meridians were systematically listed. Besides these books, there were many publications, but none of them were
influential. In 1822, the authorities of the Qing Dynasty declared an order to abolish permanently the acupuncture-moxibustion department from the Imperial Medical College because “acupuncture and moxibustion are not suitable to be applied to the Emperor.”

III. MODERN DECLINE AND NEW LIFE OF ACUPUNCTURE AND MOXIBUSTION

Following the Opium War in 1840, China fell into a semifeudal and semicolonial society. The Revolution of 1911 ended the rule of the Qing Dynasty, but the broad masses of Chinese people were in deep distress until the founding of New China, and acupuncture and moxibustion were also trampled upon. Introduction of Western medicine to China should have been a good turn, but the colonists used it as a medium for aggression. They claimed: “Western medicine is vanguard of Christianity and Christianity is the forerunner promoting the sale of goods.” With such a purpose, they denounced and depreciated Chinese traditional medicine, and even defamed acupuncture and moxibustion as medical torture and called the acupuncture needle a deadly needle. From 1914, the reactionary government of China continuously yelled to ban traditional medicine and adopted a series of measures to restrict its development, resulting in a decline of Chinese traditional medicine including acupuncture and moxibustion.

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

At this period, acupuncture and moxibustion gained its new life in the revolutionary base area led by the Communist Party of China. In October of 1944, after Chairman Mao Zedong made a speech on the United Front of Cultural Work at the meeting of the cultural and educational workers in Shanxi-Gansu-Ningxia border region, many medical doctors trained in Western medicine began to learn and to do research work on acupuncture and moxibustion, and to spread its use in the army of the base area. In April 1945, an acupuncture clinic was opened in the International Peace Hospital in the name of Dr. Norman Bethune in Yan’an. This was the first time that acupuncture and moxibustion entered into a comprehensive hospital. In 1947, the
Health Department of Jinan Military Area Command compiled and published Practical Acupuncture and Moxibustion. An acupuncture training course was sponsored by the health school affiliated to the Health Bureau of the People's Government in Northern China in 1948. All these efforts like the seeds spread over the liberated area, and promoted the understanding of acupuncture and moxibustion for Western medical doctors.

IV. REJUVENATION OF ACUPUNCTURE AND MOXIBUSTION IN NEW CHINA

Since the founding of the People's Republic of China, the Chinese Communist Party has paid great attention to inheriting and developing the legacy of traditional Chinese medicine and pharmacology. In 1950 Chairman Mao Zedong adopted an important policy to unite the doctors of both Western and traditional schools; in the same year, Comrade Zhu De wrote an inscription for the book New Acupuncture, pointing out, "Chinese acupuncture treatment has a history of thousands of years. It is not only simple and economical, but also very effective for many kinds of diseases. So this is the science. I hope that the doctors of both Western and traditional schools should unite for the further improvement of its technique and science." Comrade Deng Xiaoping also inscribed in the book Newly Compiled Acupuncture with the following statement: "It is an important job for us to critically assimilate and systematize our multifarious scientific legacies." With the support and concern of the Party and government leaders, authorities of different levels took a series of measures to develop the great cause of Chinese medicine. In this way acupuncture and moxibustion were unprecedentedly popularized and promoted.

In July 1951, the Experimental Institute of Acupuncture-Moxibustion Therapy affiliated directly to the Ministry of Public Health was set up. It became the Institute of Acupuncture and Moxibustion attached to the Academy of Traditional Chinese Medicine in 1955. Since then the research organizations of traditional Chinese medicine and pharmacology on provincial, municipal and autonomous regional levels have been set up one after the other, in which the research divisions of acupuncture and moxibustion are included. In a few provinces and cities institutes of acupuncture and moxibustion have also been established. There are teaching and research groups of acupuncture and moxibustion in every college of traditional Chinese medicine, and in some of the colleges departments of acupuncture and moxibustion have been founded. In many city hospitals special clinical departments of acupuncture and moxibustion have been set up. Acupuncture and moxibustion have been carried out even in commune hospitals. Many institutes and colleges of Western medicine have put it into the teaching curriculum and taken it as a scientific research item.

To apply modern scientific knowledge to the research work on the basis of exploring and inheriting the traditional acupuncture and moxibustion is the prominent characteristic of the present research on acupuncture and moxibustion. In the early 1950s, the main work was to systematize the basic theory of acupuncture and moxibustion, to observe its clinical indications, and
to make a systematic exposition of acupuncture and moxibustion with modern methods. From the later stage of the 1950s to the 1960s, the following were carried out: deep study of the ancient literature, extensive summarization of the clinical effect on various disease entities, propagation of acupuncture anesthesia in clinical use, and experimental research to observe the effect of acupuncture and moxibustion upon the functions of each system and organ. From the 1970s up to now, investigations have been done on the mechanism of acupuncture anesthesia and acupuncture analgesia from the viewpoints of operative surgery, anesthesiology, neuroanatomy, histochemistry, analgesia physiology, biochemistry, psychology and medical electronics, on the phenomena and nature of the meridians from the viewpoint of propagated acupuncture sensation and other angles, and on the relationship between acupuncture points and needling sensation, between acupuncture points and zang-fu organs. Now the accomplishments of acupuncture and moxibustion research gained in China including sorting out of the ancient legacy, the clinical effect and the theoretical research by modern scientific methods are in the forefront of the world.

V. THE DISSEMINATION OF ACUPUNCTURE AND MOXIBUSTION TO THE WORLD

In the sixth century, acupuncture and moxibustion were introduced to Korea. The Emperor Liangwu sent medical doctors and craftsmen to Baiji in A.D. 541. The Xinluo royal court of Korea in A.D. 693. gave the title of Acupuncture Professor to those who taught acupuncture students. It was also in the sixth century that acupuncture and moxibustion were passed on to Japan. The Chinese Government presented the book *Canon of Acupuncture* to the Mikado of Japan in A.D. 552. Zhi Cong of Wu County brought *Charts of Acupuncture and Moxibustion* and other medical books to Japan. In the seventh century, the Japanese government sent many doctors to China to study Chinese medicine. In A.D. 702 the Japanese government issued an Imperial Order to copy the medical educational system of the Chinese Tang Dynasty and set up a speciality of acupuncture and moxibustion. Since the introduction of Chinese acupuncture and moxibustion to Japan and Korea, acupuncture and moxibustion have been regarded as an important part of their traditional medicine and handed down up to now. With the cultural exchanges between China and foreign countries, acupuncture and moxibustion were also disseminated to Southeast Asia and the continent of India. In the sixth century, Mi Yun from Dun Huang of Gansu Province introduced Hua Tuo’s therapeutic methods and prescriptions to Daochang State of north India. In the fourteenth century, Chinese acupuncturist Zou Yin went to Viet Nam to treat diseases for the Vietnamese nobles, and he was given the honour of Magi Doctor. Acupuncture and moxibustion began to be introduced to Europe in the sixteenth century. Later more and more people engaged in the cause of acupuncture and moxibustion. France made an early contribution to spreading this therapy through Europe.

Since the founding of the People’s Republic of China, the propagation of acupuncture and moxibustion to the world
has been speeded up. In the 1950s, China gave assistance to the Soviet Union and other Eastern European countries in training acupuncturists. Since 1975, at the request of the World Health Organization, the International Acupuncture Training Courses have been run in Beijing, Shanghai and Nanjing, and acupuncturists have been trained for many countries. Up to now, more than one hundred countries have had acupuncturists, and in some countries teaching and scientific research on acupuncture and moxibustion have been carried out with good results. Since its founding in 1979, All-China Association of Acupuncture and Moxibustion has strengthened the connections and exchanges with the corresponding academic organizations of various countries; and China will make greater contributions to international development of acupuncture and moxibustion.
Chapter 2

YIN-YANG AND THE FIVE ELEMENTS

The theories of yin-yang and the five elements were two interpretations of natural phenomena that originated in ancient China. They reflected a primitive concept of materialism and dialectics and played an active role in promoting the development of natural science in China. Ancient physicians applied these two theories to the field of medicine, greatly influencing the formation and development of the theoretical system of traditional Chinese medicine, and guiding clinical work up to the present time.

I. YIN-YANG

The theory of yin-yang is a conceptual framework which was used for observing and analysing the material world in ancient China. The early theory of yin-yang was formed in the Yin and Zhou dynasties (sixteenth century-221 B.C.). The term yin-yang first appeared in The Book of Changes, "Yin and yang reflect all the forms and characteristics existing in the universe."

Up to the Spring and Autumn Period (770-476 B.C.) and the Warring States Period (475-221 B.C.), the application of the theory of yin-yang had been deeply rooted in all schools of thought. It was pointed out in Chapter 5 of the book Plain Questions: "Yin and yang are the laws of heaven and earth, the great framework of everything, the parents of change, the root and beginning of life and death. . . ."

This quote expresses the idea that all natural events and states of being are rooted in yin and yang, and can be analysed by the theory of yin-yang. The theory of yin-yang, however, does not itself refer to any concrete objective phenomena. It is, rather, a theoretical method for observing and analysing phenomena. Briefly speaking, yin and yang are a philosophical conceptualization, a means to generalize the two opposite principles which may be observed in all related phenomena within the natural world. They may represent two separate phenomena with opposing natures, as well as different and opposite aspects within the same phenomenon. Thus the ancient Chinese people, in the course of their everyday life and work, came to understand that all aspects of the natural world could be seen as having a dual aspect, for example, day and night, brightness and dimness, movement and stillness, upward and downward direction, heat and cold, etc. The terms yin and yang are applied to express these dual and opposit qualities. Chapter 5 of the book Plain Questions states: "Water and fire are symbols of yin and yang." This means that water and fire represent the two
primary opposite aspects of a contradiction. Based on the properties of water and fire, everything in the natural environment may be classified as either yin or yang. Those with the basic properties of fire, such as heat, movement, brightness, upward and outward direction, excitement and potency, pertain to yang; those with the basic properties of water, such as coldness, stillness, dimness, downward and inward direction, inhibition and weakness, pertain to yin. Accordingly, within the field of medicine different functions and properties of the body are classified as either yin or yang. For example, the qi of the body which has moving and warming functions is yang, while the qi of the body which has nourishing and moistening functions is yin.

The yin-yang nature of a phenomenon is not absolute but relative. This relativity is reflected in two ways. On the one hand, under certain conditions yin may change into yang and vice versa (the inter-transforming nature of yin and yang), and on the other hand, any phenomenon may be infinitely divided into its yin and yang aspects, reflecting its own inner yin-yang relationship. Day, for example, is yang, while night is yin. Each, however, can be further classified as follows: morning is yang within yang, afternoon yin within yang, the first half of the night yin within yin, and the second half of the night yang within yin. This differentiation of the natural world into its opposite parts can be carried out infinitely.

It can be seen, therefore, that yin and yang are at the same time opposite in nature and yet interdependent. They both oppose and complement each other, and exist within all natural phenomena. Traditional Chinese medicine applies the yin-yang principles of interconnection and continuous transformation to the human body to explain its physiology and pathology and to guide clinical diagnosis and treatment.

1. The Basic Knowledge of the Theory of Yin and Yang

1) The opposition of yin and yang. The theory of yin-yang holds that everything in nature has two opposite aspects, namely yin and yang. The opposition of yin and yang is mainly reflected in their ability to struggle with, and thus control each other. For instance, warmth and heat (yang) may dispel cold, while coolness and cold (yin) may lower a high temperature. The yin or yang aspect within any phenomenon will restrict the other through opposition. Under normal conditions in the human body, therefore, a relative physiological balance is maintained through the mutual opposition of yin and yang. If for any reason this mutual opposition results in an excess or deficiency of yin or yang, the relative physiological balance of the body will be destroyed, and disease will arise. Examples are excess of yin leading to deficiency of yang, or hyperactivity of yang leading to deficiency of yin. This is referred to in Chapter 5 of the book Plain Questions: “When yin predominates, yang will be diseased; when yang predominates, yin will be diseased.”

2) The interdependence of yin and yang. Yin and yang oppose each other and yet, at the same time, also have a mutually dependent relationship. Neither can exist in isolation: without yin there can be no yang, without yang no yin. Without upward movement (yang) there can be no downward movement (yin). Without cold (yin) there would be no heat (yang). Both yin and yang are the condition for the other’s existence,
Chapter 2 Yin-Yang and the Five Elements

and this relationship is known as the interdependence of yin and yang. The fifth chapter of Plain Questions says, “Yin remains inside to act as a guard for yang, and yang stays outside to act as a servant for yin.”

When this is applied to the physiology of the human body, yin corresponds to nutrient substances, and yang to functional activities. The nutrient substances remain in the interior, therefore “yin remains inside,” while the functional activities manifest on the exterior, so “yang remains outside.” The yang on the exterior is the manifestation of the substantial movement in the interior, so it is known as “the servant of yin.” The yin in the interior is the material base for functional activities and is therefore called the “guard of yang.” It is stated in the Chapter “Manifestations of Yin and Yang” of Illustrated Supplement to the Classified Classics: “Without yang there would be no production of yin; without yin there would be no production of yang.”

3) The inter-consuming-supporting relationship of yin and yang The two aspects of yin and yang within any phenomenon are not fixed, but in a state of continuous mutual consumption and support. For instance, the various functional activities (yang) of the body will necessarily consume a certain amount of nutrient substance (yin). This is the process of “consumption of yin leading to gaining of yang.” On the other hand, the production of various nutrient substances (yin) will necessarily consume a certain amount of energy (yang). This is the process of “consumption of yang leading to the gaining of yin.” Under normal conditions, the inter-consuming-supporting relation of yin and yang is in a state of relative balance. If this relationship goes beyond normal physiological limits, however, the relative balance of yin and yang will not be maintained, resulting in excess or deficiency of either yin or yang and the occurrence of disease.

4) The inter-transforming relationship of yin and yang The two aspects of yin and yang within any phenomenon are not absolutely static. In certain circumstances, either of the two may transform into its opposite, i.e. yang may transform into yin, and yin into yang. If the inter-consuming-supporting relationship is a process of quantitative change, then the inter-transformation of yin and yang is a process of qualitative change.

The fifth chapter of Plain Questions says, “Extreme yin will necessarily produce yang, and extreme yang will necessarily produce yin.... Severe cold will give birth to heat, and severe heat will give birth to cold.”

On the one hand, this illustrates the inter-transformation of yin and yang, and on the other hand, the circumstances needed for their transformation. Without the combination of both internal and external factors, the transformation will not occur. Acute febrile disease is an example. Extreme heat severely consumes and damages the anti-pathogenic qi of the organism. After persistent high fever, severe cold manifestations may appear, such as a sudden drop in body temperature, pallor, cold limbs and a fading pulse. If proper emergency treatment is given in time, the yang qi will be resuscitated and there will be an improvement in the pathological condition, with the limbs becoming warm and the complexion and pulse returning to normal. The former is yang transforming into yin, and the latter yin transforming into yang.

5) The infinite divisibility of yin and yang As already mentioned, yin and yang are in a state of constant change. This means
that there are relative degrees of both yin and yang. It is stated in the sixth chapter of Plain Questions: “Yin and yang could amount to ten in number; they could be extended to one hundred, one thousand, ten thousand or infinity; but although infinitely divisible, yin and yang are based upon only one important principle.”

According to circumstances, yin and yang can be amplified into three subdivisions respectively. Chapter 66 of the book Plain Questions says, “The qi of yin and yang may be lesser or greater. That is why there are three yin and three yang.”

This quotation explains that the qi of yin and yang may be greater or lesser in degree and that there are three sub-divisions of yin and three of yang. Greater Yin is called Taiyin (the third yin), Lesser Yin is called Shaoyin (the second yin), Greater Yang is called Taiyang (the third yang), Scanty Yang is called Shaoyang (the first yang), Extreme Yang is called Yangming (the second yang) and Declining Yin is called Jueyin (the first yin). The three yin and the three yang are a further amplification of yin and yang, and also reflect the consuming-supporting relationship of yin and yang. The differentiation of syndromes applied to the development of febrile diseases is analysed with the application of the Taiyang, Yangming, Shaoyang, Taiyin, Shaoyin and Jueyin categories.

The above mentioned is the basic content of the theory of yin-yang, the cardinal principles of which are explained by the “Yin-Yang Figure” (Taijitu). In this illustration, the white colour indicates yang, and the black colour yin. The opposition and interdependence of yin and yang are illustrated by the curved line showing the inter-consuming-supporting relationship. The white yang area contains a black spot (yin) and the black yin area a white spot (yang) indicating the potential for intertransformation, yin within yang and yang within yin. This illustration shows that all phenomena are not isolated, but interconnected, developing and changing.

![Fig. 1 Yin-Yang Figure](image-url)
Chapter 2 Yin-Yang and the Five Elements

2. Application of the
Theory of Yin and Yang in
Traditional Chinese Medicine

The theory of yin-yang permeates all aspects of the theoretical system of traditional Chinese medicine. It serves to explain the organic structure, physiological functions and pathological changes of the human body, and in addition guides clinical diagnosis and treatment.

1) Yin-yang and the organic structure of the human body
When the theory of yin-yang is applied to explain the organic structure of the human body, the underlying premise is that the human body is an integrated whole. All its organs and tissues are organically connected and can be divided into two opposite aspects, namely yin and yang. In terms of anatomical location, the upper part of the body is yang and the lower part yin; the exterior yang and the interior yin; the lateral aspects of the four limbs yang and the medial aspects yin. According to the nature of their functional activities, the zang organs are yin and the fu organs yang. Furthermore, within each of the zang-fu organs, there are yin and yang aspects; for example, heart-yin and heart-yang, kidney-yin and kidney-yang. Within the meridian system there are two categories: yin meridians and yang meridians. Thus the opposition of yin and yang manifests within all the upper, lower, internal and external organic structures. Each contains yin and yang qualities and all of them can be classified according to yin and yang. Thus, Chapter 25 of the book Plain Questions says, “Man has a physical shape which is inseparable from yin and yang.”

2) Yin-yang and the physiological functions of the human body
The theory of yin-yang holds that the normal vital activities of the human body are based on the coordination of yin and yang in a unity of opposites. Functional activities pertain to yang and nutrient substances to yin. The various functional activities of the body depend on the support of the nutrient substances. Without nutrient substances, there would be no sustenance for functional activity. At the same time, functional activities are the motive power for the production of nutrient substances in the body. In other words, without the functional activities of the zang-fu organs, water and food cannot be transformed into nutrient substance. In this way, yin and yang within the human body are mutually supportive. They act together to protect the organism from invasion by pathogenic factors and to maintain a relative balance within the body. If yin and yang fail to support each other and become separated, the vital activities of the body will cease. The third chapter of Plain Questions says, “When yin is stabilized and yang well-conserved, the spirit will be in harmony; separation of yin and yang will cause exhaustion of essential qi.”

3) Yin-yang and pathological changes in the human body
The theory of yin-yang is also applied to explain pathological changes. Traditional Chinese medicine considers that the occurrence of disease results from the loss of relative balance between yin and yang, and hence an excess or deficiency of either. The occurrence and development of disease is related both to the antipathogenic qi and to pathogenic factors. There are two types of pathogenic factors: yin and yang. Antipathogenic qi involves yin fluid and yang qi. When yang pathogenic factors cause disease, this may lead to an excess of yang which consumes yin and gives rise to heat syndromes. When yin
pathogenic factors cause disease, this may lead to a preponderance of yin which damages yang and gives rise to cold syndromes. When deficiency of yang fails to control yin, deficiency and cold syndromes may appear, in which yang is deficient and yin excessive. When deficiency of yin fluid fails to restrict yang, deficiency and hot syndromes may appear, in which yin is deficient and yang hyperactive.

From the above it can be seen that although the pathological changes that occur in disease are complicated and subject to change, they can be generalized and explained by: "imbalance of yin and yang," "excess of yin leading to cold syndromes," "excess of yang leading to heat syndromes," "deficiency of yang leading to cold syndromes" and "deficiency of yin leading to heat syndromes."

In addition, deficiency of either yang qi or yin fluid may lead to the consumption of the other, known as "mutual consumption of yin and yang." For example, prolonged poor appetite is mainly attributed to weakness of spleen-qi (yang), leading to insufficiency of blood (yin). This is known as "deficiency of both qi and blood due to weakness of yang affecting yin." Another example is haemorrhage, where considerable loss of yin blood usually leads to the syndrome of deficiency of yang, manifesting as chilliness and cold limbs. This is known as "deficiency of both yin and yang resulting from deficiency of yin affecting yang." These pathological changes are all commonly seen in the clinic.

4) Yin-yang as a guide to clinical diagnosis and treatment The root cause for the occurrence and development of disease is imbalance between yin and yang. For this reason, however complicated and changeable the clinical manifestations may be, with a good command of the principle of yin-yang, we may grasp the key linking elements and analyse them effectively. Generally speaking, the nature of any disease does not exceed the scope of analysis by yin-yang. Thus the fifth chapter of Plain Questions says, "A good doctor will observe the patient's complexion and feel the pulse, and thus take the first step in determining if it is a yin or a yang disease."

Yin-yang is the basis for the differentiation of syndromes by the eight principles, namely, yin, yang, interior, exterior, cold, heat, deficiency and excess. Exterior, heat and excess are yang, whilst interior, cold and deficiency are yin. In this way, complicated clinical situations can be simplified, and a correct diagnosis given.

Since the root cause for the occurrence and development of disease is imbalance of yin and yang, the basic principle in acupuncture treatment is to adjust yin and yang, making "yin stabilized and yang well-conserved" and restoring harmony between them. The fifth chapter of Miraculous Pivot says, "The essential technique of needling consists of striking a balance between yin and yang."

From this it can be seen that the basic function of needling is to adjust the qi of yin and yang.

In the clinical application of acupuncture, the theory of yin-yang is applied to determine not only the principles of treatment, but also the selection of points and the technique of needling and moxibustion to be used. For instance, combining points from externally-internally related meridians, as well as combining Yuan-Primary and Luo-Connecting points, is used extensively in clinical practice. Both are methods of selecting points from related yin and yang meridians. In addition, Back-
Chapter 2  Yin-Yang and the Five Elements

Equilibrium of Yin and Yang

Yin Pathogenic Factor

Preponderance of Yin Consumes Yang
(Shi-Cold Syndrome)

Yang Pathogenic Factor

Preponderance of Yang Consumes Yin
(Shi-Heat Syndrome)

Weakness of Yang Leads to Preponderance of Yin.
(Xu-Cold Syndrome)

Weakness of Yin Leads to Preponderance of Yang.
(Xu-Heat Syndrome)

Fig. 2 Preponderance and Weakness of Yin and Yang
Shu and Front-Mu points are often selected to treat diseases of the zang-fu organs. The related Back-Shu points are mostly selected for diseases of the zang, and the related Front-Mu points for diseases of the fu. Alternatively, a combination of Back-Shu and Front-Mu points is applied to “select Front-Mu points for yang diseases and Back-Shu points for yin diseases,” in order to adjust yin and yang in either excess or deficiency. Where acupuncture and moxibustion are used together, apply moxa to the upper part of the body first and the lower part second, and “insert needles deeply with retention for yin diseases, and shallowly without retention for yang diseases.”

From this we can see that in acupuncture and moxibustion, the meridians, the points, and techniques for needling and moxibustion are all closely related to the theory of yin and yang, emphasizing the vital role that yin and yang play in both theory and practice.

II. THE FIVE ELEMENTS

The five elements refer to five categories in the natural world, namely wood, fire, earth, metal and water. The theory of the five elements holds that all phenomena in the universe correspond in nature either to wood, fire, earth, metal or water, and that these are in a state of constant motion and change. The theory of the five elements was first formed in China at about the time of the Yin and Zhou dynasties (16th century-221 B.C.). Historically it derives from observations of the natural world made in early times by the Chinese people in the course of their lives and productive labour. Wood, fire, earth, metal and water were considered to be five indispensible materials for the maintenance of life and production, as well as representing five important states that initiated normal changes in the natural world. As said in A Collection of Ancient Works: “Food relies on water and fire. Production relies on metal and wood. Earth gives birth to everything. They are used by the people.”

Although having different characteristics, the five materials depend on each other and are inseparable. Thus in ancient times, people took these five elements with their mutual relationships to explain all phenomena in the natural world. The primitive concept of the five elements was later developed into a more complex theory, which together with the theory of yin-yang, served as a conceptual method and a theoretical tool for understanding and analysing all phenomena, and ran through various academic classics in ancient times. In traditional Chinese medicine the theory of the five elements is applied to generalise and explain the nature of the zang-fu organs, the inter-relationships between them, and the relation between human beings and the natural world. It thus serves to guide clinical diagnosis and treatment.

1. Classification of Phenomena According to the Five Elements

In early times, the Chinese people recognized that wood, fire, earth, metal and water were indispensible in their daily lives as well as having different natures. For instance, the character of wood is to grow and flourish, the character of fire is to be hot and flare up, the character of earth is to give birth to all things, the character of metal is to
descend and be clear, and the character of water is to be cold and to flow downwards. Early doctors applied the theory of the five elements in their extensive study of the physiology and pathology of the zang-fu organs and tissues of the human body, and indeed all phenomena in the natural world that were related to human life. Using analogy, they classified all these, according to their nature, function and form, into the five elements. They applied this theory to explain the complicated physiological and pathological relationships between the zang-fu organs, and between the human body and the external environment. This classification of phenomena was minutely described in the fourth and fifth chapters of Plain Questions. The classification of the meridians according to the five elements is based on the nature of the zang-fu organs:

<table>
<thead>
<tr>
<th>Zang-fu</th>
<th>Meridian</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>Foot Jueyin</td>
<td>Wood</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Foot Shaoyang</td>
<td>Wood</td>
</tr>
<tr>
<td>Heart</td>
<td>Hand Shaoyin</td>
<td>Fire</td>
</tr>
<tr>
<td>Small intestine</td>
<td>Hand Taiyang</td>
<td>Fire</td>
</tr>
<tr>
<td>Spleen</td>
<td>Foot Taiyin</td>
<td>Earth</td>
</tr>
<tr>
<td>Stomach</td>
<td>Foot Yangming</td>
<td>Earth</td>
</tr>
<tr>
<td>Lung</td>
<td>Hand Taiyin</td>
<td>Metal</td>
</tr>
<tr>
<td>Large intestine</td>
<td>Hand Yangming</td>
<td>Metal</td>
</tr>
<tr>
<td>Kidney</td>
<td>Foot Shaoyin</td>
<td>Water</td>
</tr>
<tr>
<td>Bladder</td>
<td>Foot Taiyang</td>
<td>Water</td>
</tr>
<tr>
<td>Pericardium</td>
<td>Hand Jueyin</td>
<td>Fire</td>
</tr>
<tr>
<td>Sanjiao</td>
<td>Hand Shaoyang</td>
<td>Fire</td>
</tr>
</tbody>
</table>

As for the pericardium and sanjiao, the ancients considered that the pericardium is a protective membrane surrounding the heart, and prevents the heart from being invaded by pathogenic factors. Since the heart pertains to fire, the pericardium also pertains to fire. The table on the next page shows the five categories of things according to the five elements.

2. The Law of Movement of the Five Elements

The law of movement of the five elements mainly manifests in the following ways: interpromoting, interacting, overacting, counteracting, and mutual interaction between mother and son.

Promoting implies promoting growth. Wood promotes fire, fire promotes metal, metal promotes water, and water, in turn, promotes wood. This interpromoting relationship of the five elements is known as the “mother-son” relationship, with each element being the “son” of the element that promotes it, and the “mother” of the one it promotes.

Acting means bringing under control or restraint. In the interacting relationship, wood acts on earth, earth acts on water, water acts on fire, fire acts on metal, and
<table>
<thead>
<tr>
<th>Human Body</th>
<th>Nature</th>
<th>The Five Categories of Things According to the Five Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Pungent (White)</td>
<td>East: Tastes, Colours, Growth, Environmental Factors, Five Elements</td>
</tr>
<tr>
<td>Winter</td>
<td>Sweet (Yellow)</td>
<td>Metal: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
<tr>
<td>Bladder</td>
<td>Sour (Red)</td>
<td>Fire: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
<tr>
<td>Ear</td>
<td>Sweet (Yellow)</td>
<td>Earth: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
<tr>
<td>Bone</td>
<td>Bitter (Green)</td>
<td>Metal: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
<tr>
<td>Fright and fear</td>
<td>Pungent (White)</td>
<td>East: Tastes, Colours, Growth, Environmental Factors, Five Elements</td>
</tr>
<tr>
<td></td>
<td>Bitter (Green)</td>
<td>Fire: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
<tr>
<td></td>
<td>Sweet (Yellow)</td>
<td>Metal: Taste, Nature, Sensory Organs, Five Tastes, Internal Organs</td>
</tr>
</tbody>
</table>
metal in turn acts on wood. Here each of the five elements occupies the role of “being acted upon” (known as “under control”) and of “acting upon” (known as “controller”). The interacting relationship is therefore also known as the “intercontrolling” relationship.

Interpromoting and interacting are two inseparable and indispensable aspects of the five elements which both oppose and cooperate with each other. Without promotion there can be no growth and development; without interaction there can be no balance and coordination during development and change. In the promotion of growth there must be control, and in control there must be promotion of growth. The relative balance maintained between promoting and acting thus ensures normal growth and development. When there is excess or insufficiency of any of the five elements, there will be abnormal interpromoting and interacting (known as “overacting” or “counter-acting”) and disorders of “the mother affecting the son” and “the son affecting the mother.” Overacting can be likened to launching an attack when a counterpart is weak—it is an excessive acting on the element normally acted upon. It is commonly called “interacting” in the clinic. For example “wood overacting on earth” can also be called “wood acting on earth.” The order of overacting is the same as that of acting, except that overacting is not a normal interaction but a harmful condition occurring under particular circumstances. Counteracting means preying upon other elements. The order of counteracting is just the opposite to that of interacting. For instance, under normal conditions, metal acts on wood. In the case of deficiency of metal qi, or hyperactivity of wood-qi, the wood may counteract on metal. Therefore it is stated in Chapter 67 of Plain Questions: “When the qi of a given element is in excess, it will overact on the acted element and counteract on the acting element. When the qi of a given element is in deficiency, it will be attacked by the acting element and counteracted by the acted element.”

The mutual condition of “affecting
between mother and son” refers to the phenomenon of abnormal interpromoting between the five elements. The promoted element is considered as the son, and the promoting element as the mother. “Affecting” means influencing in a harmful way, including both “the mother affecting the son” and “the son affecting the mother.” The order of “mother affecting the son” is the same as the interpromoting relationship, and the order of “son affecting the mother” is the reverse. Under normal conditions, water promotes wood. Abnormally, “water affecting wood” is known as “the mother affecting the son,” and “wood affecting water” is known as the “son affecting the mother.”

3. The Application of the Theory of the Five Elements in Traditional Chinese Medicine

When the theory of the five elements is applied in traditional Chinese medicine, the classification of phenomena according to the properties of the five elements and their interpromoting, interacting, overacting and counteracting relationships are used to explain both physiological and pathological phenomena, and to guide clinical diagnosis and treatment.

1) The five elements and the inter-relationship between the zang-fu organs In this theory, each of the internal organs pertains to one of the five elements. The properties of the five elements serve as an analogy to explain some of the physiological functions of the five zang. In addition, the interpromoting and interacting relationships are used to explain some of the interconnections between the zang-fu organs. The liver may serve as an example, it is promoted by the kidney, promotes the heart, is acted on by the lung, and acts on the spleen. The roles of the other organs can also be explained in the same way, and thus an integral relationship between the internal organs is generalised.

The meridians have a close relationship with the zang-fu organs. They are the passages by which the zang-fu organs connect with one another according to the interpromoting and interacting relationships of the five elements. In general, the zang-fu organs connect with each other directly through the meridians, according to the cycles of the five elements. The relationships between the liver, heart,
spleen, lung and kidney can serve as an example. In the meridian system, the Liver Meridian of Foot-Jueyin and the Gallbladder Meridian of Foot-Shaoyang run through the heart; the Liver Meridian of Foot-Jueyin runs on both sides of the stomach which is externally-internally related with the spleen; the Kidney Meridian of Foot-Shaoyin ascends and runs through the liver; the Liver Meridian of Foot-Jueyin ascends to the lung; the Kidney Meridian of Foot-Shaoyin ascends through the liver and lung, etc. By means of the interconnecting system of the meridians, the five elements maintain a relative balance and coordination.

The theory of the five elements is a naive theory with definite limitations. The laws of interpromoting and interacting can not reflect all the interrelationships between the zang-fu organs and their related tissues. Clinical practice, however, has shown that these laws do reflect certain objective relationships among the five zang organs and can be used to determine diagnosis and treatment.

2) The five elements and pathological relationships among the zang-fu organs. The occurrence of disease is the pathological manifestation of the dysfunction of the zang-fu organs and their related tissues, which may be due to a number of factors. The human body is an organic whole, and both interpromoting and interacting relationships exist among the viscera. Thus when one internal organ is afflicted, other organs and tissues may become involved. This is called "transmission." According to the theory of the five elements, intertransmission may follow either the interpromoting or the interacting cycles.

Transmission following the interpromoting cycle involves disorders of "the mother affecting the son" and "the son affecting the mother." For example, when liver disease is transmitted to the heart, it is called a disorder of "the mother affecting the son," and when liver disease is transmitted to the kidney, it is called a disorder of "the son affecting the mother."

Transmission following the interacting cycle involves "overacting" and "counteracting." When a liver disease is transmitted to the spleen, it is called "wood overacting on earth," and when a liver disease is transmitted to the lung, it is called "wood counteracting on metal."

It must be pointed out that mutual pathological influences among the viscera exist objectively. Some of them can be explained by disorders of "the mother affecting the son," "the son affecting the mother," "overacting" and "counteracting." Therefore the theory may serve to explain those pathological transmissions which are observed in clinical practice.

3) The five elements and clinical diagnosis and treatment. The theory of the five elements is applied to synthesize clinical data obtained through the four diagnostic methods, and determine pathological conditions according to the natures and laws of the five elements. For instance, a patient with redness and pain of the eye and irritability suggests a liver problem; a red complexion accompanied by a bitter taste in the mouth suggests hyperactivity of heart-fire.

In treatment, the five Shu-Points correspond to the five elements. The Jin-Well, Ying-Spring, Shu-Stream, Jing-River and He-Sea points of the yin meridians correspond to wood, fire, earth, metal and water respectively, whilst those of the yang meridians correspond to metal, water, wood, fire and earth respectively. Clinically
they are selected for treatment according to the principle of “reinforcing the mother” and “reducing the son.” In addition, it is common clinical practice to determine the principle of treatment and selection of points according to pathological influences among the zang-fu organs which follow the cycle of the five elements. For instance, in case of a disharmony between the liver and stomach, “wood overacting on earth,” the principle of treatment should be to promote earth and restrain wood. Points such as Zhongwan (Ren 12), Zusanli (S 36) and Taichong (Liv 3) will be selected.

In general, the theories of yin and yang and the five elements both encompass rudimentary concepts of materialism and dialectics, and to some extent reflect the objective laws of nature. They are of prime importance in explaining physiological activities and pathological changes, serving to guide clinical practice. In their clinical application, the two principles are usually related. They supplement each other and cannot be entirely separated. In other words, when applying yin-yang theory, the five elements will be involved; when using the theory of the five elements, yin-yang will be involved. When considering the theories of yin-yang and the five elements, it must be understood that they originated in clinical practice, have played a progressive role in the development of traditional Chinese medicine, and are still guiding clinical practice to a large extent up to the present day. At the same time, owing to the limitations inherent in the historical development of ancient Chinese society, the theories are incomplete and need to be perfected through continuous research and summation in clinical practice.
Chapter 3

THE ZANG-FU ORGANS

Zang-fu is the general term for the organs of the human body, and includes the six zang organs, the six fu organs and the extraordinary fu organs. The heart, lung, spleen, liver, kidney and pericardium are known as the six zang organs. The gallbladder, stomach, small intestine, large intestine, bladder and sanjiao are known as the six fu organs. The brain, marrow, bones, vessels, gallbladder and uterus are known as the “extraordinary fu” organs. Since the pericardium is a protective membrane of the heart, the “extraordinary fu” organs pertain respectively to the other fu organs, it is generally called five zang and six fu organs.

The main physiological functions of the zang organs are to manufacture and store essential substances, including vital essence, qi, blood and body fluid. The main physiological functions of the fu organs are to receive and digest food, and transmit and excrete the wastes. The eleventh chapter of Plain Questions says: “The so-called five zang organs store pure essential qi without draining it off, and for this reason they can be filled up but cannot be over filled. The six fu organs transmit water and food without storing them, and for this reason they may be over supplied but cannot be filled up.”

This description not only describes the functions of the zang-fu organs, but also points out the basic physiological differences between the zang and the fu organs in their physiological functions.

Although the zang organs are different from the fu organs in terms of physiological activities, there is a structural and functional connection by the way of meridians and collaterals between individual zang and fu organ, between the zang and fu organs collectively; and between the zang-fu organs on the one hand, and the five sense organs and tissues on the other.

The theory of the zang-fu organs considers the physiological functions and pathological changes of the zang and fu organs, as well as their interrelationships. This theory was called “Zang Xiang” by ancient doctors. “Zang” refers to the interior location of the zang-fu organs, and “xiang” denotes their manifestations or “image.” In other words, the zang-fu organs are located on the inside of the body, but their physiological activities and pathological changes are reflected on the exterior. The book Classified Classics by Zhang Jiebin (1562-1639) states: “The zang-fu organs are situated interiorly and manifested exteriorly; therefore the theory of the zang-fu organs is called Zang Xiang.”

There are two main aspects to the theory of the zang-fu organs. Firstly the study of the physiological functions and pathological changes of the zang-fu organs, tissues and...
their interrelationships. Secondly the physiology and pathology of vital essence, qi, blood and body fluid, as well as the relationship between these on the one hand and the zang-fu organs on the other.

Historically, the development of the theory of the zang-fu organs in the course of extensive medical practice involved three aspects:

1. Ancient anatomical knowledge.

The twelfth chapter of *Miraculous Pivot* says: “A man is about eight Chi tall in average; the external size of the body is measurable because its skin and flesh are visible, and also his pulse may be taken in different regions. In addition, when a man dies, his body may be dissected for observation. For this reason, there are established standards by which we determine the hardness and crispness of the zang organs, the size of the fu organs, the quantity of food consumed, the length of the vessels, the clarity and turbidity of the blood, the quantity of qi in the body. . . . All these aspects of the human body as outlined above are governed by a set of established standards.”

In addition, there are some descriptions in the fourteenth, thirty-first and thirty-second chapters of *Miraculous Pivot*, as well as some descriptions in *Classics on Medical Problems*. It can be seen, therefore, that the practice of anatomy in China predates the Christian era. All these are the indispensable foundation of the formation of zang-fu theory.

2. Observation of physiological and pathological phenomena.

An example is the development of the theory that the skin and hair are connected with the nose and lung, through observation of cases of common cold due to invasion of the exterior of the body by pathogenic cold.

Typical symptoms of nasal obstruction, runny nose, chills, fever and cough demonstrate this connection.

3. The summary of rich experience obtained through lengthy clinical practice.

An example is the development of the theory of the kidney dominating bone. In the treatment of fracture, application of the method of tonifying the kidney may hasten the healing of bone.

To summarize, the comparatively integrated theory of the zang-fu organs, which takes the five zang as its core, was formed through a long period of clinical practice and observation.

I. THE FIVE ZANG ORGANS

1. The Heart

The heart is situated in the thorax and its meridian connects with the small intestine with which it is internally-externally related. The main physiological functions of the heart are: dominating the blood and vessels, manifesting on the face, housing the mind, and opening into the tongue.

1) Dominating the blood and vessels and manifesting on the face Dominating the blood and vessels means that the heart is the motive force for blood circulation, whilst the vessels are the physical structures which contain and circulate the blood. The blood circulation relies on cooperation between the heart and the vessels, with the heart being of primary importance. In the forty-fourth chapter of *Plain Questions*, it is stated: “The heart dominates the blood and vessels.”

The physiological function of the heart in propelling the blood relies on the heart qi. When the heart qi is vigorous, the blood will circulate normally in the vessels to supply
the whole body. Since the heart, blood and vessels are interconnected, and there are many vessels on the face, the prosperity or decline of the heart-qi and the amount of blood circulating will be reflected in changes in both the pulse and complexion. If the heart-qi is vigorous and the blood ample, the pulse will be regular and strong and the complexion rosy. When the heart-qi and blood are deficient, the pulse will be thready and weak, and the complexion pale. As the ninth chapter of *Plain Questions* says: “The glory of the heart is manifested on the face, since the blood fills up the vessels.”

2) **Housing the mind** The word “mind” has the broad meaning of the outward appearance of the vital activities of the whole body, and the narrow meaning of consciousness, e.g. spirit and thinking. The theory of the zang-fu organs holds that thinking is related to the five zang organs, and principally to the physiological functions of the heart. The seventy-first chapter of *Miraculous Pivot* says: “The heart is the residence of the spirit.” The eighth chapter in the same book also says: “The mind is responsible for the performance of activities.”

This shows that mental activities and thinking have their foundation in the functions of the heart. Spirit, consciousness, thinking, memory and sleep are therefore all related to the function of the heart in housing the mind. Blood is the main material basis for mental activities. It is controlled as well as dominated and regulated by the heart. So the function of the heart in housing the mind is closely related to that of the heart in controlling the blood and vessels. Therefore it is stated in the same chapter, “The heart dominates vessels and the vessels house mind.”

3) **Opening into the tongue** “Opening” refers to the close structural, physiological and pathological relationship between a particular zang and one of the sense organs. The tongue is connected to the Heart Meridian interiorly, and via this connection the heart dominates the sense of taste and the speech. When the function of the heart is normal, the tongue will be rosy, moist and lustrous, the sense of taste will be normal, and the tongue will move freely. On the other hand, disorders of the heart will reflect on the tongue. For example, deficiency of heart blood may give rise to a pale tongue; flaring up of heart fire may give rise to redness of the tongue tip and ulceration of the tongue body; stagnation of heart-blood may give rise to a dark, purplish tongue body or purplish spots on the tongue. The saying: “the heart opens into the tongue,” and “the tongue is the mirror of the heart” reflect this close physiological and pathological relationship.

**Appendix:**

The pericardium, known as “xin bao luo,” is a membrane surrounding the heart. Its meridian connects with the sanjiao with which it is externally-internally related. Its main function is to protect the heart. When pathogenic qi invades the heart, the pericardium is always the first to be attacked, and invasion of the pericardium by pathogenic qi will often affect the normal function of the heart. For example, invasion of the interior by pathogenic mild heat, which gives rise to symptoms of mental derangement such as coma and delirium, is described as “invasion of the pericardium by pathogenic heat,” although the clinical manifestations are the same as those of the heart. For this reason, the pericardium is not generally regarded as
an independent organ, but as an attachment to the heart.

2. The Liver

The liver is situated in the right hypochondriac region. Its meridian connects with the gallbladder with which it is internally-externally related. Its main physiological functions are storing blood, maintaining the free flow of qi, controlling the tendons, manifesting in the nails and opening into the eye.

1) Storing blood The liver stores blood and regulates the volume in circulation. The volume of blood circulating in various parts of the body changes according to different physiological needs. During vigorous movement and other daytime activities, the blood is released from the liver, increasing the volume of blood in circulation. During rest and sleep, the volume of blood required decreases, and part of the blood remains in the liver. As Wang Bing said in the explanation on the tenth chapter of Plain Questions: “The liver stores blood ... the blood circulates in the vessels during exertion and remains in the liver during rest.”

Because of its function of regulating the volume of circulating blood, the liver is closely related to all the activities of the zang-fu organs and tissues. When the liver is diseased, dysfunction of the liver in storing blood will affect the normal activities of the body, and lead to pathological changes of the blood itself. For example, deficiency of liver blood may give rise to blurred vision, spasm and convulsion of the tendons and muscles, numbness of the four limbs, and oligomenorrhoea or even amenorrhoea in females.

2) Maintaining the free flow of qi The liver is responsible for the unrestrained, free going, and harmonious functional activity of all the zang-fu organs, including itself. The normal character of the liver is to “flourish” and to dislike depression. Stagnation of liver qi due to emotional changes may affect the function of the liver in maintaining the free flow of qi, manifesting in the following three ways:

i) The liver and emotional activity

In addition to the heart, emotional activity is closely related to the liver qi. Only when the function of the liver in maintaining the free flow of qi is normal can the qi and blood be harmonious and the mind at ease. Dysfunction of the liver, therefore, is often accompanied by emotional changes such as mental depression or excitement. When liver-qi stagnates, for example, there may be mental depression, paranoia, or even weeping; when liver qi is hyperactive, there may be irascibility, insomnia, dream-disturbed sleep, dizziness and vertigo. Whilst dysfunction of the liver often leads to emotional changes, at the same time prolonged excessive mental irritation often leads to dysfunction of the liver in maintaining the free flow of qi.

ii) The liver function and digestion

The liver function of maintaining the free flow of qi is related not only to the ascending and descending function of the stomach and spleen, but also to the secretion of bile. The liver therefore has an important influence on digestion. Dysfunction of the liver may affect the secretion and excretion of bile, and the digestive function of the spleen and stomach, resulting in dyspepsia. When the liver fails to maintain the free flow of qi, there may be symptoms of stagnation of liver qi such as distending pain of the chest and hypochondrium, mental depression or
irascibility. If the descending function of the stomach is affected, there may also be belching, nausea and vomiting, and if the spleen’s function of transportation and transformation is affected, there may be abdominal distention and diarrhoea. The former is called “attack of the stomach by liver-qi” and the latter “disharmony of the liver and spleen.”

iii) The liver function and qi and blood

The blood circulation relies upon the propelling function of qi. Although the heart and lung play the main role in the circulation of qi and blood, the function of the liver in maintaining the free flow of qi is also needed to prevent stagnation of qi and blood. Stagnation of qi and blood due to the failure of the liver in maintaining the free flow of qi may lead to stuffiness and pressure in the chest, distending or pricking pain in the hypochondriac region, dysmenorrhoea, and even the formation of palpable mass.

3) Controlling the tendons and manifesting in the nails

The tendons are the main tissues linking the joints and muscles and dominating the movement of the limbs. Since the liver nourishes the tendons of the whole body to maintain their normal physiological activities, when liver blood is consumed, it may deprive the tendons of nourishment and give rise to weakness of the tendons, numbness of the limbs, and dysfunction of the joints in contraction and relaxation. When the tendons are invaded by pathogenic heat of the liver, there may be convulsion of the four extremities, opisthotonos and clenching of the teeth.

Manifesting in the nails means that the state of the yin and blood of the liver affects not only the movement of the tendons but also the condition of the nails. When liver blood is ample, the tendons and nails are strong, and when liver blood is deficient, the tendons will be weak and the nails soft and thin, withered, or even deformed and chipped. The tenth chapter of Plain Questions therefore says: “The liver controls the tendons and manifests in the nails.”

4) Opening into the eye

In the eightieth chapter of Miraculous Pivot, it says: “The essential qi of the five zang and six fu organs flows upward to enter into the eyes to generate vision.”

Of the five zang and six fu organs, the liver is the main organ affecting the eyes and vision. The liver stores blood and its meridian ascends to connect with the eyes. Therefore, the seventeenth chapter of Miraculous Pivot says: “The liver qi is in communication with the eyes.”

Whether the liver function is normal or not often reflects on the eye. For example, deficiency of the yin and blood of the liver may lead to dryness of the eyes, blurred vision or even night blindness. Wind heat in the Liver Meridian may give rise to redness, swelling and pain of the eyes.

3. The Spleen

The spleen is situated in the middle jiao. Its meridian connects with the stomach, with which it is internally-externally related. Its main physiological functions are: governing transportation and transformation, controlling blood, dominating the muscles and limbs, opening into the mouth and manifesting on the lips.

1) Governing transportation and transformation

Transportation implies transmission; and transformation implies digestion and absorption. This function of the spleen involves transportation and transformation of water and food on the one hand, and of dampness on the other.
The function of the spleen in transporting and transforming essential substances refers to the digestion, absorption and transmission of nutrient substance. Since water and food are the main source of the nutrient substance required by the body after birth, as well as being the main material base for the manufacture of qi and blood, the spleen is considered to be the main zang organ for the manufacture of qi and blood. When spleen qi is vigorous, digestion, absorption and transmission are normal. Deficiency of spleen qi and dysfunction of the spleen in transportation and transformation may lead to poor appetite, abdominal distention, loose stools, lassitude, emaciation and malnutrition.

The function of the spleen in transporting and transforming dampness refers to the spleen's role in water metabolism. The spleen transports the excess fluid of the meridians, tissues and organs and helps discharge it from the body. It ensures that the various tissues of the body are both properly moistened and at the same time free from retention of dampness. Dysfunction of the spleen in transportation and transformation may lead to retention of dampness, with such clinical manifestations as oedema, diarrhoea, phlegm and retained fluid.

The spleen's functions of transporting and transforming water and food on the one hand, and water damp on the other are interconnected, and failure of the transportation and transformation function may give rise to clinical manifestations of either.

The transportation and transformation function of the spleen relies on spleen qi, which is characterized by ascending. If the spleen qi does not ascend, or indeed sinks, there may be vertigo, blurred vision, prolapse of the rectum after prolonged diarrhoea, or prolapse of various other internal organs. Treatment is aimed at strengthening the ascending function of spleen qi.

2) **Controlling blood** Controlling blood means that the spleen qi has the function of keeping the blood circulating in the vessels and preventing extravasation. When the spleen qi is strong, the source for the manufacture of blood will also be strong, there will be ample qi and blood in the body, and the blood will be prevented from extravasation. If the spleen qi is weak and fails to control blood, there may be various kinds of haemorrhage, such as bloody stool, uterine bleeding and purpura.

3) **Dominating the muscles and four limbs** The spleen transports and transforms the essence of food and water to nourish the muscles and the four limbs. Adequate nourishment ensures well-developed muscles and proper function of the limbs. If nourishment is inadequate, the muscles of the four limbs will be weak and soft. The forty-fourth chapter of *Plain Questions* therefore says: "The spleen is in charge of muscles."

4) **Opening into the mouth and manifesting on the lips** The spleen's function of transportation and transformation is closely related to food intake and the sense of taste. When the spleen functions normally, there will be good appetite and a normal sense of taste; when there is dysfunction of the spleen, there will be poor appetite, impaired sense of taste and a sticky, sweetish sensation in the mouth due to retention of pathogenic damp in the spleen.

The spleen dominates muscles, and the mouth is the aperture of the spleen. For this reason, the lips reflect the condition of the spleen's function of transporting and transforming water and food. When the
spleen is healthy, there will be ample qi and blood and the lips will be red and lustrous. Deficiency of spleen qi will lead to deficiency of qi and blood, and the lips will be pale or sallow.

4. The Lung

The lung, situated in the thorax, communicates with the throat and opens into the nose. It occupies the uppermost position among the zang-fu organs, and is known as the "canopy" of the zang-fu organs. Its meridian connects with the large intestine with which it is internally-externally related. Its main physiological functions are: dominating qi, controlling respiration, dominating dispersing and descending, dominating skin and hair, and regulating the water passages.

1) Dominating qi and controlling respiration Dominating qi has two aspects: dominating the qi of respiration and dominating the qi of the whole body.

Dominating the qi of respiration means that the lung is a respiratory organ through which the qi from the exterior and the qi from the interior are able to mingle. Via the lung, the human body inhales clear qi from the natural environment and exhales waste qi from the interior of the body. This is known as "getting rid of the stale and taking in the fresh." The fifth chapter of Plain Questions says: "The qi of heaven is in communication with the lung."

Dominating the qi of the whole body means that the function of the lung in respiration greatly influences the functional activities of the whole body, and is closely related to the formation of pectoral qi, which is formed from the combination of the essential qi of water and food, and the clear qi inhaled by the lung. It accumulates in the chest, ascends to the throat to dominate respiration, and is distributed to the whole body in order to maintain the normal functions of the tissues and organs. The tenth chapter of Plain Questions says: "All kinds of qi belong to the lung."

When the function of the lung in dominating qi is normal, the passage of qi will be unobstructed and respiration will be normal and smooth. Deficiency of lung qi may lead to general lassitude, feeble speech, weak respiration and shortness of breath.

2) Dominating dispersing, skin and hair Dispersing here means distributing. It is by the dispersing function of the lung that defensive qi and body fluid are distributed to the whole body to warm and moisten the muscles, skin and hair. The thirtieth chapter of Miraculous Pivot says: "Qi refers to the substance that originates in the upper jiao, spreads the essential part of water and food, warms the skin, fills up the body and moistens the hair, like irrigation by fog and dew."

The skin and hair, located on the surface of the body and including the sweat glands, serve as a protective screen to defend the body from exogenous pathogenic factors. The skin and hair are warmed and nourished by defensive qi and body fluid distributed by the lung, which controls respiration. The pores of the skin also have the function of dispersing qi and regulating respiration. For this reason, traditional Chinese medicine says: "the lung dominates skin and hair" and "the pores are the gate of qi."

The close physiological relationship between the lung, skin and hair means that they often affect each other pathologically. For example, exogenous pathogenic factors often invade the lung through the skin and hair, giving rise to symptoms such as
aversion to cold, fever, nasal obstruction and cough, reflecting failure of the lung in dispersing. If lung qi is deficient, failure of the lung in dispersing the qi of water and food can result in the skin becoming wan and sallow and lead to deficiency of the anti-pathogenic qi and hence susceptibility to catching cold. When lung qi fails to protect the surface of the body, there may be frequent spontaneous perspiration.

3) The lung dominates descending and regulates the water passages As a general rule, the upper zang-fu organs have the function of descending, and the lower zang-fu organs the function of ascending. Since the lung is the uppermost zang organ, its qi descends to promote the circulation of qi and body fluid through the body and to conduct them downwards. Dysfunction of the lung in descending may lead to upward perversion of lung qi with symptoms such as cough and shortness of breath.

Regulating the water passages means to regulate the pathways for the circulation and excretion of water. The role of the lung in promoting and maintaining water metabolism depends on the descending function of lung qi. Dysfunction may result in dysuria, oliguria and oedema.

4) Opening into the nose The nose is the pathway for respiration. The respiratory and olfactory functions of the nose depend on lung qi. When lung qi is normal, the respiration will be free and the sense of smell acute. Dysfunction of the lung in dispersing, for example, due to invasion by wind-cold, will lead to nasal obstruction, runny nose, and anosmia. Excessive pathogenic heat in the lung will lead to shortness of breath and vibration of the ala nasi.

Since the throat is also a gateway of respiration and an organ of speech, through which the Lung Meridian passes, the flow of qi and the speech are directly affected by the state of the lung qi. When the lung is diseased, it usually causes pathological changes in the throat, such as hoarse voice and aphonia.

5. The Kidney

The kidneys are located at either side of the lumbus, which is therefore described as “the home of the kidney.” The Kidney Meridian connects with the bladder with which it is internally-externally related. Its main functions are: to store essence and dominate human reproduction and development, dominate water metabolism and the reception of qi, produce marrow to fill up the brain, dominate bone, manufacture blood, manifest in the hair, open into the ear, and dominate anterior and posterior orifices.

1) Storing essence and dominating development and reproduction “Essence” is the material base of the human body and of many of its functional activities. Kidney essence consists of two parts: congenital and acquired. Congenital essence is inherited from the parents, and acquired essence is transformed from the essential substances of food by the spleen and stomach. The congenital and acquired essence rely on, and promote, each other. Before birth, congenital essence has prepared the material base for acquired essence. After birth, acquired essence constantly replenishes congenital essence. Of the two, acquired essence is the most important.

The function of the kidney in reproduction and development relies entirely on kidney qi. In other words, the ability to reproduce, grow and develop is related to the prosperity or decline of the essential qi of the kidney.
In childhood the essential qi of the kidney develops gradually and manifests in changes in the skin and hair. It flourishes in adolescence and at this time males will have seminal emission, and females the onset of menstruation, reflecting the ripening of the sexual function. In old age the essential qi of the kidney declines, reproductive ability and sexual function finally disappear, and the body begins to wither. The first chapter of Plain Questions says: “At the age of fourteen, a woman will begin to menstruate, her Ren (Conception Vessel) Meridian begins to flow, and the qi in the Chong Meridian begins to flourish. That is why she is capable of becoming pregnant... At the age of forty-nine, the qi of the Ren Meridian declines, the qi of the Chong Meridian becomes weak and scanty, the sexual energy becomes exhausted and menstruation stops, with the result that her body becomes old and she can no longer become pregnant.”

It also says: “At the age of sixteen, the kidney qi of a man becomes even more abundant, his sexual function begins to develop, and he is filled with semen that he can ejaculate. When he has sexual intercourse with a woman, she can have children... At the age of fifty-six, sexual energy begins to decline, the semen becomes scanty, and the kidney weak, with the result that all parts of the body begin to age. At the age of sixty-four teeth and hair are gone.”

These quotations clearly reflect the role played by the kidney in dominating human growth, development and reproduction. This is why the kidney is considered to be “the congenital foundation” and why traditional Chinese medicine attaches such great importance to it.

The essential qi of the kidney includes kidney essence and the kidney qi transformed from kidney essence. The transformation of kidney qi from kidney essence relies on the evaporating function of kidney yang upon kidney yin. Both kidney yin and kidney yang take the essential qi stored in the kidney as their material base. The essential qi of the kidney therefore involves both kidney yin and kidney yang.

Kidney yin is the foundation of the yin fluid of the whole body, which moistens and nourishes the zang-fu organs and tissues. Kidney yang is the foundation of the yang qi of the whole body, which warms and promotes the functions of the zang-fu organs and tissues. Yin and yang are both lodged in the kidney, which was therefore said to be “the house of water and fire” by the ancients. According to their nature, essence is yin, and qi is yang, so kidney essence is sometimes called “kidney yin” and kidney qi is sometimes called “kidney yang.”

Kidney yin and kidney yang both restrict and promote each other in the human body so as to maintain a dynamic physiological equilibrium. Once this equilibrium is disrupted, pathological changes due to imbalance of yin and yang in the kidney will manifest. If kidney yin is deficient through exhaustion, it will fail to control yang which becomes hyperactive. Typical symptoms are heat sensations of the chest, palms and soles, afternoon fever, night sweats, and seminal emission in males or sexual dreams in females. If kidney yang is deficient, leading to failure in warming and promoting, there may be symptoms such as lack of spirit, coldness and pain in the lumbar region and knees, aversion to cold, cold limbs, and impotence in men and frigidity and infertility in women. If kidney deficiency is not accompanied by obvious cold symptoms, it is usually called “deficiency of kidney qi” or “deficiency of kidney essence.”
2) **Dominating water metabolism**

Dominating water metabolism means that the kidney plays an extremely important role in regulating the distribution of body fluid. Such a function relies on the qi activity of the kidney. When the qi activity of the kidney is normal, then the “opening and closing” of the kidney will also be normal. Water is first received by the stomach, and then transmitted by the spleen to the lung which disperses and descends it. Part of the fluid reaches the kidney where it is further divided into two parts— the clear and the turbid by the qi activity of kidney yang. The clear fluid is transmitted up to the lung from which it is circulated to the zang-fu organs and the tissues of the body. The turbid flows into the bladder to form urine which is then excreted. The function of the kidney dominates this whole metabolic process. If the kidney fails to open and close, then disturbance of water metabolism such as oedema or abnormal micturition will occur.

3) **Receiving qi**

Receiving qi means that the kidney assists the lung in its function of receiving and descending the qi. The book Direct Guidebook of Medicine states: “The lung is the governor of qi and the kidney is the root of qi.”

In other words, respiration depends not only on the descending function of the lung, but also on the kidney’s function of reception and control. Only when the kidney qi is strong can the passage of qi in the lung be free, and the respiration smooth and even. If kidney qi is weak, the root of the qi is not firm, and the kidney will fail to receive qi, giving rise to shortness of breath and difficult inhalation which is worse after movement.

4) **Dominating bone, manufacturing marrow to fill up the brain and manifesting in the hair**

The kidney stores essence which produces marrow. The marrow develops in the bone cavities and nourishes their growth and development. When kidney essence is sufficient, the bone marrow has a rich source of production and the bones are well nourished, firm and hard. If the kidney essence is deficient, it will fail to nourish the bones, leading to weakness and soreness of the lumbar region and knees, weakness or even atrophy of the feet, and maldevelopment. Since the kidney dominates bone, and the teeth are the surplus of bone, ample kidney essence will result in strong healthy teeth, whilst deficiency of kidney essence will lead to loose or even falling teeth.

The marrow consists of two parts: spinal marrow and bone marrow. The spinal marrow ascends to connect with the brain, which is formed by the collection of marrow. The thirty-third chapter of Miraculous Pivot therefore states: “The brain is the sea of marrow.”

Essence and blood promote each other. When the essence is sufficient, then blood will flourish. The nourishment of the hair is dependent on a sufficient supply of blood, but its vitality is rooted in the kidney qi. The hair, therefore, is both the surplus of blood on the one hand, and the outward manifestation of the kidney on the other. Growth or loss of hair, its lustre or withering, are all related to the condition of the kidney qi. During the prime of life, the kidney qi is in a flourishing state and the hair is lustrous; in old age the kidney qi declines and the hair turns white and falls. The tenth chapter of Plain Questions states: “The kidney dominates bone and manifests on the hair.”

5) **Opening into the ear and dominating anterior and posterior orifices**

The function of the ear in dominating hearing relies on nourishment by the essential qi of the
kidney. The ear therefore pertains to the kidney. When the essential qi of the kidney is sufficient, the ear is well nourished and hearing is acute. When the essential qi of the kidney is deficient, it will fail to ascend to the ear leading to tinnitus and deafness.

“Anterior orifice” refers to the urethra and genitalia which have the function of urination and reproduction. “Posterior orifice” refers to the anus which has the function of excreting the faeces. Although the discharge of urine is a function of the bladder, it also relies on the qi activity of the kidney, as do the reproductive function and the excretion of faeces. Decline or deficiency of kidney qi, therefore, may give rise to frequency of micturition, enuresis, oliguria and anuria; seminal emission, impotence, premature ejaculation and infertility in reproduction; and prolonged diarrhoea with prolapse of rectum or constipation.

II. THE SIX FU ORGANS

1. The Gallbladder

The gallbladder is attached to the liver with which it is externally-internally related. Its main function is to store bile and continuously excrete it to the intestines to aid digestion. When the function of the gallbladder is normal, its qi descends. Since the bile is bitter in taste and yellow in colour, upward perversion of gallbladder qi may give rise to a bitter taste in the mouth, vomiting of bitter fluid, and failure to aid the stomach and spleen in digestion, resulting in abdominal distention and loose stools. Since this function of the gallbladder is closely related to the liver’s function of maintaining the free flow of qi, it is said that the liver and gallbladder together have the function of maintaining the free flow of qi. Similarly, the relation of the liver to emotional changes is shared by the gallbladder, and this is often taken into account in the clinic when treating symptoms such as fear and palpitations, insomnia and dream-disturbed sleep.

Although the gallbladder is one of the six fu organs, unlike the other five it stores bile and does not receive water or food. For this reason it is also classified as one of the “extraordinary fu.”

2. The Stomach

The stomach is located in the epigastrium. It connects with the oesophagus above, and with the small intestine below. Its upper outlet is the cardia, called Shangwan, and its lower outlet is the pylorus—known as Xiawan. Between Shangwan and Xiawan is Zhongwan. These three areas together make up the epigastrium. The Stomach Meridian is connected with the spleen with which it is externally-internally related. Its main function is to receive and decompose food. Food enters the mouth, passes through the oesophagus, and is received by the stomach where it is decomposed and transmitted down to the small intestine. Its essential substances are transported and transformed by the spleen to supply the whole body. The stomach and spleen, therefore, act in conjunction and are the main organs carrying out the functions of digestion and absorption. Together they are known as the “acquired foundation.”

When the function of the stomach is normal, its qi descends. If the descending function is disturbed, there will be lack of
appetite, distending pain in the epigastrium, nausea and vomiting.

3. The Small Intestine

The small intestine is located in the abdomen. Its upper end connects with the stomach, and its lower end with the large intestine. The Small Intestine Meridian communicates with the heart with which it is externally-internally related. Its main functions are reception and digestion. It receives and further digests the food from the stomach, separates the clear from the turbid, and absorbs essential substance and part of the water from the food, transmitting the residue of the food to the large intestine, and of the water to the bladder. Since the small intestine has the function of separating the clear from the turbid, dysfunction may not only influence digestion, but also give rise to an abnormal bowel movement and disturbance of urination.

4. The Large Intestine

The large intestine is located in the abdomen. Its upper end connects with the small intestine via the ileocecum, and its lower end is the anus. The Large Intestine Meridian communicates with the lung with which it is externally-internally related. The main function of the large intestine is to receive the waste material sent down from the small intestine, absorb its fluid content, and form the remainder into faeces to be excreted. Pathological changes of the large intestine will lead to dysfunction in this transportation function, resulting in loose stools or constipation.

5. The Bladder

The bladder is located in the lower abdomen. Its meridian connects with the kidney with which it is externally-internally related. The main function of the bladder is the temporary storage of urine, which is discharged from the body through qi activity when a sufficient quantity has been accumulated. This function of the bladder is performed with the assistance of the kidney qi. Disease of the bladder will lead to symptoms such as anuria, urgency of micturition and dysuria; failure of the bladder to control urine may lead to frequency of micturition, incontinence of urine and enuresis.

6. The Sanjiao

The sanjiao is located “separately from the zang-fu organs and inside the body.” It is divided into three parts: the upper, middle and lower jiao. Its meridian connects with the pericardium with which it is externally-internally related. Its main functions are to govern various forms of qi, and serve as the passage for the flow of yuanqi and body fluid. Yuanqi originates in the kidney, but requires the sanjiao as its pathway for distribution in order to stimulate and promote the functional activities of the zang-fu organs and tissues of the whole body. The chapter “Sixty-sixth Question” of Classics on Medical Problems, therefore, says: “The sanjiao is the ambassador of yuanqi. It circulates the three qi and distributes them to the five zang and six fu organs.”

The digestion, absorption, distribution and excretion of food and water are
performed by the joint efforts of various zang-fu organs, including the sanjiao. The chapter “The Thirty-first Question” in the book of *Classics on Medical Problems* says: “The sanjiao is the passage of water and food.”

It is also mentioned in the eighth chapter of *Plain Questions*: “The sanjiao is the irrigation official who builds waterways.”

The upper, middle and lower jiao combine with their related zang-fu organs, and each functions differently in order to carry out the digestion, absorption, distribution and excretion of water and food. The upper jiao dominates dispersion and distribution. In other words, in combination with the distributing function of the heart and lung, the upper jiao distributes the essential qi of water and food to the whole body in order to warm and nourish the skin and muscles, tendons and bones, and regulate the skin and pores. This function is described in the eighteenth chapter of *Miraculous Pivot*: “The upper jiao is like a fog.”

Here “fog” is used to describe the all-pervading vapour-like state of the clear and light essential qi of water and food.

The middle jiao dominates digestion of water and food. It refers to the functions of the spleen and stomach in digesting food, absorbing essential substance, evaporating body fluid, and transforming nutrient substance into nutrient blood. This function is described in the same chapter: “The middle jiao looks like a froth of bubbles.”

“A froth of bubbles” here refers to the appearance of the decomposed state of digested food.

The lower jiao dominates the separation of the clear from the turbid and the discharge of fluid and wastes from the body. This process mainly involves the urinary function of the kidney and bladder, and the defaecation function of the large intestine. The same chapter states: “The lower jiao looks like a drainage ditch.”

In other words, the turbid water continuously flows downward to be discharged. If the water passage in the lower jiao is obstructed, there may be urinary retention, dysuria and oedema.

Clinically, the terms upper, middle and lower jiao are often applied to generalise the functions of the internal organs of the chest and abdominal cavity. Above the diaphragm is the upper jiao which includes the heart and lung; between the diaphragm and umbilicus is the middle jiao which includes the spleen and stomach; and below the umbilicus is the lower jiao which includes the kidney, intestines and bladder.

### III. THE EXTRAORDINARY FU ORGANS

The extraordinary fu organs comprise the brain, marrow, bones, vessels, gallbladder and uterus. Since they are different from the five zang and six fu organs, they are called the “extraordinary fu.” The bones, marrow, vessels and gallbladder have been discussed in the section on the zang-fu organs, so only the brain and uterus will be considered here.

#### 1. The Brain

The brain is located in the skull and connects with the spinal marrow. The thirty-third chapter of *Miraculous Pivot* says: “The brain is a sea of marrow. Its upper part lies beneath the scalp at the vertex at point
Baihui (Du 20) and its lower part at point Fengfu (Du 16)."

Baihui and Fengfu are Points of the Du (Governor Vessel) Meridian which ascends the spinal column and enters the brain at point Fengfu. Many points of the Du Meridian, therefore, are indicated in pathological conditions of the brain.

The brain is the organ of spirit, consciousness and thinking. The seventeenth chapter of Plain Questions says: "The head is the residence of intelligence."

This means that the brain is related to the activity of thinking. The thirty-third chapter of Miraculous Pivot says: "Deficiency of the brain leads to vertigo and dizziness."

It pointed out that hypofunction of the brain may lead to vertigo and blurred vision. Li Shizhen of the Ming Dynasty (1368-1644) clearly indicated that "the brain is the palace of the mind." In the Qing Dynasty (1644-1911), Wang Qingren in his book Revision of Medical Classics advanced the theory that "intelligence and memory rely on the brain."

He considered that thinking, memory, vision, hearing, smelling and speaking are all dominated by the brain.

Although the ancients had some knowledge of the physiology and pathology of the brain, they ascribed the functions of the brain to various zang-fu organs—the heart, liver and kidney in particular. Many syndromes and treatment of brain disturbances, therefore, are included in the differentiation of syndromes of the zang-fu organs.

2. The Uterus

The uterus, located in the lower abdomen, presides over menstruation and nourishes the foetus. It is closely related to the Kidney, Chong and Ren (Conception Vessel) meridians. Since the uterus is related to the kidney, its reproductive function is dominated by the kidney qi. Both the Chong and Ren meridians originate from the uterus, the Ren Meridian having the function of regulating the qi of all the yin meridians, and the Chong Meridian the function of regulating the qi and blood of all the twelve regular meridians. When the kidney qi is vigorous and the qi and blood of the Chong and Ren meridians sufficient, menstruation is normal, and the uterus will perform its functions of reproduction and nourishment of the foetus. If the kidney qi is weak, the qi and blood of the Chong and Ren meridians will be deficient, and there will be irregular menstruation, amenorrhoea or infertility. The uterus is also closely connected to the heart, liver and spleen. Since normal menstruation and the nourishment of the foetus rely on the blood, which is dominated by the heart, stored by the liver and controlled by the spleen, dysfunction of these organs may affect the normal function of the uterus.

IV. THE RELATIONSHIPS AMONG THE ZANG-FU ORGANS

Although the zang and fu organs have different physiological functions, there is a very close relationship between them in maintaining the normal functions of the body. An understanding of the theory of the relationships between the zang and fu organs is of great significance in clinical differentiation of syndromes and treatment. Interconnected by the meridian system, the zang and fu organs have an internally-
externally linked relationship. For example, the meridian of Hand-Taiyin enters the large intestine inferiorly, and goes upward through the diaphragm to connect with the lung. The meridian of Hand-Yangming enters the lung and descends to connect with the large intestine. In this way a close internal relationship between the lung and large intestine is maintained. The heart and small intestine, spleen and stomach, liver and gallbladder and kidney and bladder are similarly closely related, physiologically and pathologically, by means of the yin and yang meridians. The sixty-second chapter of Plain Questions therefore says: “The zang organs are all connected with the meridians for the transmission of qi and blood.”

From this it can be seen that the functional activities, and internal-external relationships of the zang-fu organs, are based on the meridians system. Without the interconnecting pathways of the meridians, each of the zang-fu organs would become an isolated and static organ, unable to perform its functional activities. This interconnecting function of the meridians is reflected not only by the internal-external connection between the zang and the fu organs, but also by relationships within the zang and the fu organs themselves, thus forming an internal criss-crossing network. For example, the Liver Meridian of Foot-Jueyin has a branch which, “arising from the liver, passes through the diaphragm and flows into the lung,” further connecting with the Lung Meridian of Hand-Taiyin and thus forming a connection between the lung and the liver. A branch of the Spleen Meridian of Foot-Taiyin “arises from the stomach, passes through the diaphragm and flows into the heart,” where it connects with the Heart Meridian of Hand-Shaoyin, thus forming a connection between the spleen and heart. There are similar connections between the kidney, heart and lung; stomach, large intestine and small intestine; and between liver and stomach, etc. by means of the meridians and collaterals.

The mutual interconnections between the meridians, zang and fu organs mean that when a particular meridian is diseased due to invasion of pathogenic factors, there may be a transmission of pathological changes to other meridians, and related zang-fu organs, particularly externally-internally related ones. For instance, when the Lung Meridian is invaded by pathogenic factors, it may affect the large intestine, leading to constipation and diarrhoea. When dysfunction of the spleen in transportation and transformation occurs, it may affect the stomach and kidney, giving rise to poor appetite, fullness and distention in the epigastrium, and oedema. In general, only by having a clear understanding of the connections between the meridians by which pathological changes are transmitted, can the practitioner grasp the relationships among the zang-fu organs and determine treatment.

The following is a brief introduction to the relationships between the zang organs, between the zang and fu organs, and between the fu organs.

1. The Relationships Between The Zang Organs

1) The heart and lung. The heart dominates blood and the lung dominates qi. The circulation of blood relies on the propelling function of qi, and at the same time the qi is attached to the blood to
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distribute it through the body. Both the heart and the lung, qi and blood, rely upon each other. Without qi, the blood will stagnate, leading to stagnation of blood; without blood, the qi will have no base to rely upon and will scatter.

Pathologically, deficiency of pectoral qi due to weakness of the lung qi will lead to weakness and stagnation of blood circulation, resulting in stuffiness in the chest, shortness of breath, palpitation, and purplish lips and tongue. Conversely, retardation of blood circulation due to deficiency of heart qi or weakness of heart yang, may impair the function of the lung in dispersing and descending, giving rise to cough, shortness of breath, stuffiness in the chest and a sensation of suffocation.

Both the heart and lung are situated in the upper jiao. During the development of febrile diseases, the pathogenic factors in the lung may not be transmitted to the middle jiao by the normal pathway, but invade the heart directly. This is known as “invasion of the pericardium by pathogenic factors through contrary pathway,” showing the mutual connection between heart and lung in pathology.

2) The heart and spleen The heart dominates blood and the spleen controls blood. The function of the spleen in transportation and transformation depends on the propelling force of the yangqi of the heart and kidney. The formation and flourishing of heart blood rely upon the function of the spleen in transporting and transforming the essential substances of food and water. The blood circulating in the vessels therefore, is dominated by the heart and controlled by the spleen.

Pathologically the heart and spleen often affect each other. For example, deficiency of the source of blood due to deficiency of spleen qi, or haemorrhage due to dysfunction of the spleen in controlling blood, may result in consumption of heart blood. Conversely overthinking, which consumes heart blood, may affect the normal function of the spleen in transportation and transformation. Both conditions may give rise to palpitations, insomnia, poor appetite, lassitude and pale complexion, known as “deficiency of both heart and spleen.”

3) The heart and liver The heart and liver have a close relationship, not only with regard to emotional activities, but also to blood circulation. The heart dominates blood and the liver stores it. Only when the heart blood is sufficient, can the liver store and regulate its volume in order to meet the physiological needs of the body. The liver maintains the free flow of qi and “dredges” the circulation of qi and blood, ensuring that the blood does not stagnate. This benefits the function of the heart in propelling blood.

Pathologically, the heart and liver influence each other. For instance, deficiency of heart blood often leads to deficiency of liver blood, resulting in palpitations, insomnia, dream-disturbed sleep and pale complexion, accompanied by dizziness, blurred and impaired vision, oligomenorrhoea or delayed menstruation. Hyperactivity of liver yang may disturb the heart giving rise to headache, redness of the eyes, and irritability, accompanied by mental restlessness, insomnia and dream-disturbed sleep.

4) The heart and kidney The heart dominates fire, is located in the upper part of the body and belongs to yang. The kidney dominates water, is situated in the lower part of the body and belongs to yin. The relationship between the heart and kidney, therefore, concerns the balance between yin
and yang, ascending and descending. Under normal physiological conditions, heart yang descends, together with the kidney yang, to warm kidney yin and kidney water. In contrast, kidney yin ascends, together with heart yin, to moisten heart yang and prevent it from becoming hyperactive. This relationship of mutual communication and restriction is called “harmony of heart and kidney.” When water and fire are in harmony, a relative balance between above and below, yin and yang, is maintained, ensuring the normal physiological function of the heart and kidney.

Once the yin-yang balance between the heart and kidney is disrupted, pathological changes will occur. For instance, when deficiency of kidney yin fails to ascend to nourish the heart, it usually leads to hyperactivity of heart yang, giving rise to such manifestations as aching back and seminal emission, with mental restlessness, palpitations, insomnia and dream-disturbed sleep, indicating “disharmony between heart and kidney.” When deficiency of kidney yang fails to evaporate fluid which then floods and ascends to depress the function of heart yang, there may be clinical manifestations such as edema, chills, and cold limbs, accompanied by palpitations, shortness of breath and stuffiness in the chest, indicating “retained water afflicting the heart.”

The heart dominates blood and the kidney stores essence. Since essence and blood promote each other, there is a mutual causality between consumption of kidney essence and deficiency of heart blood. The heart houses the mind and the kidney essence produces marrow which communicates with the brain—the seat of intelligence. Either deficiency of kidney essence or of heart blood, therefore, may lead to symptoms of disturbance of consciousness such as insomnia, poor memory and dream-disturbed sleep.

5) **The spleen and lung** The relationship between the spleen and lung is closely connected with qi and body fluid. The spleen dominates transportation and transformation and is considered to be the source of acquired qi and blood. The strength of the lung qi relies on a continuous supply of the acquired essence of water and food. The condition of the lung qi, therefore, depends greatly on the tonifying action of spleen qi. On the other hand, the function of the spleen in transporting and transforming water fluid also relies on the coordination of the dispersing and descending function of the lung. The twenty-first chapter of *Plain Questions* says: “The spleen spreads the qi for flowing upward to the lung, which regulates the water passages in order to transmit the water fluid down to the bladder.”

It pointed out the internal physiological connection between the spleen and the lung. Pathologically, weakness of spleen qi usually leads to deficiency of lung qi, resulting in poor appetite, abdominal distention and emaciation, accompanied by feeble cough, lassitude and dislike of speaking. Dysfunction of the lung in dispersing and descending may lead to accumulation of body fluid and stasis of dampness in the spleen, resulting in cough with much expectoration and stuffiness in the chest, or abdominal distention, borborygmus and oedema.

6) **The liver and lung** This relationship is mainly manifested in the ascending and descending movement of qi. The lung qi normally descends and the liver qi normally ascends, in order to maintain the harmonious function of the vital activities of the body. If the liver qi is depressed, it may
transform into fire which goes upward along the meridian to consume the fluid of the lung, giving rise to such manifestations as hypochondriac pain, irritability, cough and haemoptysis, known as “invasion of the lung by liver fire.” Conversely, dysfunction of the lung in descending may lead to pathogenic dryness and heat which descend to consume the yin of the kidney and liver, stirring up hyperactivity of liver yang. In this case, in addition to cough, there may be referred pain in the chest and hypochondriac region, dizziness, headache and redness of the face and eyes.

7) The Lung and Kidney This association is mainly reflected in the movement of water and qi. Water metabolism is closely related to the functions of the lung and kidney. Dysfunction of the lung in dispersing and descending, or dysfunction of the kidney in evaporating water, may not only affect normal water metabolism, but also influence each other, leading to further and more serious disturbance of water metabolism, and giving rise to such manifestations as cough, shortness of breath, difficulty in lying flat and oedema. In the sixty-first chapter of *Plain Questions* it said, “Therefore when water disease attacks, it will cause oedema in the foot and enlarged abdomen in the lower part of the body, and asthma, with inability to lie flat, in the upper part of the body, due to simultaneous occurrence of both the primary and secondary conditions.”

The lung dominates respiration and the kidney dominates reception of qi. Only when the kidney is vigorous can the inhaled qi be sent downward through the lung and be received by the kidney. When kidney qi is deficient, and fails to receive qi, the qi will remain floating above. When prolonged deficiency of lung qi affects the kidney qi, there will be dysfunction of the kidney in reception of qi. Both of these conditions may give rise to shortness of breath which is worse after movement.

The yin fluid of the lung and the kidney nourish each other, and kidney yin is the root of the yin fluid of the whole body. Deficiency of lung yin may injure kidney yin, and deficiency of kidney yin may fail to nourish lung yin. Either may lead to deficiency of yin of both the lung and kidney, resulting in such manifestations as malar flush, afternoon fever, night sweat, dry cough, hoarse voice and weakness and soreness of the lumbar region and knees.

8) The Liver and Spleen This relationship is mainly reflected in the digestion of water and food, and the circulation of blood.

The spleen dominates transportation and transformation, and the liver maintains the free flow of qi. When the liver performs this function normally, the ascending function of the spleen and the descending function of the stomach will be coordinated to ensure normal digestion, absorption and distribution of food. In addition, if the essential substance of water and food transported and transformed by the spleen is sufficient, liver blood will flourish, as it has a rich source for its production. The liver stores blood and the spleen controls blood. They coordinate their activities to maintain the normal circulation of blood to satisfy the needs of the body.

Pathologically, stagnation of liver qi may affect the spleen’s function of transportation and transformation, resulting in hypochondriac pain, mental depression and irritability, accompanied by poor appetite, abdominal fullness and distention, irregular bowel movement and lassitude, known as “stagnation of liver qi leading to deficiency of the spleen,” or “disharmony of liver and spleen.”
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If the spleen qi is weak, it may fail to control blood or lead to dysfunction in transportation and transformation, which causes deficiency of the source of blood. Great loss or insufficiency of blood may lead to deficiency of liver blood, giving rise to poor appetite, emaciation, blurred vision, and oligomenorrhoea or amenorrhoea.

9) The spleen and kidney This connection is mainly reflected in the relationship between congenital and acquired qi. The spleen is considered to be the acquired foundation, and the kidney the congenital foundation. Kidney essence relies on the supply of essential substances of water and food, transported and transformed by the spleen. The spleen’s transportation and transformation function in turn relies on the warming and propelling activities of kidney yang. Thus the congenital promotes the acquired, and the acquired nourishes the congenital.

Pathologically, the spleen and kidney influence each other. When kidney yang is deficient, it will fail to warm spleen yang, leading to deficiency of spleen yang. When spleen yang is deficient, it will lead to preponderance of yin and cold in the interior, which may impair kidney yang and cause deficiency if prolonged. Clinically the symptoms may include abdominal fullness, borborygmus, loose stools, soreness and pain of the lumbar region and knees, aversion to cold and cold limbs, known as “deficiency of yang of both spleen and kidney.”

10) The liver and kidney The liver stores blood and the kidney stores essence. Liver blood relies on nourishment by kidney essence, and the kidney essence relies on the supply of liver blood. Essence and blood produce and supply each other, hence the saying “essence and blood have the same source,” and “the liver and kidney have the same origin.”

Pathologically, when deficiency of kidney essence deprives the liver of nourishment, it will lead to deficiency of liver yin, resulting in “deficiency of yin of both liver and kidney.” Clinical manifestations may include soreness and weakness of the lumbar region and back, seminal emission, tinnitus, dizziness, vertigo and dryness of the eyes.

If there is hyperactivity of liver yang, there may be headache, redness of the eyes, and irritability. In prolonged cases, if kidney yin is also consumed, there may be soreness and pain of the lumbar region, seminal emission and tinnitus.

2. The Relationship Between the Zang and the Fu Organs

This refers to the external-internal relationship between the zang and the fu. The zang are yin and the fu yang. Yang dominates the exterior and yin the interior. Via the channels, each zang is externally-internally related to one fu, as follows:

1) The heart and small intestine Pathologically, fire of excess type of the heart channel may transmit pathogenic heat to the small intestine, resulting in oliguria, deep yellow urine and burning sensation during urination, known as “excessive heat in the small-intestine.” Conversely, heat in the small intestine may ascend along the channel to affect the heart, leading to symptoms of mental restlessness, redness and ulceration of the tongue, etc.

2) The liver and gallbladder The gallbladder is attached to the liver, and they are externally-internally related through the channels. Bile derives from the liver. Clinically the differentiation of syndromes
of the liver and gallbladder cannot completely be separated, and manifestations of both often appear simultaneously. For instance, both excessive liver fire and excessive gallbladder fire may present symptoms of pain in the chest and hypochondrium, bitter taste in the mouth, dryness in the throat, and irritability. In case of damp-heat in the liver and gallbladder, there may be jaundice and bitter taste in the mouth which indicates the extravasation of bile, and hypochondriac pain and mental depression which indicate stagnation of liver qi.

3) The spleen and stomach Both the spleen and stomach are situated in the middle jiao, and are externally-internally related via their channels. The spleen dominates transportation and transformation, and the stomach dominates reception. Reception and digestion of food mainly rely on the stomach, and the absorption and distribution of nutrient substance rely on the spleen. The stomach prepares the food for the spleen to transport and transform, whilst the spleen distributes nutrient substance to assist the stomach in moving body fluid. Dysfunction of the stomach in reception may give rise to poor appetite and an unpleasant and hungry sensation in the stomach. Dysfunction of the spleen in transportation and transformation may often lead to abdominal distension after eating and loose stools.

The spleen dominates ascending and the stomach dominates descending. The spleen distributes the essential substance of water and food up to the heart and lung. The stomach moves the digested water and food downwards. If the spleen qi descends rather than ascends, there may be diarrhoea and prolapse of the rectum. If the stomach qi ascends rather than descends, there may be nausea, vomiting and hiccups. The physician Ye Tianshi of the Qing Dynasty (1644-1911) said: “The stomach dominates reception, and the spleen dominates transportation and transformation. The spleen is ‘favourable’ when its ascending function is normal, and the stomach is ‘favourable’ when its descending function is normal.”

The spleen is yin, prefers dryness and dislikes dampness. The stomach is yang, prefers moistness and dislikes dryness. Being yin and yang in nature respectively, each needs the other. When pathogenic dampness invades the spleen, it may injure the transportation and transformation function, and in turn, lead to the production of dampness. When pathogenic heat invades the stomach, it may consume the body fluid in the stomach, and deficiency of stomach yin may stir up heat of deficiency type in the interior. Since the spleen and stomach are mutually connected physiologically, they also affect each other pathologically. For instance, dysfunction of the spleen in transportation and transformation due to retention of dampness may lead to inability to ascend the clear, and affect the stomach function of receiving and descending. Clinical manifestations include poor appetite, nausea, vomiting, and fullness and distension of the epigastrium. Conversely, dysfunction of the stomach in descending the turbid, due to irregular food intake which causes retention of food, may also affect the function of the spleen in transporting, transforming and ascending the clear, giving rise to abdominal distension and diarrhoea.

4) The lung and large intestine When the lung qi descends, the function of the large intestine in transmission is normal and bowel movement free. If the large intestine is
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obstructed by stasis, it may prevent the lung qi from descending. Clinically, when dysfunction of the lung in descending fails to send down body fluid, there may be difficult bowel movement. If the large intestine is obstructed due to excessive heat, it may lead to dysfunction of the lung qi, resulting in cough and fullness in the chest.

5) The kidney and bladder The function of the bladder relies on the condition of the kidney qi. Kidney qi assists the bladder in metabolizing body fluid. When the kidney qi is sufficient and its checking function normal, the bladder opens and closes regularly so as to maintain normal water metabolism. When the kidney qi is deficient, disturbance of checking function will lead to irregular opening and closing of the bladder, resulting in dysuria, incontinence of urine, enuresis, and frequency of micturition. Pathological changes in the storage and discharge of urine, therefore, are often related to both the bladder and kidney.

3. The Relationship Among the Fu Organs

The main function of the six fu organs is transportation and transformation. They play a major role in a series of functional activities of digestion, absorption and excretion. When food enters the stomach, it is digested and sent down to the small intestine for further digestion—separating the clear from the turbid. The clear is the nutrient substance nourishing the whole body, of which the water-fluid part seeps into the bladder. The turbid is the waste matter entering the large intestine. The fluid seeped into the bladder is excreted as urine by the action of qi, and the waste matter in the large intestine is discharged as faeces through the transportation and transformation function.

This process of digestion, absorption and excretion mainly relies on: a) the function of the liver and gallbladder in maintaining the free movement of the digestion, b) the function of the sanjiao in distributing yuanqi and circulating water fluid, and c) the unified functions of the six fu, which transport and transform water and food and continuously receive, digest, transmit and excrete, alternating between emptiness and fullness. They are “favourable” when they are clear and open, and “unfavourable” when they are obstructed. This is stressed in the ancient sayings: “the fu organs are favourable when they are unblocked,” and “treatment to remove obstruction in diseases of them plays the same role as the reinforcing method.”

The close physiological connections between the six fu organs are also reflected pathologically. For instance, excessive heat in the stomach may consume body fluid, lead to dysfunction of the large intestine in transportation, and result in constipation. Constipation due to dryness in the intestines may affect the stomach’s descending function, leading to upward rebellion of stomach qi and hence nausea and vomiting. Hyperactivity of fire in the gallbladder may invade the stomach, giving rise to upward rebellion of stomach qi and hence nausea, vomiting and regurgitation of yellow fluid.
Chapter 4

Qi, Blood and Body Fluid

Qi, blood and body fluid are fundamental substances which maintain the normal vital activities of the human body. They are the material foundation for the physiological functions of the zang-fu organs, tissues and meridians. Qi, blood and body fluid have an independent relationship with the zang-fu organs, the tissues, and the meridians, whilst both theories together combine to explain the physiological functions of human body.

1. Classification and Production of Qi

According to ancient Chinese thought, qi was the fundamental substance constituting the universe, and all phenomena were produced by the changes and movement of qi. This viewpoint greatly influenced the theory of traditional Chinese medicine. Generally speaking, the word “qi” in traditional Chinese medicine denotes both the essential substances of the human body which maintain its vital activities, and the functional activities of the zang-fu organs and tissues.

Essential substances are the foundation of functional activities. In this sense, qi is too rarefied to be seen and its existence is manifested in the functions of the zang-fu organs. All vital activities of the human body are explained by changes and movement of qi.

1. Classification and Production of Qi

Certain qualitative terms differentiate qi in the human body according to its source, function and distribution. These terms are: yuanqi (primary qi), zongqi (pectoral qi), yingqi (nutrient qi) and weiqi (defensive qi). In terms of their source they may be further classified into congenital qi and acquired qi. Yuanqi, which is derived from congenital essence and inherited from the parents, is referred to as congenital qi. After birth, zongqi, yingqi and weiqi are all derived from food essence, and are therefore known as acquired qi.

Congenital qi and acquired qi are dependent on each other for their production and nourishment. Yuanqi stimulates and promotes the functional activities of the zang-fu organs and the associated tissues of the body, which in turn produce acquired qi. Thus yuanqi is the material foundation for the production of acquired qi. On the other hand, acquired qi continuously nourishes and supplements congenital qi. The relationship is therefore an interdependent one: congenital qi promotes acquired qi, which in turn
Chapter 4  Qi, Blood and Body Fluid

Qi nourishes congenital qi.

Qi may also describe the functional activities of the zang-fu organs and meridians. It is then referred to, for example, as qi of the heart, liver, lung, spleen, stomach, kidney and meridians. These are discussed further in the relevant chapters.

1) Yuanqi (primary qi) Derived from congenital essence, yuanqi needs to be supplemented and nourished by the qi obtained after birth from food essence. Yuanqi takes root in the kidney and spreads to the entire body via the sanjiao. It stimulates and promotes the functional activities of the zang-fu organs and the associated tissues. The more abundant yuanqi is, the more vigorously the zang-fu organs and the associated tissues will function. The human body will then be healthy and rarely suffer from disease. On the other hand, congenital insufficiency of yuanqi, or deficiency due to a prolonged illness, may lead to various pathological changes.

2) Zongqi (pectoral qi) Zongqi is formed by the combination of qingqi (clean qi) which is inhaled by the lung, and the qi of food essence which is produced by the spleen and stomach. Zongqi is stored in the chest. Its main functions are:

i) To promote the lung’s function of controlling respiration. The strength or weakness of speech and respiration are related to the quality of zongqi.

ii) To promote the heart’s function of dominating the blood and blood vessels. The circulation of qi and blood, coldness and warmth, and the motor ability of the four limbs and trunk are all associated with zongqi.

3) Yingqi (nutrient qi) Derived from the qi of food essence produced by the spleen and stomach, yingqi circulates in the vessels. Its primary function is both to produce blood and to circulate with it, providing further nourishment. As yingqi and blood are so closely related, “ying blood” is the term commonly used to refer to their joint functions.

4) Weiqi (defensive qi) Weiqi is also derived from the qi of food essence, but unlike yingqi it circulates outside the vessels. It functions to protect the muscular surface, defend the body against exogenous pathogenic factors, control the opening and closing of the pores, moisten the skin and hair, readjust body temperature, and warm up the zang-fu organs. Defending the body against exogenous pathogenic factors is its principal function, hence the name weiqi.

As mentioned above, the zang-fu and meridians possess their own qi. Originating from yuanqi, zongqi, yingqi and weiqi, the qi of the meridians (which circulates throughout the meridian system) is a combination of the qi of food essence, qingqi inhaled by the lung, and essential qi stored in the kidney. The qi of the meridians, therefore, is referred to as zhengqi or zhenqi (vital qi) flowing in the meridians. According to twenty-seventh chapter of Plain Questions, “Zhengqi (vital qi) means the qi of the meridians.” As the basis of the functions of the meridians, the qi of the meridians greatly influences the functions of the qi, blood and zang-fu organs of the entire body.

2. Functions of Qi

Qi acts extensively in the human body by permeating all parts. There is no place that does not have qi nor to which qi does not penetrate. If the movement of qi ceases, the
vital activities of the human body will also cease. Abundant qi is the basis of good health and weakness of qi may lead to disease. Hence the statement from the Eighth Problem of Classic on Medical Problems, “Qi is the root of the human body; the stem and leaves would dry up without a root.” Qi, distributed to various parts of the body, characteristically functions in the following different ways:

1) Promoting function The growth and development of the human body, the physiological activities of the zang-fu and meridians, the circulation of blood and distribution of body fluid, are all dependent on the promoting and stimulating effect of qi. Deficiency of qi impairs this promoting function, and thus produces pathological changes such as retarded growth and development, hypofunction of the zang-fu organs and meridians, impaired blood circulation, dysfunction in transforming and distributing body fluid, and production of phlegm dampness in the interior.

2) Warming function The normal temperature of the body is maintained and readjusted by qi. According to the Twenty-second Problem of Classic on Medical Problems, “Qi dominates warming.” The forty-seventh chapter of Miraculous Pivot says: “Weiqi warms up the muscles...” Insufficiency of yang qi may impair its warming effect, giving rise to aversion to cold, and cold sensations of the four limbs.

3) Defensive function Qi defends the body surface against exogenous pathogenic factors. The seventy-second chapter of Plain Questions therefore states: “The existence of the antipathogenic qi in the interior prevents the pathogenic factor from invading.” Qi also combats pathogenic factors once disease occurs, and brings about recovery by eliminating the invading pathogenic factors.

4) Checking function Qi checks, controls and regulates certain bodily substances and metabolic products. For instance, qi controls blood by keeping it circulating in the vessels, and checks sweating, urination and seminal emission. If this checking function of qi is impaired, spontaneous sweating, incontinence of urine, premature ejaculation and spermatorrhoea may occur.

5) Qihua (activities of qi) Qihua has two meanings. Firstly it refers to the process of mutual transformation among essence, qi, body fluid and blood. According to the fifth chapter of Plain Questions, “Essence is transformed into qi.” In his annotation of the same chapter, Wang Bing, a physician in the Tang Dynasty says: “The activities of qi produce essence; a harmonious supply of food essence enables the body to grow.” These statements explain the mutual transformation of essence and qi.

Secondly, qihua implies certain functional activities of the zang-fu organs. According to the eighth chapter of Plain Questions, “The bladder stores body fluid, which is then excreted by the activities of qi.” The activities of qi here refer to the function of the bladder in discharging urine.

6) Nourishing function This refers to yingqi—the nutrient substance formed from food. Yingqi, which circulates in the blood vessels, is a part of blood and provides nourishment to the whole body.

Although these six functions of qi are different, they cooperate with and supplement each other.

II. BLOOD

Blood is a red liquid circulating in the vessels, and is a vital nutrient substance in the body.
Chapter 4  Qi, Blood and Body Fluid

1. Formation and Circulation of Blood

As the fundamental substances required in blood formation originate from food essence produced by the spleen and stomach, these two organs are regarded as the source of qi and blood. The thirtieth chapter of Miraculous Pivot holds: “When the middle jiao receives food essence it will transform it into red fluid which is called blood.”

The seventy-first chapter of the same book also says: “Yingqi flows into the vessels to be transformed into blood.” Essence and blood may also transform into each other. The book Zhang’s General Medicine states: “If blood is not consumed, it turns into essence in the kidney; if essence does not leak out, it is transformed into blood in the liver.” Taking food essence and kidney essence as the material basis, blood is formed by the functional activities of zang-fu organs such as the spleen, stomach, heart, lung, liver and kidney.

After being formed, blood normally circulates in the vessels throughout the body, and is acted upon jointly by the heart, liver and spleen. The heart dominates the blood and vessels, and the propelling force of heart qi is the basis of blood circulation. The spleen qi controls blood and prevents extravasation. The liver promotes the free flow of qi, stores blood and regulates its volume. The coordination of these three organs ensures continuous blood circulation in the vessels throughout the body. Dysfunction of any of them may cause abnormal blood circulation. Deficiency of heart qi, for instance, may lead to stagnation of heart blood. Dysfunction of the spleen in controlling blood may lead to bloody stools, uterine or subcutaneous bleeding, and ecchymoses.

2. Functions of Blood

Blood circulates throughout the body, passing through the five zang and six fu in the interior, and the skin, muscles, tendons and bones on the exterior. In this way blood nourishes and moistens the various tissues and organs of the body. The Twenty-second Problem of Classic on Medical Problems generalises this function of blood, saying: “Blood dominates nourishment and moisture.” The nourishing and moistening function of blood manifests clearly in the movement of the eye and four limbs. According to the tenth chapter of Plain Questions, “When the liver receives blood, it gives rise to vision; when the feet receive blood they are capable of walking; when the palms receive blood they are capable of holding; and when the fingers receive blood they are capable of grasping.”

The forty-seventh chapter of Miraculous Pivot says: “When the blood is in harmony... the tendons and bones will be strong and the joints will function smoothly.” Insufficiency of blood may impair its nourishing and moistening function, and give rise to symptoms such as impaired vision, dryness of the eyes, motor impairment of the joints, numbness of the four limbs and dryness and itchiness of the skin.

Blood is the material foundation for mental activities. A sufficient blood supply ensures clear consciousness and a vigorous spirit. The twenty-sixth chapter of Plain Questions states: “Qi and blood are the foundation for human mental activities.” The thirty-second chapter of Miraculous Pivot says: “Harmonious circulation of blood ensures a vigorous spirit.” These quotations explain the close relationship between blood and mental activities. Deficiency of blood, therefore, may produce
mental disorders. An example is deficiency of heart or liver blood which may result in mental restlessness, with symptoms such as palpitation, insomnia and dream-disturbed sleep.

III. BODY FLUID

Body fluid is a collective term for all the normal fluids of the body. These are saliva, gastric juice, intestinal juice and the liquids in the joint cavities, as well as tears, nasal discharge, sweat and urine.

1. Formation and Distribution of Body Fluid

Body fluid is formed from food and drink after its digestion and absorption by the spleen and stomach. The distribution and excretion of body fluid principally rely on the spleen's function of transportation, the lung's function of dispersing and descending and regulating water passages, and the kidney's function of controlling urination and separating the clear and the turbid. Of these three organs, the kidney is the most important. The twenty-first chapter of Plain Questions explains the formation and distribution of body fluid by saying: “After food enters the stomach, the qi of food essence and water is transmitted to the spleen, which spreads it to the lung. The lung regulates the water passages and transmits the qi of water to the bladder below. The qi of water then spreads in four directions and travels along the meridians of the five zang organs.” When talking about the sanjiao as the pathway of body fluid, the eighth chapter of Plain Questions states: “The sanjiao is the irrigation official who builds waterways.”

In addition, fluids sent downwards from the stomach continue to be absorbed by the small and large intestines. A part of the fluid, after passing through the spleen, lung and sanjiao, is excreted from the skin and hair as sweat. Another part of the fluid is sent downwards to the bladder via the waterways of the sanjiao, and excreted from the body as urine, with the assistance of the qi of the kidney and bladder. Acted upon by all these zang-fu, body fluid reaches the skin and hair on the exterior, and penetrates the zang-fu in the interior, thus nourishing all the tissues and organs throughout the body.

To conclude, the formation, distribution and excretion of body fluid is a complicated process resulting from the coordinated activities of many of the zang-fu, especially the lung, spleen and kidney. Pathological changes of these organs may consequently affect the formation, distribution and excretion of body fluid. For example, if there is insufficient formation or excessive loss, body fluid may be damaged or consumed. A disturbance in distribution of body fluid may lead to its accumulation, resulting in retained fluid and oedema, or the formation of phlegm. Pathological changes of body fluid may, in turn, impair the functions of many zang-fu organs, for example invasion of the heart by retained water produces palpitations; retention of fluid in the lung results in cough with asthmatic breathing; dryness of the lung due to consumption of body fluid leads to unproductive cough; dryness of the stomach causes thirst; and dryness of the intestines leads to constipation.
2. Functions of Body Fluid (Jingye)

Body fluid moistens and nourishes various parts of the body. There are noticeable differences, however, in the nature, form and location of different types of body fluid. Clear and thin fluids are referred to as “jing,” whilst thick and heavy fluids are known as “ye.” “Jing” is distributed on the muscular surface, and has the function of warming and nourishing the muscles and moistening the skin. “Ye” is stored in the joints and orifices and has the function of moistening the joints, strengthening the brain and marrow and nourishing the orifices. As both “jing” and “ye” are normal fluids in the body and are derived from the same source—the qi of food essence—they may be transformed into each other. Generally they are referred to together by the term “jingye” (body fluid).

IV. THE RELATIONSHIP BETWEEN QI, BLOOD AND BODY FLUID

Although qi, blood and body fluid have their respective natures, they coordinate with, promote and restrain one another in their functional activities. Their close and complicated relationships often manifest in physiology and pathology, and are important in determining treatment on the basis of differentiation of syndromes.

1. The Relationship Between Qi and Blood

Both qi and blood are the material foundation for the functional activities of the body. They originate from food essence and from essential qi in the kidney, and their production depends on the functional activities of the lung, spleen and kidney. Qi mainly provides warmth and motive force, whilst blood provides nourishment and moisture. This is described in the Twenty-second Problem of Classic on Medical Problems, “Qi dominates warmth while blood dominates nourishment.” Qi is considered to be yang, while blood is yin. Their relationship may be summarized by the statement: “Qi is the commander of blood and blood is the mother of qi.” “Qi is the commander of blood” means that blood cannot be separated from qi in its formation and circulation. The material basis of blood is yin essence, the transformation of which into blood depends on qi. Qi functions well in transforming yin essence into blood if it is abundant. Conversely, this function of qi is weakened if qi is deficient, so deficiency of qi may lead to deficiency of blood. For this reason, when treating disorders resulting from blood deficiency, qi tonics are sometimes added to the prescription. Since the heart qi dominates blood circulation, the lung qi ensures normal distribution and the liver qi takes charge of the free flow of qi of the entire body, the blood circulation depends on the functional activities of these three organs. This is described as “qi circulation leading to blood circulation.” Either weakness in propelling blood due to qi deficiency, or retardation of qi circulation, may cause disorders of blood circulation, or even stagnation of blood. That is why in order to obtain good therapeutic effects in the treatment of blood stagnation, herbs which circulate qi, and qi tonics, are often prescribed in combination with herbs to activate blood circulation and remove stasis. The controlling function of qi...
ensures the normal circulation of blood in the vessels and prevents extravasation. Deficiency of qi may impair this function of controlling blood, leading to various types of haemorrhage. This is known as “qi fails to control blood.” To stop haemorrhage due to qi deficiency, the method of tonifying qi must be used.

“Blood is the mother of qi” refers to the fact that qi is “attached” to blood, and that qi does not function well in promoting the physiological activities of various parts of the body unless it receives sufficient nourishment from blood. In cases of massive bleeding, there will also be loss of qi, which is known as “qi follows blood in becoming exhausted.”

2. The Relationship Between Qi and Body Fluid

Qi differs from body fluid in nature, form and functional activities. There are similarities between them, however, in their formation, circulation and distribution. Both originate from food essence and circulate throughout the body.

The formation, distribution and excretion of body fluid depend upon qi circulation, and cannot be separated from the activities of the qi of zang-fu organs such as the lung, liver, kidney, sanjiao and bladder. Impairment of the activities of the qi of these organs may result in pathological changes, for example, insufficient production or accumulation of body fluid. If the qi of these zang-fu organs is deficient, and unable to exert its controlling function, there may be loss of body fluid. On the other hand, accumulation of body fluid may hinder qi circulation and affect the functions of certain zang-fu organs. Profuse loss of body fluid may also lead to massive dissipation of qi.

3. The Relationship Between Blood and Body Fluid

Since both blood and body fluid are liquids and their main function is to nourish and moisten, they are considered yin. Body fluid is an important part of blood, and when it passes out of the vessels, it forms body fluid. As body fluid and blood can be transformed into each other, there is a saying: “Body fluid and blood are of the same origin.” Recurrent or severe bleeding may injure body fluid and result in thirst, scanty urination and dry skin. Severe consumption or loss of body fluid may also affect the source of blood, manifesting as exhaustion of both body fluid and blood. For this reason, it is not advisable to use diaphoretics for haemorrhagic patients. The method of breaking the blood (in which powerful drugs are administered to dissolve blood sludge) or the bleeding method, should be avoided in treating patients with consumption of body fluid due to excessive sweating. The sixty-first chapter of Miraculous Pivot states: “The first contraindication refers to a patient who is emaciated; the second to a patient after severe loss of blood; the third to a patient after severe perspiration; the fourth to a patient after severe diarrhoea; the fifth to a patient after loss of blood following childbirth. The reducing method is contraindicated in all these circumstances.” The same essay also points out that care should be taken in the acupuncture clinic when treating patients who are emaciated due to deficiency of qi, or severe consumption of qi, blood and body fluid.
Chapter 5

THE MERIDIANS AND COLLATERALS

The meridians and collaterals are pathways in which the qi and blood of the human body are circulated. They pertain to the zang-fu organs interiorly and extend over the body exteriorly, forming a network and linking the tissues and organs into an organic whole. The meridians, which constitute the main trunks, run longitudinally and interiorly within the body; while the collaterals, which represent branches of the meridians, run transversely and superficially from the meridians. They are collectively termed Jingluo (meridians and collaterals) in traditional Chinese medicine. This system of meridians and collaterals includes the twelve regular meridians, eight extra meridians, fifteen collaterals, twelve divergent meridians, twelve muscle regions and twelve cutaneous regions.

It is said in Chapter 33 of Miraculous Pivot that “internally, the twelve regular meridians connect with the zang-fu organs, and externally with the joints, limbs and other superficial tissues of the body.” The meridians and collaterals are distributed both interiorly and exteriorly over the body, transporting qi and blood to nourish the zang-fu organs, skin, muscles, tendons and bones. Normal functioning of various organs is thus ensured, and a relative equilibrium maintained. It is stated in Chapter 10 of Miraculous Pivot that “so important are the meridians and collaterals which determine life and death in the treatment of all diseases and the regulation of deficiency and excess conditions that one must gain a thorough understanding of them. The importance of studying the theory of meridians and collaterals can indeed never be overemphasized.

The theory of meridians and collaterals was systematized by the ancient Chinese people in their prolonged clinical practice. Its formation is generally considered to be in relation to the observation of the symptoms and signs of diseases and the transmission of needling sensation, the application of Tuina (Chinese remedial massage), Daoying (ancient deep breathing exercises), and ancient anatomical knowledge. Just like the other basic traditional Chinese medical theories, such as that of the zang-fu organs, of qi and blood, etc., the theory of meridians and collaterals is of great significance in guiding diagnosis and treatment in traditional Chinese medicine, and acupuncture in particular.

I. THE BASIC CONCEPT OF THE MERIDIANS AND COLLATERALS

Responsible for the circulation of qi and
blood and distributed both interiorly and exteriorly across the body, the meridians and collaterals have an extensive coverage in contents. The following is a general description of their nomenclature, functions, distribution and the order of the cyclic flow of qi and blood.

1. The Nomenclature of the Meridians and Collaterals and Their Composition

The twelve regular meridians include the three yin meridians of the hand (the Lung Meridian of Hand-Taiyin, the Pericardium Meridian of Hand-Jueyin and the Heart Meridian of Hand-Shaoyin), the three yang meridians of the hand (the Large Intestine Meridian of Hand-Yangming, the Sanjiao (Triple Energizer) Meridian of Hand-Shaoyang and the Small Intestine Meridian of Hand-Taiyang), the three yang meridians of the foot (the Stomach Meridian of Foot-Yangming, the Gallbladder Meridian of Foot-Shaoyang and the Bladder Meridian of Foot-Taiyang), and the three yin meridians of the foot (the Spleen Meridian of Foot-Taiyin, the Liver Meridian of Foot-Jueyin and the Kidney Meridian of Foot-Shaoyin). They are called the twelve regular meridians because they are the major trunks in the system. The nomenclature of the twelve regular meridians is based on the three factors: a) hand or foot, b) yin or yang, and c) a zang or fu organ. Both the upper limbs (hands) and lower limbs (feet) are divided into six regions, which are supplied respectively by the three yin (Taiyin, Shaoyin and Jueyin) and three yang (Yangming, Taiyang and Shaoyang) meridians. There exists an exterior-interior relationship between the three yin and three yang meridians:

\[
\begin{align*}
&\text{yin} \quad \{ \quad \text{Taiyin}----\text{Yangming} \\
&\text{Jueyin}----\text{Shaoyang} \quad \} \quad \text{yang} \\
&\text{Shaoyin}----\text{Taiyang} \\
\end{align*}
\]

In accordance with the fact that the zang organs pertain to yin, the fu organs to yang, and the medial aspect is attributed to yin, the lateral aspect, to yang, the meridians that pertain to the zang organs are yin meridians, which are mainly distributed on the medial aspect of the four limbs. Those distributed on the medial aspect of the upper limbs are three yin meridians of the hand; while those distributed on the medial aspect of the lower limbs are three yin meridians of the foot. The meridians that pertain to the fu organs are yang meridians, which mainly travel along the lateral aspect of the four limbs. Those travelling along the lateral aspect of the upper limbs are three yang meridians of the hand; while those travelling along the lateral aspect of the lower limbs are the three yang meridians of the foot.

The eight extra meridians, different from the twelve regular meridians, are called the extra meridians in short. Their nomenclature is explained as follows. Du means governing. Running along the midline of the back, the Du (Governor Vessel) Meridian governs all the yang meridians. Ren means fostering and responsibility. Going along the midline of the abdomen, the Ren (Conception Vessel) Meridian is responsible for all the yin meridians. Chong means a vital pass. As it regulates the flow of qi and blood in the twelve regular meridians, the Chong Meridian is called “the sea of the twelve primary meridians.” Dai means a girdle. The Dai Meridian goes around the waist, binding up all the meridians. Qiao means the heel. The one starting from below the external malleolus is the Yangqiao Meridian, while the one starting from below the internal malleolus is the Yinqiao
Chapter 5 The Meridians and Collaterals

Meridian. Wei denotes connection and network. The Yangwei Meridian connects and networks the exterior yang of the whole body, while the Yinwei Meridian connects and networks the interior yin of the whole body. Besides, the twelve divergent meridians are those going out from the regular meridians and the fifteen collaterals are branches arising from the regular meridians. Connected with their own relating regular meridians, the twelve muscle regions and cutaneous regions of the twelve regular meridians are named after hand or foot, three yin or three yang respectively as well.

The whole system of the meridians and collaterals is shown in the following table.

### 2. Functions of the Meridians and Collaterals

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

1) Transporting qi and blood and regulating yin and yang

Under normal conditions, the system of the meridians and collaterals functions to transport qi and blood and regulate the balance between yin and yang of the whole body. Chapter 47 in *Miraculous Pivot* says: “The meridians and collaterals transport blood and qi to adjust yin and yang, nourish tendons and bones, and improve joint function.” The meridians and collaterals are passages for the circulation of qi and blood. Transversely and longitudinally, they cross with each other in both the interior and exterior of the body. “Nutrient qi flows inside the meridians and defensive qi runs outside the meridians,” thus the interior and the exterior, the upper and lower portions and the left and right sides of the body are kept in a close association, and a relative equilibrium of normal life activities is maintained.

2) Resisting pathogens and reflecting symptoms and signs

Under pathological conditions, the system of the meridians and collaterals exerts its functions of combattting pathogens and reflecting systemic or local symptoms and signs. Chapter 71 in *Miraculous Pivot* points out, “When the lung and heart are involved in a pathogenic invasion, the pathogenic qi lingers in both elbows; when the liver is involved, it lingers in both axillae; when the spleen is involved, it stays in both groins; when the kidney is involved, it stays in both popliteal fossae.” This classical exposition shows that various symptoms and signs of diseases of the internal organs may find their way to the particular location where the corresponding meridians traverse. Occasionally, disorders of internal organs may give rise to reactionary signs on the face or in the five sense organs. For instance, flare-up of the heart fire may cause ulceration on the tongue; pervere ascension of the liver fire may lead to congestion and swelling of the eye; deficiency of kidney qi may result in decrease of hearing, etc. Besides, when the antipathogenic qi is deficient and pathogenic qi predominant, the meridians and collaterals may serve as passages for pathogen transmission. Disorders of meridians and collaterals developing from the exterior may traverse inward to impair the internal organs in the interior. Conversely, diseases of internal organs may affect the meridians and collaterals, as is described in Chapter 22 of *Plain Questions*, “In a case of
Table 2. Classification of Meridians and Collaterals

<table>
<thead>
<tr>
<th>Three Yin</th>
<th>Lung—Hand-Taiyin------Lieque (L 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand</td>
<td>Pericardium—Hand-Jueyin—Neiguan (P 6)</td>
</tr>
<tr>
<td></td>
<td>Heart—Hand-Shaoyin------Tongli (H 5)</td>
</tr>
<tr>
<td>Three Yang</td>
<td>Large Intestine—Hand-Yangming------Pianli (L I 6)</td>
</tr>
<tr>
<td></td>
<td>Sanjiao—Hand-Shaoyang------Waiguan (S J 5)</td>
</tr>
<tr>
<td></td>
<td>Small Intestine—Hand-Taiyang------Zhizen (S I 7)</td>
</tr>
<tr>
<td>Twelve Regular Meridians</td>
<td>Twelve Divergent Meridians</td>
</tr>
<tr>
<td>Foot</td>
<td>Spleen—Foot-Taiyin------Gongsun (Sp 4)</td>
</tr>
<tr>
<td></td>
<td>Liver—Foot-Jueyin------Ligou (Liv 5)</td>
</tr>
<tr>
<td></td>
<td>Kidney—Foot-Shaoyin------Dazhong (K 4)</td>
</tr>
<tr>
<td>Three Yin</td>
<td>Stomach—Foot-Yangming------Fenglong (S 40)</td>
</tr>
<tr>
<td></td>
<td>Gallbladder—Foot-Shaoyang------Guangming (G 37)</td>
</tr>
<tr>
<td></td>
<td>Bladder—Foot-Taiyang------Feiyang (B 58)</td>
</tr>
<tr>
<td></td>
<td>Du Meridian—Collateral of Du Meridian------Changqiang (Du 1)</td>
</tr>
<tr>
<td></td>
<td>Ren Meridian—Collateral of Ren Meridian------Jiuwei (Ren 5)</td>
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<tr>
<td></td>
<td>Chong Meridian</td>
</tr>
<tr>
<td>Eight Extra Meridians</td>
<td>Dai Meridian</td>
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<tr>
<td></td>
<td>Yangqiao Meridian</td>
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<tr>
<td></td>
<td>Yinqiao Meridian</td>
</tr>
<tr>
<td></td>
<td>Yangwei Meridian</td>
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<tr>
<td></td>
<td>Yinwei Meridian</td>
</tr>
<tr>
<td></td>
<td>meet with the above 14 meridians</td>
</tr>
<tr>
<td>Twelve Muscle Regions</td>
<td>Same as the twelve Regular Meridians, fit to the hand and foot, three yin and three yang</td>
</tr>
<tr>
<td></td>
<td>Collaterals</td>
</tr>
<tr>
<td>Twelve Cutaneous Regions</td>
<td>Regionalized on the body surface according to the distribution of meridians and collaterals</td>
</tr>
<tr>
<td></td>
<td>Minute Collaterals—split from collaterals and distributed all over the body</td>
</tr>
</tbody>
</table>
Chapter 5 The Meridians and Collaterals

Liver disease, the pain in both hypochondria may extend to the lower abdomen,” and “a patient with a heart disease may have pain in the chest, fullness of the costal region, pain in the hypochondrium, back, shoulder, and even in the medial aspect of both arms.”

3) Transmitting needling sensation and regulating deficiency and excess conditions

In the treatment and prevention of disease, the system of the meridians and collaterals assumes the responsibility of transmitting needling sensation and regulating deficiency or excess conditions. When acupuncture and moxibustion therapy is applied, stimulation of the acupoints is transmitted to the relevant zang-fu organs. Consequently, normal free flow of qi and blood is restored, the functions of zang-fu organs regulated, and diseases cured. It is said in *Precious Supplementary Prescriptions* that “located on the courses of the meridians and collaterals, acupoints usher qi to the distant sites to achieve curative aims.” Chapter 5 in *Miraculous Pivot* states; “The key point in acupuncture treatment is to know how to regulate yin and yang,” meaning that the therapeutic action of acupuncture and moxibustion is realized mainly through the function of meridians and collaterals in regulating yin and yang. “The arrival of qi,” a phenomenon in acupuncture, is the functional manifestation of the meridians and collaterals in transmitting needling sensation. Therapeutic results are closely related to “the arrival of qi.” Therefore, the first chapter in *Miraculous Pivot* points out, “In acupuncture, the arrival of qi is essential to obtaining therapeutic effects.” And Chapter 9 in *Miracular Pivot* says, “Acupuncture treatment must aim at regulating the flow of qi.” To induce “the arrival of qi” and to employ the reinforcing and reducing methods in acupuncture are simply for the purpose of regulating the flow of qi, and neither of them can be successful without the transmissive function of the meridians and collaterals.

3. Distribution of the Fourteen Meridians

The twelve regular meridians together with the Du and Ren Meridians are called “the fourteen meridians.” The twelve regular meridians are distributed symmetrically at the left and right sides of the body. Both the Du and Ren Meridians emerge from the perineum, and ascend respectively along the midlines of the front and back of the body.

Distribution in the Limbs:

The medial aspect of the limbs attributes to yin, the lateral to yang. Each limb is supplied by the three yin and three yang meridians. On the upper limbs, the anterior border of the medial aspect and the radial end of the thumb are supplied by the meridian of Hand-Taiyin; the middle of the medial aspect and the radial end of the middle finger by the meridian of Hand-Jueyin; the posterior border of the medial aspect and the radial end of the small finger by the meridian of Hand-Shaoyin, while the meridian of Hand-Yangming goes from the radial end of the index finger to the anterior border of the lateral aspect; the meridian of Hand-Shaoyang from the ulnar end of the index finger to the middle of the lateral aspect, the meridian of Hand-Taiyang from the ulnar end of the small finger to the posterior border of the lateral aspect. On the lower limbs, the anterior border of the lateral aspect and the lateral end of the second toe are supplied by the meridian of Foot-Yangming; the middle of the lateral...
side and the lateral end of the fourth toe by
the meridian of Foot-Shaoyang; the
posterior border of the lateral aspect and the
lateral end of the little toe by the meridian of
Foot-Taiyang, while the meridian of Foot-
Taiyin runs from the medial end of the great
toe to the middle of the medial aspect of the
lower limb and further goes round to its
anterior border; the meridian of Foot-
Jueyin goes from the lateral end of the great
toe to the anterior border of the medial
aspect of the lower limb and further shifts to
the middle; and the meridian of Foot-
Shaoyin starts under the little toe, crosses
the sole and further goes along the posterior
border of the medial aspect of the lower
limb.

Distribution in the Body Trunk:
In the thoracic and abdominal regions,
the Ren Meridian is situated on the midline.
The first line lateral to it is the Kidney
Meridian of Foot-Shaoyin, the second
lateral line is the Stomach Meridian of Foot-
Yangming, and the Lung Meridian of Hand-
Taiyin and the Spleen Meridian of Foot-
Taiyin correspond to the third line. The
Gallbladder Meridian of Foot-Shaoyang is
located at the lateral side of the
hypochondrium and the lumbar region,
while the Liver Meridian of Foot-Jueyin is in
the region of the anterior external genitalia
and hypochondrium. On the back, the Du
Meridian stays in the middle, while both the
first and second lines lateral to the Du
Meridian are the Bladder Meridian of Foot-
Taiyang.

Distribution in the Head, Face and Neck:
The Yangming Meridians of Hand and
Foot run in the facial region; and the
Shaoyang Meridian of Hand and Foot
travel in the lateral aspect of the head. The
Du Meridian goes along the midline of the
neck and head, while the Bladder Meridian
of Foot-Taiyang runs on both sides of the
Du Meridian.

Among the twelve regular meridians, the
yin meridians pertaining to the zang organs
communicate with the fu organs, while the
yang meridians pertaining to the fu organs
communicate with the zang organs, thus
forming an exterior-interior relation
between yin and yang, the zang and fu
organs. The zang organs (the lung, heart and
pericardium) that are situated in the chest
are connected with the yin meridians of the
hand, while those (the spleen, liver and
kidney) in the abdomen are linked with the
yin meridians of the foot. The six fu organs,
however, are related to yang meridians in
accordance with their respective exterior-
interior relations. All the three yang
meridians of the hand and foot traverse the
head and facial regions. In this way, between
the twelve regular meridians and the head,
face, chest and abdomen a specific
relationship is established. Chapter 38 of
Miraculous Pivot states, “The three yin
meridians of the hand go from the chest to
the hand; the three yang meridians of the
hand run from the hand to the head; the
three yang meridians of the foot travel from
the head to the foot; and the three yin
meridians of the foot go from the foot to the
abdomen.” The meridians of the hand and
foot are connected with each other, forming
an interminable circulation of yin and yang.

Not only do the twelve regular meridians
have their fixed courses, but also they cross
at given places as follows: the yin meridians
(the interior meridians) meet the yang
meridians (the exterior meridians) in the
four limbs; the yin meridians meet the yin
meridians bearing the same name on the
head and face; and the three yin meridians
of the hand and the three yin meridians of the
foot meet in the chest.
4. Cyclical Flow of Qi in the Twelve Regular Meridians

The twelve regular meridians link one another in a fixed order. A cyclical flow of qi is maintained by the connection of the meridians of the hand and foot, yin and yang, exterior and interior. See the following table.

The Cyclical Flow of Qi in the Twelve Regular Meridians
(----pertaining and communicative ← --- exterior and interior relations)

<table>
<thead>
<tr>
<th>Zang Organs (Yin Meridians) (Interior)</th>
<th>Fu Organs (Yang Meridians) (Exterior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Lung (1) ← — — — — — — — — — — — — ≥ (2) Large Intestine</td>
<td></td>
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<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Spleen (4) ← — — — — — — — — — — — — — (3) Stomach</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Heart (5) ← — — — — — — — — — — — — — (6) Small Intestine</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Kidney (8) ← — — — — — — — — — — — — — (7) Bladder</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Pericardium (9) ← — — — — — — — — — — — — — (10) Sanjiao</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Liver (12) ← — — — — — — — — — — — — — (11) Gallbladder</td>
<td></td>
</tr>
</tbody>
</table>

II. THE TWELVE REGULAR MERIDIANs

As the major part in the meridian system, the twelve regular meridians share the following features. Each with its own acupoints is distributed on a fixed portion of the body surface; each pertains to either a zang or a fu organ (those that pertain to the zang organ communicating with the fu organ, and vice versa); among the meridians exists an exterior-interior relation of mutual connection; and each meridian presents its pathological manifestation(s), in case its qi fails in a smooth flow. The courses of the twelve regular meridians are described respectively in their circulative order as follows.
1. The Lung Meridian of Hand-Taiyin

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

The branch proximal to the wrist emerges from Lieque (L 7) (13) and runs directly to the radial side of the tip of the index finger (Shangyang, L I 1) where it links with the Large Intestine Meridian of Hand-Yangming. (See Fig. 5)

2. The Large Intestine Meridian of Hand-Yangming

The Large Intestine Meridian of Hand-Yangming starts from the tip of the index finger (Shangyang, L I 1) (1). Running upward along the radial side of the index finger and passing through the interspace of the 1st and 2nd metacarpal bones (Hegu, L I 4), it dips into the depression between the tendons of m. extensor pollicis longus and brevis (2). Then, following the lateral anterior aspect of the forearm (3), it reaches the lateral side of the elbow (4). From there, it ascends along the lateral anterior aspect of the upper arm (5) to the highest point of the shoulder (Jianyu, L I 15) (6). Then, along the anterior border of the acromion (7), it goes up to the 7th cervical vertebra (the confluence of the three yang meridians of the hand and foot) (Dazhui, Du 14) (8), and descends to the supraclavicular fossa (9) to connect with the lung (10). It then passes through the diaphragm (11) and enters the large intestine, its pertaining organ (12).

The branch from the supraclavicular fossa runs upward to the neck (13), passes through the cheek (14) and enters the gums of the lower teeth (15). Then it curves around the upper lip and crosses the opposite meridian at the philtrum. From there, the left meridian goes to the right and the right meridian to the left, to both sides of the nose (Yingxiang, L I 20), where the Large Intestine Meridian links with the Stomach Meridian of Foot-Yangming (16). (See Fig. 6)

3. The Stomach Meridian of Foot-Yangming

The Stomach Meridian of Foot-Yangming starts from the lateral side of ala nasi (Yingxiang, L I 20) (1). It ascends to the bridge of the nose, where it meets the Bladder Meridian of Foot-Taiyang (Jingming, B 1) (2). Turning downward along the lateral side of nose (Chengqi, S 1) (3), it enters the upper gum (4). Reemerging, it curves around the lips (5) and descends to meet the Ren Meridian at the mentolabial
Fig. 5. The Lung Meridian of Hand-Taiyin

groove (Chengjiang, Ren 24) (6). Then it runs posterolaterally across the lower portion of the cheek at Daying (S 5) (7). Winding along the angle of the mandible (Jiache, S 6) (8), it ascends in front of the ear and traverses Shangguan (G 3) (9). Then it follows the anterior hairline (10) and reaches the forehead (11).

The facial branch emerging in front of Daying (S 5) runs downward to Renying (S 9) (12). From there it goes along the throat and enters the supraclavicular fossa (13). Descending, it passes through the diaphragm (14), enters the stomach, its pertaining organ, and connects with the spleen (15).

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

The branch from the lower orifice of the stomach (18) descends inside the abdomen and joins the previous portion of the
meridian at Qichong (S 30). Running downward, traversing Biguan (S 31) (19), and further through Femur-Futu (S 32) (20), it reaches the knee (21). From there, it continues downward along the anterior border of the lateral aspect of the tibia (22), passes through the dorsum of the foot (23), and reaches the lateral side of the tip of the 2nd toe (Lidui, S 45) (24).

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

The branch from the dorsum of the foot arises from Chongyang (S 42) (27) and terminates at the medial side of the tip of the great toe (Yinbai, Sp 1), where it links with the Spleen Meridian of Foot-Taiyin. (See Fig. 7)

4. The Spleen Meridian of Foot-Taiyin

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

The branch from the stomach goes upward through the diaphragm (13), and flows into the heart to link with the Heart Meridian of Hand-Shaoyin (14). (See Fig. 8)
Fig. 7 The Stomach Meridian of Foot-Yangming
Fig. 8 The Spleen Meridian of Foot-Taiyin
5. The Heart Meridian of Hand-Shaoyin

The Heart Meridian of Hand-Shaoyin originates from the heart. Emerging, it spreads over the “heart system” (i.e., the tissues connecting the heart with the other zang-fu organs) (1). It passes through the diaphragm to connect with the small intestine (2). The ascending portion of the meridian from the “heart system” (3) runs alongside the esophagus (4) to connect with the “eye system” (i.e., the tissues connecting the eyes with the brain) (5).

The straight portion of the meridian from the “heart system” goes upward to the lung (6). Then it turns downward and emerges from the axilla (Jiquan, H 1). From there it goes along the posterior border of the medial aspect of the upper arm behind the Lung.

Fig. 9 The Heart Meridian of Hand-Shaoyin
Meridian of Hand-Taiyin and the Pericardium Meridian of Hand-Jueyin (7) down to the cubital fossa (8). From there it descends along the posterior border of the medial aspect of the forearm to the pisiform region proximal to the palm (9) and enters the palm (10). Then it follows the medial aspect of the little finger to its tip (Shaochong, H 9) (11) and links with the Small Intestine Meridian of Hand-Taiyang. (See Fig. 9)

6. The Small Intestine Meridian of Hand-Taiyang

The Small Intestine Meridian of Hand-Taiyang starts from the ulnar side of the tip of the little finger (Shaoze, SI 1) (1). Following the ulnar side of the dorsum of the hand it reaches the wrist where it emerges from the styloid process of the ulna (2). From there it ascends along the posterior aspect of the forearm (3), passes between the olecranon of the ulna and the medial epicondyle of the humerus, and runs along the posterior border of the lateral aspect of the upper arm (4) to the shoulder joint (5). Circling around the scapular region (6), it meets Dazhui (Du 14) on the superior aspect of the shoulder (7). Then, turning downward to the supraclavicular fossa (8), it connects with the heart (9). From there it descends along the esophagus (10), passes through the diaphragm (11), reaches the stomach (12), and finally enters the small intestine, its pertaining organ (13).

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

The branch from the neck (19) runs upward to the infraorbital region (Quanliao, SI 18) and further to the lateral side of the nose. Then it reaches the inner canthus (Jingming, B 1) to link with the Bladder Meridian of Foot-Taiyang (20). (See Fig. 10)

7. The Bladder Meridian of Foot-Taiyang

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

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

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

The branch from the posterior aspect of the neck runs straight downward along the medial border of the scapula (14). Passing through the gluteal region (Huantiao, G 30) (15) downward along the lateral aspect of the thigh (16), it meets the preceding branch descending from the lumbar region in the popliteal fossa (17). From there it descends to the leg (18) and further to the posterior aspect of the external malleolus (19). Then, running along the tuberosity of the 5th metatarsal bone (20), it reaches the lateral side of the tip of the little toe (Zhiyin, B 67),
where it links with the Kidney Meridian of Foot-Shaoyin (21). (See Fig. 11)

8. The Kidney Meridian of Foot-Shaoyin

The Kidney Meridian of Foot-Shaoyin starts from the inferior aspect of the small toe (1) and runs obliquely towards the sole (Yongquan, K 1). Emerging from the lower aspect of the tuberosity of the navicular bone (2) and running behind the medial malleolus (3), it enters the heel (4). Then it ascends along the medial side of the leg (5) to the medial side of the popliteal fossa (6) and goes further upward along the posteromedial aspect of the thigh (7) towards the vertebral column (Changqiang, Du 1), where it enters the kidney, its pertaining organ (8), and connects with the bladder (9). The straight portion of the meridian
Fig. 11 The Bladder Meridian of Foot-Taiyang
Fig. 12 The Kidney Meridian of Foot-Shaoyin
reemerges from the kidney (10). Ascending and passing through the liver and diaphragm (11), it enters the lung (12), runs along the throat (13) and terminates at the root of the tongue (14).

A branch springs from the lung, joins the heart and runs into the chest to link with the Pericardium Meridian of Hand-Jueyin (15). (See Fig. 12)

9. The Pericardium Meridian of Hand-Jueyin

The Pericardium Meridian of Hand-Jueyin originates from the chest. Emerging, it enters its pertaining organ, the pericardium (1). Then, it descends through the diaphragm (2) to the abdomen, connecting successively with the upper, middle and lower jiao (i.e., sanjiao) (3).

A branch arising from the chest runs inside the chest (4), emerges from the costal region at a point 3 cun below the anterior axillary fold (Tianchi P1) (5) and ascends to the axilla (6). Following the medial aspect of the upper arm, it runs downward between

Fig. 13 The Pericardium Meridian of Hand-Jueyin
the Lung Meridian of Hand-Taiyin and the Heart Meridian of Hand-Shaoyin (7) to the cubital fossa (8), further downward to the forearm between the two tendons (the tendons of m. palmaris longus and m. flexor carpi radialis) (9), ending in the palm (10). From there it passes along the middle finger right down to its tip (Zhongchong P 9) (11).

Another branch arises from the palm at Laogong (P 8) (12), runs along the ring finger to its tip (Guanchong, S J 1) and links with the Sanjiao Meridian of Hand-Shaoyang. (See Fig. 13)

10. The Sanjiao Meridian of Hand-Shaoyang

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

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

The auricular branch arises from the retroauricular region and enters the ear (18). Then it emerges in front of the ear, crosses the previous branch at the cheek and reaches the outer canthus (Sizhukong, S J 23) to link with the Gallbladder Meridian of Foot-Shaoyang (19). (See Fig. 14)

11. The Gallbladder Meridian of Foot-Shaoyang

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

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

The branch arising from the outer canthus (9) runs downward to Daying (S 5) (10) and meets the Sanjiao Meridian of Hand-Shaoyang in the infraorbital region (11). Then, passing through Jiache (S 6) (12), it descends to the neck and enters the supraclavicular fossa where it meets the main meridian (13). From there it further descends into the chest (14), passes through the diaphragm to connect with the liver (15) and enters its pertaining organ, the gallbladder (16). Then it runs inside the hypochondriac region (17), comes out from
the lateral side of the lower abdomen near the femoral artery at the inguinal region (18). From there it runs superficially along the margin of the pubic hair (19) and goes transversely into the hip region (Huantiao, G 30) (20).

The straight portion of the channel runs downward from the supraclavicular fossa (21), passes in front of the axilla (22) along the lateral aspect of the chest (23) and through the free ends of the floating ribs (24) to the hip region where it meets the previous branch (25). Then it descends along the lateral aspect of the thigh (26) to the lateral side of the knee (27). Going further downward along the anterior aspect of the fibula (28) all the way to its lower end (Xuanzhong, G 39) (29), it reaches the
anterior aspect of the external malleolus (30). It then follows the dorsum of the foot to the lateral side of the tip of the 4th toe (Foot-Qiaoyin G 44) (31).

The branch of the dorsum of the foot springs from Foot-Linqi (G 41), runs between the 1st and 2nd metatarsal bones to the distal portion of the great toe and terminates at its hairy region (Dadun, Liv 1), where it links with the Liver Meridian of Foot-Jueyin (32). (See Fig. 15)

12. The Liver Meridian of Foot-Jueyin

The Liver Meridian of Foot-Jueyin starts from the dorsal hairy region of the great toe (Dadun, Liv 1) (1). Running upward along the dorsum of the foot (2), passing through Zhongfeng (Liv 4), 1 cun in front of the medial malleolus (3), it ascends to an area 8
cun above the medial malleolus, where it runs across and behind the Spleen Meridian of Foot-Taiyin (4). Then it runs further upward to the medial side of the knee (5) and along the medial aspect of the thigh (6) to the pubic hair region (7), where it curves around the external genitalia (8) and goes up to the lower abdomen (9). It then runs upward and curves around the stomach to enter the liver, its pertaining organ, and connects with the gallbladder (10). From there it continues to ascend, passing through the diaphragm (11), and branching out in the costal and hypochondriac region (12). Then it ascends along the posterior aspect of the throat (13) to the nasopharynx (14) and connects with the “eye system” (15). Running further upward, it emerges from the forehead (16) and meets the Du Meridian at the vertex.

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

The branch arising from the liver (20) passes through the diaphragm (21), runs into the lung and links with the Lung Meridian of Hand-Taiyin (22). (See Fig. 16)
III. THE EIGHT EXTRA MERIDIANS

The eight extra meridians are the Du, Ren, Chong, Dai, Yangqiao, Yinqiao, Yangwei and Yinwei meridians. They are different from the twelve regular meridians because none of them pertains to the zang organs and communicates with the fu organs or pertains to the fu organs and communicates with the zang organs. And they are not exteriorly-interiorly related.

Apart from the Du and Ren Meridians which have their own acupoints, the extra meridians share their points with other regular meridians. Strengthening the association among the meridians, they assume the responsibility to control, join, store, and regulate the qi and blood of each meridian.

Running along the midline of the back and ascending to the head and face, the Du Meridian meets all the yang meridians. It is therefore described as “the sea of the yang meridians.” Its function is to govern the qi of all the yang meridians.

Running along the midline of the abdomen and the chest, going upward to the chin, the Ren Meridian meets all the yin meridians. Thus it is called “the sea of the yin meridians.” Its function is to receive and bear the qi of the yin meridians.

The Chong Meridian runs parallel to the Kidney Meridian of Foot-Shaoyin up to the infra-orbital region. Meeting all the twelve regular meridians, it is termed “the sea of the twelve regular meridians” or “the sea of blood.” Its function is to reservoir the qi and blood of the twelve regular meridians.

The Dai Meridian, which originates in the hypochondrium and goes around the waist

<table>
<thead>
<tr>
<th>Eight Extra Meridian</th>
<th>Area Supplied</th>
<th>Their Connecting Meridians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Du Meridian</td>
<td>Posterior Midline</td>
<td>Foot-Yangming and Ren</td>
</tr>
<tr>
<td>Ren Meridian</td>
<td>Anterior Midline</td>
<td>Foot-Yangming and Du</td>
</tr>
<tr>
<td>Chong Meridian</td>
<td>1st lateral line of the abdomen</td>
<td>Foot-Shaoyin</td>
</tr>
<tr>
<td>Dai Meridian</td>
<td>lateral side of the lumbar region</td>
<td>Foot-Shaoyang</td>
</tr>
<tr>
<td>Yangqiao Meridian</td>
<td>Lateral side of the lower extremities, shoulder and head</td>
<td>Hand and Foot-Taiyang, Hand and Foot-Yangming and Foot-Shaoyang</td>
</tr>
<tr>
<td>Yinqiao Meridian</td>
<td>Medial aspect of the lower extremities and eye</td>
<td>Foot-Shaoyin and Foot-Taiyang</td>
</tr>
<tr>
<td>Yangwei Meridian</td>
<td>Lateral aspect of the lower extremities, shoulder and vertex</td>
<td>Hand and Foot-Taiyang, Du, Hand and Foot-Shaoyang and Foot-Yangming</td>
</tr>
<tr>
<td>Yinwei Meridian</td>
<td>Medial aspect of the lower extremities, 3rd lateral line of the abdomen and neck</td>
<td>Foot-Shaoyin, Foot-Taiyin, Foot-Jueyin and Ren</td>
</tr>
</tbody>
</table>
as a girdle, performs a function of binding up all the meridians.

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

The Yangwei Meridian is connected with all the yang meridians and dominates the exterior of the whole body; the Yinwei Meridian is connected with all the

Fig. 17 The Du Meridian
meridians and dominates the interior of the whole body. The two meridians regulate the flow of qi in the yin and yang meridians, and help maintain coordination and equilibrium between the yin and yang meridians.

**Du Meridian**

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

The coalescent points of the Du Meridian are Fengmen (B 12) and Huiyin (Ren 1). (See Fig. 17)

**Ren Meridian**

The Ren Meridian starts from the inside of the lower abdomen and emerges from the perineum (1). It goes anteriorly to the pubic region (2) and ascends along the interior of the abdomen, passing through Guanyuan (Ren 4) and the other points along the front midline (3) to the throat (4). Ascending further, it curves around the lips (5), passes through the cheek and enters the infraorbital region (Chengqi, S 1).

The coalescent points of the Ren Meridian are Chengqi (S 1), Yinjiao (Du 28). (See Fig. 18)

**Chong Meridian**

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

The coalescent points of the Chong Meridian are Huiyin (Ren 1), Henggu (K 11), Dahe (K 12), Qixue (K 13), Simen (K 14), Zhongzhui (K 15), Huangshu (K 16), Shangqu (K 17), Shiguan (K 18), Yindu (K 19), Futonggu (K 20) and Youmen (K 21). (See Fig. 19)

**Dai Meridian**

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

The coalescent points of the Dai Meridian are Daimai (G 26), Wushu (G 27), and Weidao (G 28). (See Fig. 20)
Yangqiao Meridian

The Yangqiao Meridian starts from the lateral side of the heel (Shenmai, B 62), Pushen (B 61) (1). It runs upward along the external malleolus (2) and passes the posterior border of the fibula. It then goes onwards along the lateral side of the thigh and posterior side of the hypochondrium to the posterior axillary fold. From there, it winds over to the shoulder and ascends along the neck to the corner of the mouth. Then it enters the inner canthus (Jingming, B 1) to communicate with the Yinqiao Meridian. Running further upward along the Bladder Meridian of Foot-Taiyang to the forehead, it meets the Gallbladder Meridian of Foot-Shaoyang at Fengchi (G 20) (3).
The coalescent points of the Yangqiao Meridian are Shenmai (B 62), Pushen (B 61), Fuyang (B 59), Femur-Juliao (G 29), Naoshu (S I 10), Jiaoyu (L I 15), Jugu (L I 16), Dicang (S 4), Nose-Juliao (S 3), Chengqi (S 1), Jingming (B 1) and Fengchi (G 20). (See Fig. 21)

**Yinqiao Meridian**

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

The coalescent points of the Yinqiao Meridian are Zhaohai (K 6), and Jiaoxin (K 8). (See Fig. 21)

**Yangwei Meridian**

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

The coalescent points of the Yangwei Meridian are Jinmen (B 63), Yangjiao (G 35), Naoshu (S I 10), Tianliao (S J 15), Jianjing (G 21), Benshen (G 13), Yangbai (G 14), Toulinqi (G 15), Muchuang (G 16), Zhengying (G 17), Chengling (G 18), Nao-kong (G 19), Fengchi (G 20), Fengfu (Du 16) and Yamen (Du 15). (See Fig. 22)

**Yinwei Meridian**

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

The coalescent points of the Yinwei Meridian are Zhubin (K 9), Fushe (Sp 13), Daheng (Sp 15), Fuai (Sp 16), Qimen (Liv 14), Tiantu (Ren 22) and Lianquan (Ren 23). (See Fig. 22)

**IV. THE TWELVE DIVERGENT MERIDIANS AND FIFTEEN COLLATERALS**

The Divergent Meridians and Collaterals branch out from the twelve regular
Fig. 22 The Yangwei and Yinwei Meridians
meridians. The divergent meridians mainly run deeper in the body, with the collaterals being mostly distributed on the body surface. They both strengthen and connect the internally-externally related meridians. The divergent meridians govern the inside of the body, so they do not have points of their pertaining organs, while the collaterals control the body surface, each of them has a Luo (Connecting) point, effective to certain diseases. The distribution of the twelve divergent meridians and fifteen collaterals are described as follows:

The Twelve Divergent Meridians:
The twelve divergent meridians, which branch out from the twelve regular meridians, are mainly distributed on the chest, abdomen and head. Their function is to connect internally-externally related meridians, strengthen their relation with the zang-fu organs and serve as the extension of regular meridians. The distribution of the Divergent Meridians is summarized as follows:

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

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

1. The First Confluence

1) Divergent Meridian of the Bladder Meridian of Foot Taiyang After deriving from the Bladder Meridian in the popliteal fossa, it proceeds to a point five cun below the sacrum. Winding round to the anal region, it connects with the bladder and disperses in the kidneys. Then it follows the spine and disperses in the cardiac region and finally emerges at the neck and converges with the Bladder Meridian of Foot Taiyang. (See Fig. 23)

2) Divergent Meridian of the Kidney Meridian of Foot Shaoyin After deriving from the Kidney Meridian in the popliteal fossa, it intersects the Divergent Meridian of the Bladder Meridian on the thigh. It then runs upward, connecting with the kidney and crossing the Dai Meridian at about the level of the 7th thoracic vertebra. Further it ascends to the root of the tongue and finally, emerges at the nape to join the Bladder Meridian of Foot Taiyang. (See Fig. 23)

2. The Second Confluence

1) Divergent Meridian of the Stomach Meridian of Foot Yangming After deriving from the Stomach Meridian on the thigh, it enters the abdomen, connects with the stomach and disperses in the spleen. It then ascends through the heart and alongside the esophagus to reach the mouth. It then runs upward beside the nose and connects with the eye before finally joining the Stomach Meridian of Foot Yangming. (See Fig. 24)

2) Divergent Meridian of the Spleen Meridian of Foot Taiyin After deriving from the Spleen Taiyin on the thigh, it converges with the Divergent Meridian of the Stomach Meridian of Foot Yangming
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3. Emerging at the nape to join the Bladder Meridian of Foot Taiyang.

7. Emerging at the neck and converging with Foot Taiyang.

2. Running upward, connecting with the kidney and crossing the Dai Meridian at the 7th thoracic vertebra.

6. Dispersing in the cardiac region.

5. Following the spine.

4. Dispersing in the kidney.

3. Connecting with the bladder.

2. Proceeding to a point five cun below the sacrum and winding round to the anal region.

1. Diverging from regular meridian from Foot Shaoyin, reaching the popliteal fossa, and connecting with Taiyang.

1. Diverging regular meridian from Foot Taiyang and entering the popliteal fossa.

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**Fig. 23 Divergent Meridians of Foot-Taiyang and Foot-Shaoyin**
Chapter 5  The Meridians and Collaterals

6. Running upward beside the nose and connecting with the eye before finally joining the Foot Yangming Meridian.

5. Following alongside the esophagus to reach the mouth.

3. Entering the tongue.

2. Running upward to the throat.

4. Ascending through the heart.

Connecting with the stomach and dispersing in the spleen.

2. Entering the abdomen.

1. Deriving from the Regular Meridian of Foot Taiyin on the thigh and converging with the Divergent Meridian of Foot Yangming.

Deriving from the Regular Meridian of Foot Yangming on the thigh.

Fig. 24 Divergent Meridians of Foot-Yangming and Foot-Taiyin
and runs upward to the throat, and finally enters the tongue. (See Fig. 24)

3. The Third Confluence

1) Divergent Meridian of the Gallbladder Meridian of Foot Shaoyang After deriving from the Gallbladder Meridian on the thigh, it crosses over the hip joint and enters the lower abdomen in the pelvic region and converges with the Divergent Meridian of the Liver Meridian. Then, it crosses between the lower ribs, connects with the gallbladder and spreads through the liver. Proceeding further upward, it crosses the heart and esophagus and disperses in the face. It then connects with the eye and rejoins the Gallbladder Meridian of Foot Shaoyang at the outer canthus. (See Fig. 25)

2) Divergent Meridian of the Liver Meridian of Foot Jueyin After deriving from the Liver Channel on the instep, it runs upward to the pubic region, and converges with the Gallbladder Meridian of Foot Shaoyang. (See Fig. 25)

4. The Fourth Confluence

1) Divergent Meridian of the Small Intestine Meridian of Hand Taiyang After deriving from the Small Intestine Meridian at the shoulder joint, it enters the axilla, crosses the heart and runs downward to the abdomen to link up with the Small Intestine Meridian. (See Fig. 26)

2) Divergent Meridian of the Heart Meridian of Hand Shaoyin After deriving from the Heart Meridian in the axillary fossa, it enters the chest and connects with the heart. Then it runs upward across the throat and emerges on the face, and joins the Small Intestine Meridian at the inner canthus. (See Fig. 26)

5. The Fifth Confluence

1) Divergent Meridian of the Large Intestine Meridian of Hand Yangming After deriving from the Large Intestine Meridian on the hand, it continues upward, crossing the arm and shoulder to reach the breast. A branch separates at the top of the shoulder and enters the spine at the nape. It runs downward to connect with the large intestine and lung. Another branch runs upward from the shoulder along the throat and emerges at the supraclavicular fossa; there it rejoins the Large Intestine Meridian. (See Fig. 27)

2) Divergent Meridian of the Lung Meridian of Hand Taiyin After deriving from the Lung Meridian at the axilla, it runs anterior to the Pericardium Meridian of Hand Taiyin into the chest, and there it connects with the lung and then disperses in the large intestine. A branch extends upward from the lung and emerges at the clavicle, it ascends across the throat and converges with the Large Intestine Meridian. (See Fig. 27)

6. The Sixth Confluence

1) Divergent Meridian of the Sanjiao (Triple Energizer) Meridian of Hand Shaoyang After deriving from the Sanjiao Meridian at the vertex, it descends into the supraclavicular fossa crosses the upper jiao, middle jiao and lower jiao and finally disperses in the chest. (See Fig. 28)

2) Divergent Meridian of the Pericardium
8. Rejoining the Foot Shaoyang at the outer canthus
7. Dispersing in the face and connecting with the eye
6. Following the esophagus and coming out of the lower mandible

Proceeding upward to cross the Heart
4. Spreading through the Liver
3. Entering the chest and connecting with the Gallbladder
2. Crossing between the lower ribs
1. After deriving from the Regular Meridian on the thigh, it crossing over the hip joint and entering the lower abdomen in the pelvic region and converging with the Divergent Meridian of the Liver Meridian

Fig. 25 Divergent Meridians of Foot-Shaoyang and Foot-Jueyin
Meridian of Hand Jueyin After deriving from the Pericardium Channel at a point three cun below the axilla, it enters the chest and communicates with the Sanjiao. A branch ascends across the throat and emerges behind the ear and then converges with the Sanjiao Meridian. (See Fig. 28)

The fifteen collaterals:

The fifteen collaterals include the twelve collaterals separating from the twelve regular meridians, the collaterals of the Ren and Du and the major collateral of the spleen. They are distributed superficially over the four limbs and in the anterior, posterior and lateral aspects of the body. Their function is to connect the externally-internally related meridians and transport the local qi and blood so as to promote the free circulation of qi and blood of the meridians.
The distribution of the fifteen collaterals may be summarized as follows:

Each of the collaterals has a Luo (Connect) point, pertaining to the meridian where it derives. The collaterals on the four limbs not only run to the externally-related meridians but also possess other tributaries. The collaterals on the trunk and collateral of the Ren Meridian disperse in the abdominal region. The Collateral of Du Meridian disperses in the head and joins with the Bladder Meridian on.

Fig. 27 The Schematic Diagram for the Divergent Meridians of Hand-Yangming and Hand-Taiyin
the back. The major collateral of the spleen disperses in the chest and hypochondrium. All the collaterals possess the function of transporting qi to different parts of the body. Besides, there are many smaller branches and subbranches which are called Minute Collaterals and Superficial Collaterals respectively. These Minute and Superficial Collaterals are distributed all over the body, possessing the function of transporting qi and blood to the body surface.
Chapter 5  The Meridians and Collaterals

1. The Three Yin Collaterals of Hand

1) The Collateral of the Lung Meridian of Hand Taiyin  It arises from Lieque (L 7) and runs to the Large Intestine Meridian of Hand Yangming. Another branch follows the Lung Meridian of Hand Taiyin into the palm of the hand and spreads through the thenar eminence. (See Fig. 29)

2) The Collateral of the Heart Meridian of Hand Shaoyin  It branches out at Tongli (H 5). One cun above the transverse crease of the wrist, it connects with the Small Intestine Meridian of Hand Taiyang. About one and a half cun above the wrist, it again follows the meridian and enters the heart; it then runs to the root of the tongue and connects with the eye. (See Fig. 29)

3) The Collateral of Pericardium Meridian of Hand Jueyin  It begins from Neiguan (P 6). Two cun above the wrist, disperses between the two tendons and runs along the Pericardium Meridian to the Pericardium, and finally connects with the heart. (See Fig. 29)
2. The Three Yang Collaterals of Hand

1) The Collateral of the Large Intestine Meridian of Hand Yangming It starts from Pianli (LI 6) and joins the Lung Meridian of Hand Taiyin three cun above the wrist. Another branch runs along the arm to Jianyu (LI 15), crosses the jaw and extends to the teeth. Still another branch derives at the jaw and enters the ear to join the Chong Meridian. (See Fig. 29)

2) The Collateral of the Small Intestine Meridian of Hand Taiyang It originates from Zhizheng (SI 7). Five cun above the wrist, it connects with the Heart Meridian. Another branch runs upward, crosses the elbow and connects with Jianyu (LI 15). (See Fig. 29)

3) The Collateral of the Sanjiao Meridian of Hand Shaoyang It arises from Waiguan (SJ 5), two cun above the dorsum of the wrist, it travels up the posterior aspect of the arm and over the shoulder, disperses in the chest, converging with the Pericardium Meridian. (See Fig. 29)

3. The Three Yang Collaterals of Foot

1) The Collateral of the Stomach Meridian of Foot Yangming It starts from Fenglong (SI 40), eight cun above the external malleolus, it connects with the Spleen Meridian. A branch runs along the lateral aspect of the tibia upward to the top of the head, and converges with the other Yang Meridians on the head and neck. From there it runs downward to connect with the throat. (See Fig. 30)

2) The Collateral of the Bladder Meridian of Foot Taiyang It arises from Feiyang (B 58), seven cun above the external malleolus, it connects with the Kidney Meridian.

3) The Collateral of the Gallbladder Meridian of Foot Shaoyang It begins from Guangming (G 37), five cun above the external malleolus, it joins the Liver Meridian, and then runs downward and disperses over the dorsum of the foot. (See Fig. 30)

4. The Three Yin Collaterals of Foot

1) The Collateral of the Spleen Meridian of Foot Taiyin It branches out at Gongsun (Sp 4), one cun posterior to the base of the first metatarsal bone, and then joins the Stomach Meridian. A branch runs upward to the abdomen and connects with the stomach and intestines. (See Fig. 30)

2) The Collateral of the Kidney Meridian of Foot Shaoyin It originates from Dazhong (K 4) on the posterior aspect of internal malleolus, it crosses the heel, and joins the Bladder Meridian. A branch follows the Kidney Meridian upward to a point below the pericardium and then pierces through the lumbar vertebrae.

3) The Collateral of the Liver Meridian of Foot Jueyin It starts from Ligou (Liv 5), five cun above the internal malleolus and connects with the Gallbladder Meridian. A branch runs up the leg to the genitals. (See Fig. 30)

5. The Collaterals of the Ren and Du Meridians and the Major Collateral of the Spleen

1) The Collateral of the Ren Meridian It separates from the Du Meridian at the lower end of the sternum. From Jiujwei (Ren 15), it spreads over the abdomen. (See Fig. 31)
Fig. 30 The Three Yang Collaterals of Foot and Three Yin Collaterals of Foot
2) The Collateral of Du Meridian It arises from Changqiang (Du 1) in the perineum, runs upward along both sides of the spine to the nape, and spreads over the top of the head. When it gets to the scapular regions, it connects with the Bladder Meridian and pierces through the spine. (See Fig. 31)

3) The Major Collateral of the Spleen It begins from Dabao (Sp 21), emerges at three cun below Yuanye (G 22) and spreads through the chest and hypochondriac region, gathering the blood all over the body. (See Fig. 32)

V. THE TWELVE MUSCLE REGIONS AND TWELVE CUTANEOUS REGIONS

The muscle regions and cutaneous regions are the sites where the qi and blood of the meridians nourish the muscles, tendons and skin. Similar to the twelve regular meridians, they are also divided into three hand yin and three hand yang, three foot yin and three foot yang. The muscle regions are deeply distributed under the skin, while the
cutaneous regions are located in the superficial layers of the skin. As cutaneous regions cover an extensive area, they are generally known as cutaneous regions of six meridians.

1. **The Twelve Muscle Regions**

The twelve Muscle Regions, the conduits which distribute the qi and blood of the twelve regular meridians to nourish the muscles, possess the function of connecting all the bones and joints of the body and maintaining the normal range of motion. The distribution is described as follows:

The Muscle Regions originate from the extremities of the limbs and ascend to the head and trunk, but do not reach zang and fu organs. Thus, they are not related to the zang-fu organs, and flow of qi and blood. The three yang Muscle Regions of the foot are distributed in the anterior, lateral and posterior aspects of the trunk, all connecting with the eyes; the three yin Muscle Regions of the foot connect with the genital region; the three yang Muscle Regions of the hand connect with the angle of forehead; the three

![Fig. 32 The Major Collateral of the Spleen](image)
yin Muscle Regions of the hand connect with the thoracic cavity. In the treatment of diseases, the Muscle Regions are mainly indicated in muscular problems, such as the Bi syndrome, contracture, stiffness, spasm and muscular atrophy. In Chapter 13 of Miraculous Pivot, it says, “Where there is pain, there is an acupoint.” That means muscle problems can be treated by needling the local points.

1) Three Yang Muscle Regions of Foot

a) Muscle Region of Foot Taiyang (Bladder) It starts from the little toe, ascends to knot at external malleolus and then at the knee. A lower branch separates below the external malleolus, extending to the heel, and runs upward to knot at the lateral aspect of the popliteal fossa. Another branch starts at the convergence of the medial and lateral heads of the gastrocnemius muscle and ascends to knot at the medial side of the popliteal fossa. These two branches join in the gluteal region and then ascend along the side of the spine to the nape, where a branch enters the root of the tongue. Above the neck, the straight portion knots with the occipital bone and crosses over the top of the head to knot at the nose bridge. A branch spreads around the eye and knots at the side of below the nose. Another branch extends from the lateral side of the posterior axillary fold to knot with Jianyu (LI 15). Another branch enters the chest below the axilla, emerges from the supraclavicular fossa and then knots at Wangu (G12) behind the ear. Still, another branch emerges from the supraclavicular fossa and traverses the face to come out beside the nose. (See Fig. 33)

b) Muscle Region of Foot Shaoyang (Gallbladder) It originates from the fourth toe, knots with the external malleolus. Then it ascends along the lateral side of the tibia where it knots with the knee. A branch begins at the upper part of the fibula and continues upward along the thigh. One of its subbranches runs anteriorly, knotting above Futu (S32). Another subbranch runs posteriorly and knots with the sacrum. The straight branch ascends across the ribs, dispersing around and anterior to the axilla, connecting first at the breast region and then knotting at Quepen (S12). Another branch extends from the axilla upward across the clavicle, emerging in front of the Foot Taiyang (Bladder) Muscle Region where it continues upward behind the ear to the temple. Then, it proceeds up to the vertex to join its bilateral counterpart. A branch descends from the temple across the cheek and then knots beside the bridge of the nose. A subbranch knots with the outer canthus. (See Fig. 34)

c) Muscle Region of Foot Yangming (Stomach) It arises from the second, middle and fourth toes, knots at the dorsum of the foot, and ascends obliquely along the lateral aspect of the leg where it disperses at the tibia and then knots at the lateral aspect of the knee. Ascending directly to knot at the hip joint, it extends to the lower ribs to connect with the spine. The straight branch runs along the tibia and knots at the knee. A subbranch connects with the fibula, and joins with the Foot Shaoyang (Gallbladder). From the knee, it ascends across the thigh and knots in the pelvic region. Dispersing upward on the abdomen and knotting at Quepen (S12), it extends to the neck and mouth, meeting at the side of the nose and knotting below the nose. Above, it joins with the Foot Taiyang (Bladder) to form a muscular net around the eye. A subbranch separates at the jaw and knots in front of the ear. (See Fig. 35)

2) Three Yin Muscle Regions of Foot
Fig. 33  Muscle Region of Foot-Taiyang
Fig. 34: Muscle Region of Foot-Shaoyang
Fig. 35 Muscle Region of Foot-Yangming
a) Muscle Region of Foot Taiyin (Spleen) It starts from the medial side of the big toe and knots at the internal malleolus. Continuing upward and knotting at the medial side of the knee, it traverses the medial aspect of the thigh, and knots at the hip. Then it joins with the external genitalia and extends to the abdomen, knotting with the umbilicus. From there, it enters the abdominal cavity, knots with the ribs, and disperses through the chest. An internal branch adheres to the spine. (See Fig. 36)

b) Muscle Region of Foot Jueyin (Liver) It originates from the dorsum of the big toe and knots anterior to the internal malleolus. Then it runs upward along the medial side of the tibia and knots at the lower, medial aspect of the knee. From there, it runs upward along the medial aspect of the thigh to the genital region, where it converges with other Muscle Regions. (See Fig. 37)

c) Muscle Region of Foot Shaoyin (Kidney) It begins beneath the little toe. Together with the Muscle Region of Foot Taiyin, it runs obliquely below the internal malleolus and knots at the heel, converging with Muscle Region of Foot Taiyang (Bladder), knotting at the lower, medial aspect of the knee, it joins with Muscle Region of Foot Taiyin (Spleen) and ascends along the medial aspect of the thigh to knot at the genital region. A branch proceeds upward along the side of the spine to the nape and knots with the occipital bone, converging with the Muscle Region of Foot Taiyang (Bladder). (See Fig. 38)

3) Three Hand Yang Muscle Regions
a) Muscle Region of Hand Taiyang (Small Intestine) It starts from the tip of the small finger, knots at the dorsum of the wrist, and proceeds up along the forearm to knot at the medial condyle of the humerus in the elbow. Then it continues up along the arm and knots below the axilla. A branch runs behind the axilla, curves around the scapula and emerges in front of the Foot Taiyang (Bladder) on the neck, knotting behind the ear. A branch separates behind the auricle and enters the ear. Emerging above the auricle, the straight branch descends across the face and knots beneath the mandible, then continues upward to link the outer canthus. Another branch starts at the mandible, ascends around the teeth and in front of the ear, connects the outer canthus and knots at the angle of the forehead. (See Fig. 39)

b) Muscle Region of Hand Shaoyang (Sanjiao) It starts from the extremity of the fourth finger and knots at the dorsum of the wrist. Then, it ascends along the forearm and knots at the olecranon of the elbow. Proceeding upward along the lateral aspect of the upper arm, it crosses the shoulder and the neck, then converges with the Muscle Region of Hand Taiyang (Small Intestine). A branch splits out at the angle of the mandible and connects with the root of the tongue. Another branch proceeds upward in front of the ear to the outer canthus, then crosses the temple and connects at the corner of the forehead. (See Fig. 40)

c) Muscle Region of Hand Yangming (Large Intestine) It begins from the extremity of the index finger and knots at the dorsum of the wrist. Then it goes upward along the forearm, and knots at the lateral aspect of the elbow. Continuing up the arm, it knots at Jianyu (L I 15). A branch moves around the scapula and attaches to the spine. The straight branch continues from Jianyu (L I 15) to the neck, where a branch separates and knots at the side of the nose. The straight branch continues upward and emerges in front of Muscle Meridian of Hand Taiyang (Small Intestine). Then it
Fig. 36 Muscle Region of Foot-Taiyin
Fig. 37 Muscle Region of Foot-Jueyin
Fig. 38 Muscle Region of Foot-Shaoyin
crosses over the head, connecting at the mandible on the opposite side of the face. (See Fig. 41)

4) Three Hand Yin Muscle Regions
   a) Muscle Region of Hand Taiyin (Lung)  It arises from the tip of the thumb and knots at the lower thenar eminence. Proceeding up laterally to the pulse and along the forearm, it knots at the elbow, then ascends along the medial aspect of the arm and enters the chest below the axilla. Emerging from Quepen (S 12), it knots anteriorly to Jianyu (L I 15).

Above, it knots with the clavicle, and below it knots in the chest, dispersing over the diaphragm and converging again at the lowest rib. (See Fig. 42)

b) Muscle Region of Hand Jueyin (Pericardium)  It arises from the palmar aspect of the middle finger and follows the Muscle Region of Hand Taiyin (Lung) upward. It first knots at the medial aspect of the elbow, and afterwards below the axilla. Then it descends, dispersing at the front and back sides of the ribs. A branch enters the chest below the axilla and spreads over the
chest, knotting in the thoracic diaphragm. (See Fig. 43)

c) **Muscle Region of Hand Shaoyin (Heart)** It begins from the medial side of the small finger, knots first at the pisiform bone of the hand, and afterward at the medial aspect of the elbow. Continuing upward and entering the chest below the axilla, it crosses the Muscle Region of Hand Taiyin (Lung) in the breast region and knots in the chest. Then it descends across the thoracic diaphragm to connect with the umbilicus. (See Fig. 44)

### 2. The Twelve Cutaneous Regions

The twelve cutaneous regions refer to the sites through which the qi and blood of the meridians are transferred to the body surface. In the ancient medical classics in Chapter 56 of *Plain Questions*, it says, "The Cutaneous Regions are the part of meridian system located in the superficial layers of the body. The Cutaneous Regions are marked by the regular meridians." In other words, the cutaneous regions are
twelve distinct areas on the body surface within the domains of the twelve regular meridians. It is also known as cutaneous regions of six meridians when the Hand and Foot meridians are combined into six pairs. Since the cutaneous regions are the most superficial part of the body tissues, they bear the protective function of the organism. When this function is lost, the exogenous pathogen may penetrate the skin to invade the collaterals and gain access to meridians and zang-fu organs. In Chapter 56 of Plain Questions, it says, "Skin is the place where the meridians are distributed. When the pathogen attacks the skin, the sweat pores will open, and then the pathogen may advance toward the collaterals, meridians and zang-fu organs through the sweat pore." The transmitting order of a disease is: Skin — collaterals — meridians — zang organs — fu organs. Conversely, symptoms and signs of internal diseases can also be
projected onto the skin through meridians and collaterals. It says again in Chapter 56 of *Plain Questions*, "Blue-coloured skin signifies local pain. Dark-coloured skin indicates blockage of qi and blood. Yellow to red coloured skin refers to heat syndromes, and white coloured skin to cold syndromes." Obviously, colour changes of the skin can tell presence of internal disorders. Therapeutically, the cutaneous regions of paired meridians are interactive. There are meridians of Hand-Yangming and Foot-Yangming. The meridian of Hand-Yangming starts at the hand and goes to the head, while the meridian of Foot-Yangming originates in the head and runs to the foot. They are diagnostically and therapeutically interactive.
Chapter 6

AN INTRODUCTION TO ACUPUNCTURES

Acupoints are the specific sites through which the qi of the zang-fu organs and meridians is transported to the body surface. The Chinese characters “腧穴” for an acupoint mean respectively “transportation” and “hole.” In the medical literature of the past dynasties, acupoints, the sites where acupuncture treatment is applied, have other terms such as “qi point” and “aperture.” Acupoints are not only the pathways for the circulation of qi and blood, but also the loci of response to diseases. In acupuncture and moxibustion treatment, proper techniques are applied on the acupoints to regulate the functional activities of the body, strengthen body resistance so as to prevent and treat diseases. Medical practitioners of past ages have left plentiful recordings describing the locations and indications of acupoints, formulating a systematical theory.

I. CLASSIFICATION AND NOMENCLATURE OF ACUPUNCTURES

1. Classification of Acupoints

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

1) Acupoints of the fourteen meridians Also known as “regular points,” acupoints of the fourteen meridians are distributed along the twelve regular meridians, the Du (Governor Vessel) and the Ren (Conception Vessel) Meridians, totally amounting to 361. According to ancient medical records, the acupoints of this category are the crystallization of rich clinical experience of medical workers in the past. All the points in this category can be used to treat disorders of the related meridians and collaterals. They are the most commonly used points and form the main part of all acupoints. Those of the twelve regular meridians are distributed symmetrically in pairs on the left and right sides of the body, while those of the Du and the Ren Meridians are single ones, aligning on the posterior and anterior midlines respectively.

2) Extraordinary Points Extraordinary points are named “extra points” in short. They are experiential points with specific names and definite locations, but are not attributed to the fourteen meridians. They
are effective in the treatment of certain diseases. Although scattered over the body, they are still related to the meridians system, for example, Yintang (Extra 1) is related to the Du Meridian, Lanwei (Extra 18) to the Stomach Meridian of Foot-Yangming. A survey of the ancient acupuncture literature has revealed that some regular points were developed from the extraordinary points. Examples are Gaohuang (B 43), which was added to the regular points in Illustrated Manual of Acupoints on the Bronze Figure and Meichong (B 3), which was added to the regular points in Classic of Health-Promoting Acupuncture. Both were formerly extraordinary points. Therefore, extraordinary points are said to be the preceding counterparts of regular points. Clinically, they are the supplement to regular points.

3) Ashi Points Ashi Points are also called “reflexing points,” “unfixed points” or “tender spots.” Chapter 13 of Miraculous Pivot says, “Tender spots can be used as acupoints,” and this was the primary method for point selection in early acupuncture and moxibustion treatments. Without specific names and definite locations, Ashi Points are considered to represent the earliest stage of acupoint evolution. Clinically, they are mostly used for pain syndromes.

2. Nomenclature of Acupoints

Acupoints of the fourteen meridians have their definite locations and names. It is stated in Chapter 5 of Plain Questions, “Acupoints are the sites into which qi and blood are infused. Each has its own location and name.” Precious Supplementary Prescriptions further points out, “Each point is named with profound significance,” which indicates that the name of each point has its own meaning.

Most of the acupoints are nominated by way of analogy. The flow of qi and blood is similized by that of water; the prominence and depression of the tendons and bones are compared to mountains and valleys; the characteristic local shape of the body is signified by certain animals or utensils; and the acupoint functions are analogized by architectural structures, astronomical or meteorological phenomena. Examples are as follows.

1) Names bearing analogy to water flow, mountains and valleys Quchi (L I 11, Crooked Pond), Chize (L 5, Ulnar Marsh), Shaohai (H 3, Young Sea), Taiyuan (L 9, Great Deep Pool), Zhigou (S J 6, Limb Ditch), Jingqu (L 8, Channel Ditch), Sidu (S J 9, Four Rivers), Fuli (K 7, Continuing Water Flow), Houxi (S I 3, Back Stream), Zhongzhu (S J 3, Middle Water Margin), Hegu (L I 14, Connected Valleys), Chengshan (B 57, Sustaining Mountain), Liangqu (S 34, Hill Ridge), Qiuxu (G 40, Large Mound), Yanglingquan (G 34, Yang Mound Spring).

2) Names bearing analogy to animals, plants or utensils Yuji (L 10, Fish Border), Dubi (S 35, Calf Nose), Jiuwei (Ren 15, Turtledove Tail), Futu (S 32, Prostrate Rabbit), Zanzhu (B 2, Assembled Bamboo), Houxi (S I 3, Back Stream), Qiuxu (G 40, Large Mound), Wanglingquan (G 34, Yang Mound Spring).

3) Names bearing analogy to architectural structure Shenmen (H 7, Spiritual Gate), Qihu (S 13, Qi Gate), Yingchuang (S 16, Chest Window), Tianyou (S J 16, Heaven Window), Tianzhu (Ren 22, Heady Chimney), Quyuan (S I 13, Curved Wall), Tinggong (S I 19, Hearing Palace), Neiting
(S 44, Interior Courtyard), Zhongfu (L 1, Central Mansion), Qishe (S 11, Qi Residence), Dicang (S 4, Earth Granary), Kufang (S 14, Storehouse), Zhishi (B 52, Will Chamber), Yutang (Ren 18, Jade Palace), Bulang (K 22, Step Corridor), Lingtai (Du 10, Spirit Platform), Neiguan (P 6, Medial Pass), Juque (Ren 14, Great Palace Gate), Fengshi (G 31, Windy Fair), Xiongxiang (Sp 19, Chest Village), Jianjing (G 21, Shoulder Well).

4) Names bearing analogy to astronomical and meteorological phenomena: Riyue (G 24, Sun and Moon), Shangxing (Du 23, Upper Star), Taiyi (S 23, Grand Yi “the second or the ten Heavenly Stems”), Taibai (Sp 3, Venus), Xuanji (Ren 21, The 2nd and 3rd stars of the Big Dipper), Fengchi (G 20,

Fig. 45 The Running Course of the Meridian
Chapter 6  An Introduction to Acupoints

Wind Pool), Yunmen (L 2, Cloud Door).

5) Points named according to anatomical terms  Zhongwan (Ren 12, Middle Stomach), Henggu (K 11, Pubis), Jianyu (L I 15, Shoulder Corner), Binao (L I 14, Arm Muscle Prominence), Zhouliao (L I 12, Elbow Foramen), Wangu (S I 4, Wrist Bone), Biguan (S 31, Thigh Joint), Juegu (G 39, External Malleolus).

6) Points named according to their therapeutic properties  Feishu (B 1.3, Lung Point), Guangming (G 37, Brightness), Chengqi (S I, Tear Receiver), Chengjiang (Ren 24, Fluid Receiver), Qihai (Ren 6, Sea of Qi), Xuehai (Sp 10, Sea of Blood), Guangyuan (Ren 4, Storage of Primary Qi), Jingming (B 1, Brightening Eyes), Yingxiang (L I 20, Welcome Fragrance).

II. METHODS OF LOCATING ACUPOINTS

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

In the chapter Lyrics of Acupuncture and Profundities of Compendium of Acupuncture and Moxibustion, it is said, “Methods of locating points are based on standard measurements. An acupuncturist should first of all have a clear idea of these measurements and patient’s body build, and then observe the anatomical landmarks on the patient. Some points should be located with the limbs flexed, some with the body in a lying position . . . .”

At present, commonly used in clinics are three methods of acupoint location, i.e., proportional measurement, anatomical landmarks, and finger measurement.

1. Proportional Measurements

The earliest record of proportional measurement can be found in Chapter 14 of Miraculous Pivot. In the light of this record, the width or length of various portions of the human body are divided respectively into definite numbers of equal units as the standards for the proportional measurement. These standards are applicable on any patient of different sexes, ages and body sizes. See Fig. 45 and Table 5 for details.

2. Anatomical Landmarks

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

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

2) Moving landmarks  Moving landmarks refer to those that will appear only when a body part keeps in a specific position. For instances, when the arm is
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Distance</th>
<th>Proportional Measurement</th>
<th>Method</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>From the anterior hairline to the posterior hairline</td>
<td>12 cun</td>
<td>Longitudinal measurement</td>
<td>The distance from the glabella to the anterior hairline is taken as 3 cun. The distance from Dazhui (Du 14) to the posterior hairline is taken as 3 cun. If the anterior and posterior hairlines are indistinguishable, the distance from the glabella to Dazhui (Du 14) then is taken as 18 cun.</td>
</tr>
<tr>
<td></td>
<td>Between the two mastoid processes</td>
<td>9 cun</td>
<td>Transverse measurement</td>
<td>The transverse measurement is also used to localize other points on the head.</td>
</tr>
<tr>
<td>Chest and Abdomen</td>
<td>From the sternocostal angle to the centre of the umbilicus</td>
<td>8 cun</td>
<td>Longitudinal measurement</td>
<td>The longitudinal measurement of the chest and the hypochondriac region is generally based on the intercostal space.</td>
</tr>
<tr>
<td></td>
<td>Between the centre of the umbilicus and the upper border of symphysis pubis</td>
<td>5 cun</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between the two nipples</td>
<td>8 cun</td>
<td>Transverse measurement</td>
<td>The distance between the bilateral Quepen (S 12) can be used as the substitute of the transverse measurement of the two nipples.</td>
</tr>
<tr>
<td>Back</td>
<td>Between the medial border of the scapula and the posterior midline</td>
<td>3 cun</td>
<td>Transverse measurement</td>
<td>The longitudinal measurement on the back is based on the spinous processes of the vertebral column. In clinical practice, the lower angle of the scapula is about at the same level of the 7th thoracic vertebra, the iliac spine is about at the same level of the 4th lumbar vertebra.</td>
</tr>
<tr>
<td>Lateral Side of the Chest</td>
<td>From the end of the axillary fold on the lateral side of the chest to the tip of the 11th rib</td>
<td>12 cun</td>
<td>Longitudinal measurement</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>Upper Extremities</td>
<td>Between the end of the axillary fold and the transverse cubital crease</td>
<td>9 cun</td>
<td>Used for the three Yin and the three Yang Meridians of the Hand.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between the transverse cubital crease and the transverse wrist crease</td>
<td>12 cun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremities</td>
<td>From the level of the upper border of symphysis pubis to the medial epicondyle of femur</td>
<td>18 cun</td>
<td>Used for the three Yin Meridians of the Foot.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From the lower border of the medial condyle of tibia to the tip of medial malleolus</td>
<td>13 cun</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>From the prominence of the great trochanter to the middle of patella</td>
<td>19 cun</td>
<td>1. Used for the three Yang Meridians of the Foot.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between the centre of patella and the tip of lateral malleolus</td>
<td>16 cun</td>
<td>2. The distance from the gluteal crease to the centre of patella is taken as 14 cun.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From the tip of the lateral malleolus to the heel</td>
<td>3 cun</td>
<td>3. The anterior level of the centre of the patella is about the same level of Dubi(S 35), and the posterior level, about the same level of Weizhong(B 40).</td>
<td></td>
</tr>
</tbody>
</table>
flexed and the cubital crease appears, Quchi (L I 11) can be located; and when a fist is made and the transverse palmar crease appears, Houxi (S I 3) can be located. Also employed in clinic are some simple methods of point location. For example, to locate Baihui (Du 20) directly above the apexes of the ears, or Fengshi (G 31) when at attention.

3. Finger Measurement

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

1) Middle finger measurement When the patient’s middle finger is flexed, the distance between the two medial ends of the creases of the interphalangeal joints is taken as one cun. This method is employed for measuring the vertical distance to locate the limb points of the yang meridians, or for measuring the horizontal distance to locate the points on the back. (See Fig. 46)

2) Thumb Measurement The width of the interphalangeal joint of the patient’s thumb is taken as one cun. The method is also employed for measuring the vertical distance to locate the points on the limbs. (See Fig. 47)

3) Four-Finger Measurement The width of the four fingers. (index, middle, ring and little) close together at the level of the dorsal skin crease of the proximal interphalangeal joint of the middle finger is taken as three cun. It is used to locate the points on the limb and in the abdominal region. (See Fig. 48)
III. SPECIFIC POINTS

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

1. Specific Points on the Limbs

1) Five Shu Points Each of the twelve regular meridians has, below the elbow or knee, five specific points, namely, Jing-Well, Ying-Spring, Shu-Stream, Jing-River and He-Sea, which are termed Five Shu points in general. They are situated in the above order from the distal extremities to the elbow or knee. It is said in the first chapter of Miraculous Pivot that "the qi of the twelve regular meridians and fifteen collaterals flow all over the body. The flow of qi running in the meridians from the extremities to the elbow or knee is flourishing gradually." The names of the five shu points image the flow of meridian qi as the flow of water. The Jing-Well point is situated in the place where the meridian qi starts to bubble. The Ying-Spring point is where the meridian qi starts to gush. The Shu-Stream point is where the meridian qi flourishes. The Jing-River point is where the meridian qi is pouring abundantly. Finally, the He-Sea point signifies the confluence of rivers in the sea, where the meridian qi is the most flourishing.

In addition, each of the six fu organs has another He-Sea point in the three yang meridians of the foot, known as the Lower He-Sea point. Chapter 4 of Miraculous Pivot says, "The Lower He-Sea Points of the stomach, large intestine, small intestine, sanjiao, bladder and gallbladder are Zusanli (S 36), Shangjuxu (S 37), Xiajuxu (S 39), Weiyang (B 39), Weizhong (B 40) and Yanglingquan (G 34) respectively. Among these points, Zusanli (S 36), Weizhong (B 40) and Yanglingquan (G 34) overlap with the relevant He-Sea points in the Five Shu points. The Lower He-Sea points are mostly employed to treat the disorders of the six fu organs in clinic.

2) Yuan-Primary Points Each of the twelve regular meridians has a Yuan-Primary Point, which is located on the limbs. The Chinese character "源" (yuan) means primary qi in this context. The chapter "The 66th Medical Problem" in Classic of Medical Problems describes the relation between the Yuan-Primary Points and Yuan-Primary Qi.

The Yuan-Primary Qi, originating below the umbilicus and between the kidneys, is dispersed to the zang-fu organs and further to the limbs via Sanjiao. The sites where the Yuan-Primary Qi is retained are Yuan-Primary Points, which are used to treat disorders of the zang-fu organs. In the yin meridians, the Yuan-Primary Points overlap with the Shu-Stream Points of the Five Shu Points. Each yang meridian, however, has its Yuan-Primary Point other than the Shu-Stream Point.

3) Luo-Connecting Points Each of twelve regular meridians has, on the limbs, a Luo-Connecting Point to link its exteriorly-interiorly related meridian. Each of the Du and Ren meridians, and the Major Collateral of the Spleen has its Luo-Connecting Point on the trunk. They are termed "the Fifteen Luo-Connecting
Points.” A Luo-Connecting Point is used to treat disorders involving the two exteriorly-interiorly related meridians and those in the area supplied by the two meridians.

4) Xi-Cleft Points  The Xi-Cleft Point is the site where the qi and blood of the meridian are deeply converged. Each of the twelve regular meridians and the four extra meridians (Yinqiao, Yangqiao, Yinwei and Yangwei) has a Xi-Cleft Point on the limbs, amounting to sixteen in all. The Xi-Cleft Point is used to treat acute disorders in the area supplied by its pertaining meridian and those of its pertaining zang or fu organ.

5) Eight Confluent Points  Eight Confluent Points refer to the eight points on the limbs where the regular meridians communicate with the eight extra meridians. They are Neiguan (P 6), Gongsun (Sp 4), Houxi (S I 3), Shenmai (B 62), Waiguan (S J 5), Zulinqi (G 41), Lieque (L 7) and Zhaohui (K 6), which are respectively connected with the Yinwei, Chong, Du, Yangqiao, Yangwei, Dai, Ren and Yinqiao Meridians. The Eight Confluent Points are used to treat a variety of disorders of the corresponding eight extra meridians.

2. Specific Points on the Head and Trunk

1) Back-Shu Points  Back-Shu Points are specific points on the back where the qi of the respective zang-fu organs is infused. It is stated in Chapter 51 of Miraculous Pivot that “in the Back-Shu Points you are looking for the reactionary spots of tenderness and soreness, or the points on which pressure exerted relieve pain and discomforts of the patient.” Situated close to their respectively related zang-fu organs, the Back-Shu points present abnormal reactions to the dysfunction of their corresponding zang-fu organs. They are often used for disorders of the internal organs.

2) Front-Mu Points  Front-Mu points are those points on the chest and abdomen where the qi of the respective zang-fu organs is infused and converged. Located close to their corresponding zang-fu organs, the Front-Mu points play a significant role in the diagnosis and treatment of the disorders of the internal organs.

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

Appendix

Eight Influential Points

The Eight Influential Points are first recorded in the chapter “The 45th Medical Problem” of Classic on Medical Problems. They are Zhangmen (Liv 13), Zhongwan (Ren 12), Yanglingquan (G 34), Juegu, or Xuanzhong (G 39), Geshu (B 17), Dazhu (B 11), Taiyuan (L 9), and Tanchong (Ren 17), which respectively dominate the zang organs, fu organs, qi, blood, tendon, vessel, bone and marrow. They coincide with some other specific points. Clinically, the corresponding Influential Point can be employed to treat disorders of the zang organs, fu organs, qi, blood, tendon, vessel, bone or marrow.
Chapter 6  An Introduction to Acupoints

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

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

1. The Remote Therapeutic Properties of the Points

The remote therapeutic properties of the points form a major regularity which is established on the basis of the meridian theory. Among the points of the fourteen meridians, those located on the limbs, especially below the elbow and knee joints, are effective not only for local disorders but also for disorders of the remote zang-fu organs and tissues on the course of their pertaining meridians. Some even have systemic therapeutic properties. For example, Lieque (L 7) treats disorders not only on the upper limbs but also in the vertex, chest, lung and throat as well as exogeneous diseases; Yanglingquan (G 34) is effective not only for diseases of the lower limbs but also for hypochondrium, biliary, hepatic, and mental disorders as well as tendon abnormalities such as spasm and convulsion. For detailed information, see Table 6.

2. The Local and Adjacent Therapeutic Properties of the Points

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

The remote, adjacent, and local therapeutic property of these points are determined by how far away their effects reach from the location of points themselves. The therapeutic properties, remote, adjacent, or local points, are nevertheless characterized
Table 6. Indications of Points of the Extremities with Relation to Meridians

<table>
<thead>
<tr>
<th>Name of the Meridian</th>
<th>Indications of Individual Meridian</th>
<th>Indications of Two Meridians in Common</th>
<th>Indications of Three Meridians in Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Three Yin Meridians of Hand</td>
<td></td>
<td></td>
<td>Disorders of the eye, throat and febrile diseases</td>
</tr>
<tr>
<td></td>
<td>The Lung Meridian of Hand-Taiyin</td>
<td>Disorders of the lung and throat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Pericardium Meridian of Hand-Jueyin</td>
<td>Disorders of the heart and stomach</td>
<td>Mental illness</td>
</tr>
<tr>
<td></td>
<td>The Heart Meridian of Hand-Shaoyin</td>
<td>Disorders of the heart</td>
<td></td>
</tr>
<tr>
<td>The Three Yang Meridian of Hand</td>
<td>The Large Intestine Meridian of Hand-Yangming</td>
<td>Disorders of the forehead, face, nose, mouth and teeth</td>
<td>Disorders of the ear</td>
</tr>
<tr>
<td></td>
<td>The Sanjiao Meridian of Hand-Shaoyang</td>
<td>Disorders of the temporal and hypochondriac regions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Small Intestine Meridian of Hand-Taiyang</td>
<td>Disorders of the occipital region and scapular region and mental illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Stomach Meridian of Foot-Yangming</td>
<td>Disorders of the face, mouth, teeth, throat, stomach and intestine</td>
<td>Mental illness, febrile diseases</td>
</tr>
<tr>
<td>The Three Yang Meridians of Foot</td>
<td>The Gallbladder Meridian of Foot-Shaoyang</td>
<td>Disorders of the ear, temporal and hypochondriac regions</td>
<td>Disorders of the eyes</td>
</tr>
</tbody>
</table>

Disorders of Chest

Mental illness
<table>
<thead>
<tr>
<th>Meridian</th>
<th>Indications of Individual Meridian</th>
<th>Indications of Two Meridians In Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gallbladder Meridian of Foot-Taiyang</td>
<td>Disorders of the neck, dorso-lumbar region. (Back-Shu Points also for zang-fu disorders.)</td>
<td>Disorders of the external genitalia, gynaecological diseases</td>
</tr>
<tr>
<td>The Spleen Meridian of Foot-Taiyin</td>
<td>Disorders of the spleen and stomach</td>
<td></td>
</tr>
<tr>
<td>The Three Yin Meridians of Foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Liver Meridian of Foot-Jueyin</td>
<td>Disorders of the liver</td>
<td></td>
</tr>
<tr>
<td>The Kidney Meridian of Foot-Shaoyin</td>
<td>Disorders of the kidney, lung and throat</td>
<td></td>
</tr>
</tbody>
</table>

**Indications of Ren and Du Meridians**

<table>
<thead>
<tr>
<th>Meridian</th>
<th>Indications of Individual Meridian</th>
<th>Indications of Two Meridians In Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ren Meridian</td>
<td>Prolapse of Yang, collapse. (It is also for general tonification.)</td>
<td>Disorders of zang-fu organs, mental illness, gynaecological disorders</td>
</tr>
<tr>
<td>Du Meridian</td>
<td>Apoplexy, coma, febrile diseases, disorders of the head and face</td>
<td></td>
</tr>
</tbody>
</table>
by functional regulation. Clinical practice has proven that puncturing certain points may bring forth biphasic regulation on diversified functional abnormalities of the body. For instance, puncturing Tianshu (S 25) relieves both diarrhea and constipation; puncturing Neiguan (P 6) corrects both tachycardia and bradycardia. In addition to the general therapeutic properties of points, clinical attention should also be paid to the special therapeutic properties of some points. Examples are Dazhui (Du 14), which has an antipyretic effect, and Zhiyin (B 67), which is indicated in malposition of a fetus.

To summarize all the points of a particular meridian are indicated in the disorders of that particular meridian. Points of the exteriorly-interiorly related meridians can be combined to treat disorders of those meridians. Neighbouring points will have similar therapeutic properties. The therapeutic properties of the points on the limbs should be categorized meridian by meridian, those points of the head, face and trunk, should be recognized in light of their locations.

**Table 7. Indications of Points on the Head, Face and Trunk with Relation to Their Locations**

<table>
<thead>
<tr>
<th>Locations of Points</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head, face, neck</td>
<td>Disorders of the brain, eye, ear, nose, mouth, teeth and throat</td>
</tr>
<tr>
<td>Chest, upper dorsal region (corresponding to the region between the 1st and 7th thoracic vertebrae)</td>
<td>Disorders of the lung and heart</td>
</tr>
<tr>
<td>Upper abdomen, lower dorsal region (corresponding to the region between the 8th thoracic and the 1st lumbar vertebrae)</td>
<td>Disorders of the liver, gallbladder, spleen and stomach</td>
</tr>
<tr>
<td>Lower abdomen, lumbosacral region (corresponding to the region between the 2nd lumbar and the 4th sacral vertebrae)</td>
<td>Disorders of the kidney, intestine, bladder and genital organs</td>
</tr>
</tbody>
</table>
Chapter 6  An Introduction to Acupoints

Fig. 49 The Indications of the Points in the Upper Limbs
Fig. 50 The Therapeutic Properties of the Points at the Lower Limbs
Fig. 52 The Therapeutic Properties of the Points on the Head and Face
Chapter 6  An Introduction to Acupoints

Fig. 53 The Therapeutic Properties of the Points at the Chest and Abdomen
Chinese Acupuncture and Moxibustion

Fig. 54 The Therapeutic Properties of the Points on the Back and at the Lumbar Region
Chapter 7

ACUPOINTS OF THE TAIYIN AND YANGMING MERIDIAN

The Lung Meridian of Hand-Taiyin running from the chest to the hand, and the Large Intestine Meridian of Hand-Yangming going from the hand to the head, are exteriorly-interiorly related, so are the Stomach Meridian of Foot-Yangming travelling from the head to the foot and the Spleen Meridian of Foot-Taiyin travelling from the foot to the abdomen (chest). The four meridians are mainly distributed on the extremities and in the anterior aspect of the trunk. Their acupoints are described as follows.

I. THE LUNG MERIDIAN OF HAND-TAIYIN

1. Zhongfu (Front-Mu Point of the Lung, L1)

Location: Laterosuperior to the sternum at the lateral side of the first intercostal space, 6 cun lateral to the Ren Meridian. (See Fig. 55)

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

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

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

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

Fig. 55
2. Yunmen (L 2)

Location: In the depression below the acromial extremity of the clavicle, 6 cun lateral to the Ren Meridian. (See Fig. 55)

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

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

Regional anatomy
Vasculature: The cephalic vein, the thoracoacromial artery and vein; inferiorly, the axillary artery.
Innervation: The intermediate and lateral supraventricular nerve, the branches of the anterior thoracic nerve, and the lateral cord of the brachial plexus.

3. Tianfu (L 3)

Location: On the medial aspect of the upper arm, 3 cun below the end of axillary fold, on the radial side of m. biceps brachii. (See Col. Fig. 1)

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

Method: Puncture perpendicularly 0.5-1 inch.

Regional anatomy
Vasculature: The cephalic vein and muscular branches of the brachial artery and vein.
Innervation: The lateral brachial cutaneous nerve at the place where the musculo-cutaneous nerve passes through.

4. Xiabai (L 4)

Location: On the medial aspect of the upper arm, 1 cun below Tianfu (L 3), on the radial side of m. biceps brachii. (See Col. Fig. 1)

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

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

Regional anatomy
Vasculature: The cephalic vein and muscular branches of the brachial artery and vein.
Innervation: The lateral brachial cutaneous nerve at the place where the musculo-cutaneous nerve passes through.

5. Chize (He-Sea Point, L 5)

Location: On the cubital crease, on the radial side of the tendon of m. biceps brachii. This point is located with the elbow slightly flexed. (See Fig. 56)
Chapter 7 Acupoints of the Taiyin and Yangming Meridian

Indication: Cough, hemoptysis, afternoon fever, asthma, sore throat, fullness in the chest, infantile convulsions, spasmatic pain of the elbow and arm, mastitis.
Method: Puncture perpendicularly 0.5-1 inch.
Regional anatomy
Vasculature: The branches of the radial recurrent artery and vein, the cephalic vein.
Innervation: The lateral antebrachial cutaneous nerve and the radial nerve.

6. Kongzui (Xi-Cleft Point, L 6)
Location: On the palmar aspect of the forearm, on the line joining Taiyuan (L 9) and Chize (L 5), 7 cun above the transverse crease of the wrist. (See Fig. 57)

7. Lieque (Luo-Connecting Point, Confluent Point, L 7)
Location: Superior to the styloid process of the radius, 1.5 cun above the transverse crease of the wrist. (See Fig. 57) When the index fingers and thumbs of both hands are crossed with the index finger of one hand placed on the styloid process of the radius of the other, the point is in the depression right under the tip of the index finger. (See Fig. 58)
Indications: Headache, migraine, neck rigidity, cough, asthma, sore throat, facial paralysis, toothache, pain and weakness of the wrist.
Method: Puncture 0.3-0.5 inch obliquely upward. Moxibustion is applicable.
Regional anatomy
Vasculature: The cephalic vein, branches of the radial artery and vein.
Innervation: The lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

8. Jingqu (Jing-River Piont, L 8)
Location: 1 cun above the transverse crease of the wrist in the depression on the
9. Taiyuan (Shu-Stream and Yuan-Primary Point, Influential Point of Vessels, L 9)

Location: At the radial end of the transverse crease of the wrist, in the depression on the lateral side of the radial artery. (See Fig. 57)

Indications: Cough, asthma, hemoptysis, sore throat, palpitation, pain in the chest, wrist and arm.

Method: Puncture perpendicularly 0.2-0.3 inch. Avoid puncturing the radial artery.

Regional anatomy
Vasculature: The arterial and venous network formed by the palmar digital properial artery and veins.

Innervation: The terminal nerve network formed by the mixed branches of the lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve.

10. Yuji (Ying-Spring Point, L 10)

Location: On the radial aspect of the midpoint of the first metacarpal bone, on the junction of the red and white skin (i.e., the junction of the dorsum and palm of the hand). (See Fig. 57)

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

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

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

Innervation: The superficial ramus of the radial nerve.

11. Shaoshang (Jing-Well Point, L 11)

Location: On the radial side of the thumb, about 0.1 cun posterior to the corner of the nail. (See Fig. 57)

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

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

Regional anatomy
Vasculature: The arterial and venous network formed by the palmar digital properial artery and veins.

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

II. THE LARGE INTESTINE MERIDIAN OF HAND-YANGMING

1. Shangyang (Jing-Well Point, LI 1)

Location: On the radial side of the index finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 59)

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

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

Regional anatomy
Vasculature: The arterial and venous network formed by the dorsal digital arteries and veins.

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

2. Erjian (Ying-Spring Point, LI 2)

Location: On the radial side of the index finger, distal to the metacarpal-phalangeal joint, at the junction of the red and white skin. The point is located with the finger slightly flexed. (See Fig. 59)

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

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

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

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

3. Sanjian (Shu-Stream Point, LI 3)

Location: When a loose fist is made, the point is on the radial side of the index finger, in the depression proximal to the head of the second metacarpal bone. (See Fig. 59)

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

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

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

Innervation: The superficial ramus of the radial nerve.
4. Hegu (Yuan-Primary Point, L I 4)

Location: On the dorsum of the hand, between the 1st and 2nd metacarpal bones, approximately in the middle of the 2nd metacarpal bone on the radial side. (See Fig. 59) Or, place in coincident position the transverse crease of the interphalangeal joint of the thumb with the margin of the web between the thumb and the index finger of the other hand. The point is where the tip of the thumb touches. (See Fig. 60)

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

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable. Acupuncture and moxibustion are contraindicated in pregnant women.

Regional anatomy
Vasculature: The venous network of the dorsum of the hand.
Innervation: The superficial ramus of the radial nerve.

5. Yangxi (Jing-River Point, L I 5)

Location: With the elbow flexed and the radial side of arm upward, the point is on the line joining Yangxi (L I 5) and Quchi (L I 11), 3 cun above Yangxi (L I 5). (See Fig. 61)

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

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

Regional anatomy
Vasculature: The cephalic vein.
Innervation: On the radial side, the lateral antebrachial cutaneous nerve and the superficial ramus of the radial nerve; on the ulnar side, the posterior antebrachial cutaneous nerve and the posterior antebrachial interosseous nerve.
7. **Wenliu (Xi-Cleft Point, L I 7)**

   Location: With the elbow flexed and the radial side of arm upward, the point is on the line joining Yangxi (L I 5) and Quchi (L I 11), 5 cun above Yangxi (L I 5). (See Fig. 61)

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

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

   Regional anatomy
   Vasculature: The muscular branch of the radial artery, the cephalic vein.
   Innervation: The posterior antebrachial cutaneous nerve and the deep ramus of the radial nerve.

8. **Xialian (L I 8)**

   Location: On the line joining Yangxi (L I 5) and Quchi (L I 11), 4 cun below Quchi (L I 5). (See Col Fig. 2)

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

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

   Regional anatomy: See Wenliu (L I 7)

9. **Shanglian (L I 9)**

   Location: On the line joining Yangxi (L I 5) and Quchi (L I 11), 3 cun below Quchi (L I 5). (See Col Fig. 2)

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

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

   Regional anatomy: See Wenliu (L I 7)

10. **Shousanli (L I 10)**

    Location: On the line joining Yangxi (L I 5) and Quchi (L I 11), 2 cun below Quchi (L I 5). (See Fig. 61)

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

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

    Regional anatomy
    Vasculature: The branches of the radial recurrent artery and vein.
    Innervation: See Wenliu (L I 7).
11. Quchi (He-Sea Point, L I 11)

Location: When the elbow is flexed, the point is in the depression at the lateral end of the transverse cubital crease, midway between Chize (L 5) and the lateral epicondyle of the humerus. (See Fig. 61)

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

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

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

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

12. Zhouliao (L I 12)

Location: When the elbow is flexed, the point is superior to the lateral epicondyle of the humerus, about 1 cun superolateral to Quchi (L I 11), on the medial border of the humerus. (See Col. Fig. 2)

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

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

Regional anatomy
Vasculature: The radial collateral artery and vein.

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

13. Shouwuli (L I 13)

Location: Superior to the lateral epicondyle of the humerus, on the line joining Quchi (L I 11) and Jianyu (L I 15), 3 cun above Quchi (L I 11). (See Col Fig. 2)

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

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

Regional anatomy
Vasculature: The radial collateral artery and vein.

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

14. Binao (L I 14)

Location: On the line joining Quchi (L I 11) and Jianyu (L I 15), 7 cun above Quchi, on the radial side of the humerus, superior to the lower end of m. deltoideus. (See Col. Fig. 2)

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

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

Regional anatomy
Vasculature: The branches of posterior circumflex humeral artery and vein, the deep brachial artery and vein.

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

15. Jianyu (L I 15)

Location: Antero-inferior to the acromion, on the upper portion of m. deltoideus.
When the arm is in full abduction, the point is in the depression appearing at the anterior border of the acromioclavicular joint. (See Fig. 62)
Indications: Pain in the shoulder and arm, motor impairment of the upper extremities, rubella, scrofula.
Method: Puncture perpendicularly or obliquely 0.8-1.5 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior circumflex artery and vein.
Innervation: The lateral supraclavicular nerve and axillary nerve.

16. Jugu (LI 16)
Location: In the upper aspect of the shoulder, in the depression between the acromial extremity of the clavicle and the scapular spine. (See Col. Fig. 2)
Indications: Pain and motor impairment of the upper extremities, pain in the shoulder and back.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Deeper, the suprascapular artery and vein.
Innervation: Superficially, the lateral supraclavicular nerve, the branch of the accessory nerve; deeper, the suprascapular nerve.

17. Tianding (LI 17)
Location: On the lateral side of the neck, 1 cun below Neck-Futu (LI 18), on the posterior border of m. sternocleidomastoideus. (See Col. Fig. 2)
Indications: Sudden loss of voice, sore throat, scrofula, goiter.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The external jugular vein.
Innervation: Superficially, the supraclavicular nerve. It is on the posterior border of m. sternocleidomastoideus just where the cutaneous cervical nerve emerges. Deeper, the phrenic nerve.

18. Futu (LI 18)
Location: On the lateral side of the neck, level with the tip of Adam’s apple, between the sternal head and clavicular head of m. sternocleidomastoideus. (See Col. Fig. 2)
Indications: Cough, asthma, sore throat, sudden loss of voice, scrofula, goiter.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Deeper, on the medial side, the ascending cervical artery and vein.
Innervation: The great auricular nerve, cutaneous cervical nerve, lesser occipital nerve and accessory nerve.

19. Kouheliao (LI 19)

Location: Right below the lateral margin of the nostril, 0.5 cun lateral to Renzhong (Shuigou, Du 26). (See Col. Fig. 2)
Indications: Nasal obstruction, epistaxis, deviation of the mouth.
Method: Puncture obliquely 0.2-0.3 inch.

Regional anatomy
Vasculature: The facial artery and vein, the branches of the infraorbital artery and vein.
Innervation: The anastomotic branch of the facial and infraorbital nerves.

20. Yingxiang (LI 20)

Location: In the nasolabial groove, at the level of the midpoint of the lateral border of ala nasi. (See Fig. 63)
Indications: Nasal obstruction, hypostasia, epistaxis, rhinorrhea, deviation of the mouth, itching and swelling of the face.
Method: Puncture obliquely or subcutaneously 0.3-0.5 inch.

Regional anatomy
Vasculature: The facial artery and vein, the branches of the infraorbital artery and vein.
Innervation: The anastomotic branch of the facial and infraorbital nerves.

III. THE STOMACH MERIDIAN OF FOOT-YANGMING

1. Chengqi (S 1)

Location: With the eyes looking straight forward, the point is directly below the pupil, between the eyeball and the infraorbital ridge. (See Fig. 64)
Indications: Redness, swelling and pain of the eye, lacrimation, night blindness, twitching of eyelids, facial paralysis.
Method: Push the eyeball upward with the left thumb and puncture perpendicularly and slowly 0.5-1.0 inch along the infraorbital ridge. It is not advisable to manipulate the needle with large amplitude.

Regional anatomy
Vasculature: The branches of the infraorbital and ophthalmic arteries and veins.
Innervation: The branch of the infraorbital nerve, the inferior branch of the oculomotor nerve and the muscular branch of the facial nerve.
2. **Sibai (S 2)**

Location: Below Chengqi (S 1), in the depression at the infraorbital foramen. (See Fig. 64)

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

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

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

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

3. **Juliao (S 3)**

Location: Directly below Sibai (S 2), at the level of the lower border of ala nasi, on the lateral side of the nasolabial groove. (See Fig. 64)

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

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

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

Innervation: The branches of the facial and infraorbital nerves.

4. **Dicang (S 4)**

Location: Lateral to the corner of the mouth, directly below Juliao (S 3). (See Fig. 64)

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

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

Regional anatomy
Vasculature: The facial artery and vein.

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

5. **Daying (S 5)**

Location: Anterior to the angle of mandible, on the anterior border of the attached portion of m. masseter, in the groove-like depression appearing when the cheek is bulged. (See Col. Fig: 3)

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

Method: Avoid puncturing the artery. Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Anteriorly, the facial artery and vein.
Innervation: The facial and buccal nerves.

6. Jiache (S 6)

Location: One finger-breadth anterior and superior to the lower angle of the mandible where m. masseter attaches at the prominence of the muscle when the teeth are clenched. (See Fig. 65)
Indications: Facial paralysis, toothache, swelling of the cheek and face, mumps, trismus.
Method: Puncture perpendicularly 0.3-0.5 inch, or subcutaneously with the tip of the needle directed towards Dicang (S 4). Moxibustion is applicable.
Regional anatomy
Vasculature: Superficially, the transverse facial artery and vein; in the deepest layer, the maxillary artery and vein.
Innervation: The zygomatic branch of the facial nerve and the branches of the auriculotemporal nerve.

7. Xiaguan (S 7)

Location: At the lower border of the zygomatic arch, in the depression anterior to the condylloid process of the mandible. This point is located with the mouth closed. (See Fig. 65)
Indications: Deafness, tinnitus, otorrhea, toothache, facial paralysis, pain of the face, motor impairment of the jaw.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Superficially, the transverse facial artery and vein; in the deepest layer, the maxillary artery and vein.
Innervation: The zygomatic branch of the facial nerve and the branches of the auriculotemporal nerve.

8. Touwei (S 8)

Location: 0.5 cun within the anterior hairline at the corner of the forehead, 4.5 cun lateral to Shenting (Du 24). (See Fig. 65)
Indications: Headache, blurring of vision, opthalmalgia, lacrimation.
Method: Puncture 0.5-1.0 inch subcutaneously.
Regional anatomy
Vasculature: The frontal branches of the superficial temporal artery and vein.
Innervation: The branch of the auriculo-temporal nerve and the temporal branch of the facial nerve.

9. Renying (S 9)

Location: Level with the tip of Adam’s apple, just on the course of the common
10. Shuitu (S 10)

Location: At the midpoint of the line joining Renying (S 9) and Qishe (S 11), on the anterior border of m. sternocleidomastoideus. (See Col. Fig. 3)
Indications: Sore throat, asthma, cough.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: Superiorly, the transverse cervical artery.
Innervation: Superficially, the intermedi-

11. Qishe (S 11)

Location: At the superior border of the sternal extremity of the clavicle, between the sternal head and clavicular head of m. sternocleidomastoideus. (See Col. Fig. 3)
Indications: Sore throat, pain and rigidity of the neck, asthma, hiccup, goiter.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Superficially, the anterior jugular vein; deeper, the common carotid artery.
Innervation: The medial supraclavicular nerve and the muscular branch of ansa hypoglossi.

12. Quepen (S 12)

Location: In the midpoint of the supraclavicular fossa, 4 cun lateral to Ren Meridian. (See Col. Fig. 3)
Indications: Cough, asthma, sore throat, pain in the supraclavicular fossa.
Method: Avoid puncturing the artery. Puncture perpendicularly 0.3-0.5 inch. Deep puncture is not advisable. Moxibustion is applicable.
Regional anatomy
Vasculature: Superiorly, the transverse cervical artery.
Innervation: Superficially, the intermed-

carotid artery, on the anterior border of m. sternocleidomastoideus. (See Fig. 66)
Indications: Sore throat, asthma, goiter, dizziness, flushing of the face.
Method: Avoid puncturing the common carotid artery, puncture perpendicularly 0.3-0.5 inch.

Regional anatomy
Vasculature: The superior thyroid artery on the bifurcation of the internal and the external carotid artery.
Innervation: Superficially, the cutaneous cervical nerve, the cervical branch of the facial nerve; deeper, the sympathetic trunk; laterally, the descending branch of the hypoglossal nerve and the vagus nerve.
ate supraclavicular nerve; deeper, the supraclavicular portion of brachial plexus.

13. Qihu (S 13)

Location: At the lower border of the middle of the clavicle, 4 cun lateral to the Ren Meridian. (See Col. Fig. 3)
Indications: Fullness in the chest, asthma, cough, hiccup, pain in the chest and hypochondrium.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the thoracoacromial artery and vein; superiorly, the subclavicular vein.
Innervation: The branches of the supraclavicular nerve and the anterior thoracic nerve.

14. Kufang (S 14)

Location: In the first intercostal space, 4 cun lateral to the Ren Meridian. (See Col. Fig. 3)
Indications: Sensation of fullness and pain in the chest, cough.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The thoracoacromial artery and vein and the branches of the lateral thoracic artery and vein.
Innervation: The branch of the anterior thoracic nerve.

15. Wuyi (S 15)

Location: In the second intercostal space, 4 cun lateral to the Ren Meridian (See Col. Fig. 3)
Indications: Fullness and pain in the chest and the costal region, cough, asthma, mastitis.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Kufang (S 14).
Innervation: On the course of the branch of m. pectoralis major derived from the anterior thoracic nerve.

16. Yingchuang (S 16)

Location: In the third intercostal space, 4 cun lateral to the Ren Meridian. (See Col. Fig. 3)
Indications: Fullness and pain in the chest and hypochondrium, cough, asthma, mastitis.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The lateral thoracic artery and vein.
Innervation: The branch of the anterior thoracic nerve.

17. Ruzhong (S 17)

Location: In the fourth intercostal space, in the centre of the nipple. (See Col. Fig. 3)
Acupuncture and moxibustion on this point are contraindicated. This point serves only as a landmark for locating points on the chest and abdomen.
Regional anatomy
Innervation: The anterior and lateral cutaneous branches of the fourth intercostal nerve.
18. Rugen (S 18)

Location: In the fifth intercostal space, directly below the nipple. (See Fig. 67)
Indications: Pain in the chest, cough, asthma, mastitis, insufficient lactation.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The branches of the intercostal artery and vein.
Innervation: The branch of the fifth intercostal nerve.

19. Burong (S 19)

Location: 6 cun above the umbilicus, 2 cun lateral to Juque (Ren 14). (Col. Fig. 3)
Indications: Abdominal distension, vomiting, gastric pain, anorexia.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The branches of the seventh intercostal artery and vein, the branches of the superior epigastric artery and vein.
Innervation: The branch of the seventh intercostal nerve.

20. Chengman (S 20)

Location: 5 cun above the umbilicus, 2 cun lateral to Shangwan (Ren 13). (See Col. Fig. 3)
Indications: Gastric pain, abdominal distension, vomiting, anorexia.
Method: Puncture perpendicularly 0.5-
1.0 inch. Moxibustion is applicable.
Regional anatomy: See Burong (S 19)

21. Liangmen (S 21)

Location: 4 cun above the umbilicus, 2 cun lateral to Zhongwan (Ren 12). (See Fig. 68)
Indications: Gastric pain, vomiting, anorexia, abdominal distension, diarrhea.
Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the eighth intercostal and superior epigastric arteries and veins.
Innervation: The branch of the eighth intercostal nerve.

22. Guanmen (S 22)

Location: 3 cun above the umbilicus, 2 cun lateral to Jianli (Ren 11). (Col. Fig. 3)
Indications: Abdominal distension and pain, anorexia, borborygmus, diarrhea, edema.
Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Liangmen (S 21)

23. Taiyi (S 23)

Location: 2 cun above the umbilicus, 2 cun lateral to Xiawan (Ren 10). (See Col. Fig. 3)
Indications: Gastric pain, irritability, mania, indigestion.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the eighth and ninth intercostal and inferior epigastric arteries and veins.
Innervation: The branches of the eighth and ninth intercostal nerves.

24. Huaroumen (S 24)

Location: 1 cun above the umbilicus, 2 cun lateral to Shuifen (Ren 9). (See Col. Fig. 3)
Indications: Gastric pain, vomiting, mania.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the ninth intercostal and inferior epigastric arteries and veins.
Innervation: The branch of the ninth intercostal nerve.

25. Tianshu (Front-Mu Point of the Large Intestine, S 25)

Location: 2 cun lateral to the centre of the umbilicus. (See Fig. 68)
Indications: Abdominal pain and distension, borborygmus, pain around the umbilicus, constipation, diarrhea, dysentery, irregular menstruation, edema.
Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the tenth intercostal and inferior epigastric arteries and veins.
Innervation: The branch of the tenth intercostal nerve.
26. **Wailing (S 26)**

Location: 1 cun below the umbilicus, 2 cun lateral to Yinjiao (Ren 7). (See Fig. 68)

Indications: Abdominal pain, hernia, dysmenorrhea.

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

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

Innervation: The eleventh intercostal nerve.

27. **Daju (S 27)**

Location: 2 cun below the umbilicus, 2 cun lateral to Shimen (Ren 5). (Col. Fig. 3)

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

28. **Shuidao (S 28)**

Location: 3 cun below the umbilicus, 2 cun lateral to Guanyuan (Ren 4). (See Col. Fig. 3)

Indications: Lower abdominal distension, retention of urine, edema, hernia, dysmenorrhea, sterility.
Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the subcostal artery and vein; laterally, the inferior epigastric artery and vein.
Innervation: A branch of the subcostal nerve.

29. Guilai (S 29)

Location: 4 cun below the umbilicus, 2 cun lateral to Zhongji (Ren 3). (See Fig. 68)
Indications: Abdominal pain, hernia, dysmenorrhea, irregular menstruation, amenorrhea, leucorrhea, prolapse of the uterus.
Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: Laterally, the inferior epigastric artery and vein.
Innervation: The iliohypogastric nerve.

30. Qichong (S 30)

Location: 5 cun below the umbilicus, 2 cun lateral to Qugu (Ren 2). (See Col. Fig. 3)
Indications: Abdominal pain, borborygmus, hernia, swelling and pain of the external genitalia, impotence, dysmenorrhea, irregular menstruation.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the superficial epigastric artery and vein. Laterally, the inferior epigastric artery and vein.
Innervation: The pathway of the ilioinguinal nerve.

31. Biguan (S 31)

Location: At the crossing point of the line drawn directly down from the anterior superior iliac spine and the line level with the lower border of the symphysis pubis, in the depression on the lateral side of m. sartorius when the thigh is flexed. (See Fig. 69)
Indications: Pain in the thigh, muscular atrophy, motor impairment, numbness and pain of the lower extremities.
Method: Puncture perpendicularly 1.0-1.5 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: Deeper, the branches of the lateral circumflex femoral artery and vein.
Innervation: The lateral femoral cutaneous nerve.
32. Futu (S 32)

Location: On the line connecting the anterior superior iliac spine and lateral border of the patella, 6 cun above the laterosuperior border of the patella, in m. rectus femoris. (See Col. Fig. 4)

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

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

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

Innervation: The anterior and lateral femoral cutaneous nerves.

33. Yinshi (S 33)

Location: When the knee is flexed, the point is 3 cun above the laterosuperior border of the patella, on the line joining the laterosuperior border of the patella and the anterior superior iliac spine. (See Col. Fig. 4)

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

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

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

Innervation: The anterior and lateral femoral cutaneous nerves.

34. Liangqiu (Xi-Cleft Point, S 34)

Location: When the knee is flexed, the point is 2 cun above the laterosuperior border of the patella. (See Fig. 69)

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

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

Regional anatomy: See Yinshi (S 33)

35. Dubi (S 35)

Location: When the knee is flexed, the point is at the lower border of the patella, in the depression lateral to the patellar ligament. (See Fig. 70)

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

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

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

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

36. Zusanli (He-Sea Point, S 36)

Location: 3 cun below Dubi (S 35), one finger-breadth from the anterior crest of the tibia, in m. tibialis anterior. (See Fig. 70)

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

Method: Puncture perpendicularly 0.5-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vascularature: The anterior tibial artery and vein.
Innervation: Superficially, the lateral sural cutaneous nerve and the cutaneous branch of the saphenous nerve; deeper, the deep peroneal nerve.

37. Shangjuxu (The Lower He-Sea Point of the Large Intestine, S 37)

Location: 3 cun below Zusanli (S 36), one finger-breadth from the anterior crest of the tibia, in m. tibialis anterior. (See Fig. 70)
Indications: Abdominal pain and distension, borborygmu, diarrhea, dysentery, constipation, enteritis, paralysis due to stroke, beriberi.
Method: Puncture perpendicularly 0.5-1.2 inches. Moxibustion is applicable.
Regional anatomy: See Zusanli (S 36)

38. Tiaokou (S 38)

Location: 2 cun below Shangjuxu (S 37), midway between Dubi (S 35) and Jiexi (S 41). (See Fig. 70.)
Indications: Numbness, soreness and pain of the knee and leg, weakness and motor impairment of the foot, pain and motor impairment of the shoulder, abdominal pain.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Zusanli (S 36)

39. Xiajuxu (The Lower He-Sea Point of the Small Intestine, S 39)

Location: 3 cun below Shangjuxu (S 37), one finger-breadth from the anterior crest of the tibia, in m. tibialis anterior. (See Fig. 70)
Indications: Lower abdominal pain, backache referring to the testis, mastitis, numbness and paralysis of the lower extremities.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vascularature: The anterior tibial artery and vein.
Innervation: The branches of the superficial peroneal nerve and the deep peroneal nerve.

40. Fenglong (Luo-Connecting Point, S 40)

Location: 8 cun superior to the external malleolus, about one finger-breadth lateral to Tiaokou (S 38). (See Fig. 70)
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Indications: Headache, dizziness and vertigo, cough, asthma, excessive sputum, pain in the chest, constipation, mania, epilepsy, muscular atrophy, motor impairment, pain, swelling or paralysis of the lower extremities.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the anterior tibial artery and vein.
Innervation: The superficial peroneal nerve.

41. Jiexi (Jing-River Point, S 41)

Location: On the dorsum of the foot, at the midpoint of the transverse crease of the ankle joint, in the depression between the tendons of m. extensor digitorum longus and hallucis longus, approximately at the level of the tip of the external malleolus. (See Fig. 71)

Indications: Pain of the ankle joint, muscular atrophy, motor impairment, pain and paralysis of the lower extremities, epilepsy, headache; dizziness and vertigo, abdominal distension, constipation.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The anterior tibial artery and vein.
Innervation: The superficial and deep peroneal nerves.

42. Chongyang (Yuan-Primary Point, S 42)

Location: Distal to Jiexi (S 41), at the highest point of the dorsum of the foot, in the depression between the second and third metatarsal bones and the cuneiform bone. (See Fig. 71)
Indications: Pain of the upper teeth, redness and swelling of the dorsum of the foot, facial paralysis, muscular atrophy and motor impairment of the foot.
Method: Avoid puncturing the artery. Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The dorsal artery and vein of foot, the dorsal venous network of foot.
Innervation: Superficially, the medial dorsal cutaneous nerve of foot derived from the superficial peroneal nerve; deeper, the deep peroneal nerve.

43. Xiangu (Shu-Stream Point, S 43)

Location: In the depression distal to the junction of the second and third metatarsal bones. (See Fig. 71)
Indications: Facial or general edema, abdominal pain, borborygmus, swelling and pain of the dorsum of the foot.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vascullature: The dorsal venous network of foot.
Innervation: The medial dorsal cutaneous nerve of foot.

44. Neiting (Ying-Spring Point, S 44)

Location: Proximal to the web margin between the second and third toes, in the depression distal and lateral to the second metatarsal joint. (See Fig. 71)
Indications: Toothache, pain in the face, deviation of the mouth, sore throat, epistaxis, gastric pain, acid regurgitation, abdominal distension, diarrhea, dysentry, constipation, swelling and pain of the dorsum of the foot, febrile diseases.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vascullature: The dorsal venous network of foot.
Innervation: Just where the lateral branch of the medial dorsal cutaneous nerve divides into dorsal digital nerves.

45. Lidui (Jing-Well Point, S 45)

Location: On the lateral side of the 2nd toe, 0.1 cun posterior to the corner of the nail. (See Fig. 71)
Indications: Facial swelling, deviation of the mouth, epistaxis, toothache, sore throat and hoarse voice, abdominal distension, coldness in the leg and foot, febrile diseases, dream-disturbed sleep, mania.
Method: Puncture subcutaneously 0.1 inch. Moxibustion is applicable.
Regional anatomy
Vascullature: The arterial and venous network formed by the dorsal digital artery and vein of foot.
Innervation: The dorsal digital nerve derived from the superficial peroneal nerve.

IV. THE SPLEEN MERIDIAN OF FOOT-TAIYIN

1. Yinbai (Jing-Well Point, Sp 1)

Location: On the medial side of the great toe, 0.1 cun posterior to the corner of the nail. (See Fig. 72)
Indications: Abdominal distension, bloody stools, menorrhagia, uterine bleeding, mental disorders, dream-disturbed sleep, convulsion.
Method: Puncture subcutaneously 0.1 inch. Moxibustion is applicable.
Regional anatomy
Vascullature: The dorsal digital artery.
Innervation: On the anastomosis of the dorsal digital nerve derived from the superficial peroneal nerve and the plantar digital proprius nerve.

2. Dadu (Ying-Spring Point, Sp 2)

Location: On the medial side of the great toe, distal and inferior to the first metatarsal joint, at the junction of the red and white skin. (See Fig. 72)
Indications: Abdominal distension, gastric pain, constipation, febrile diseases with anhidrosis.
Method: Puncture perpendicularly 0.1-0.3 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the medial plantar artery and vein.
Innervation: The plantar digital proprial nerve derived from the medial plantar nerve.

3. Taibai (Shu-Stream and Yuan-Primary Point, Sp 3)
Location: Proximal and inferior to the head of the first metatarsal bone, at the junction of the red and white skin. (See Fig. 72)
Indications: Gastric pain, abdominal distension, constipation, dysentery, vomiting, diarrhea, borborygmus, sluggishness, beriberi.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial tarsal artery and the dorsal venous network of the foot.
Innervation: The saphenous nerve and the branch of the superficial peroneal nerve.

4. Gongsun (Luo-Connecting Point, Confluent Point, Sp 4)
Location: In the depression distal and inferior to the base of the first metatarsal bone, at the junction of the red and white skin. (See Fig. 72)
Indications: Gastric pain, vomiting, abdominal pain and distension, diarrhea, dysentery, borborygmus.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial tarsal artery and the dorsal venous network of the foot.
Innervation: The saphenous nerve and the branch of the superficial peroneal nerve.

5. Shangqiu (Jing-River Point, Sp 5)
Location: In the depression distal and inferior to the medial malleolus, midway between the tuberosity of the navicular bone and the tip of the medial malleolus. (See Fig. 72)
Indications: Abdominal distension, constipation, diarrhea, borborygmus, pain and rigidity of the tongue, pain in the foot and ankle, hemorrhoid.
Method: Puncture perpendicularly 0.2-0.3 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial tarsal artery and the great saphenous vein.
Innervation: The medial crural cutaneous nerve and the branch of the superficial peroneal nerve.

6. Sanyinjiao (Sp 6)

Location: 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. (See Fig. 73)
Indications: Abdominal pain, borborygmus, abdominal distension, diarrhea, dysmenorrhea, irregular menstruation, uterine bleeding, morbid leukorrhea, prolapse of the uterus, sterility, delayed labour, nocturnal emission, impotence, enuresis, dysuria, edema, hernia, pain in the external genitalia, muscular atrophy, motor impairment, paralysis and pain of the lower extremities, headache, dizziness and vertigo, insomnia.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable. Acupuncture on this point is contraindicated in pregnant women.
Regional anatomy
Vasculature: The great saphenous vein, the posterior tibial artery and vein.
Innervation: Superficially, the medial crural cutaneous nerve; deeper, in the posterior aspect, the tibial nerve.

7. Lougu (Sp 7)

Location: 3 cun above Sanyinjiao (Sp 6) on the line joining the tip of the medial malleolus and Yinlingquan (Sp 9). (See Fig. 73)
Indications: Abdominal distension, borborygmus, coldness, numbness and paralysis of the knee and leg.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Sanyinjiao (Sp 6).

8. Diji (Xi-Cleft Point, Sp 8)

Location: 3 cun below Yinlingquan (Sp 9), on the line connecting Yinlingquan (Sp 9) and the medial malleolus. (See Fig. 73)
Indications: Abdominal pain and distension, diarrhea, edema, dysuria, nocturnal emission, irregular menstruation, dysmenorrhea.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculation: Anteriorly, the great saphenous vein and the branch of the genu suprema artery; deeper, the posterior tibial artery and vein.
Innervation: See Sanyinjiao (Sp 6).

9. **Yinlingquan (He-Sea Point, Sp 9)**

Location: On the lower border of the medial condyle of the tibia, in the depression on the medial border of the tibia. (See Fig. 73)
Indications: Abdominal pain and distension, diarrhea, dysentery, edema, jaundice, dysuria, enuresis, incontinence of urine, pain in the external genitalia, dysmenorrhea, pain in the knee.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: Anteriorly, the great saphenous vein, the genu suprema artery; deeper, the posterior tibial artery and vein.
Innervation: Superficially, the medial crural cutaneous nerve; deeper, the tibial nerve.

10. **Xuehai (Sp 10)**

Location: When the knee is flexed, the point is 2 cun above the mediusuperior border of the patella, on the bulge of the medial portion of m. quadriceps femoris. Or when the patient’s knee is flexed, cup your right palm to his left knee, with the thumb on the medial side and with the other four fingers directed proximally, and the thumb forming an angle of 45° with the index finger. The point is where the tip of your thumb rests. (See Fig. 74)
Indications: Irregular menstruation, dysmenorrhea, uterine bleeding, amenorrhea, urticaria, eczema, erysipelas, pain in the medial aspect of the thigh.
Method: Puncture perpendicularly 0.5-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculation: The muscular branches of the femoral artery and vein.
Innervation: The anterior femoral cutaneous nerve and the muscular branch of the femoral nerve.

11. **Jimen (Sp 11)**

Location: 6 cun above Xuehai (Sp 10), on the line drawn from Xuehai (Sp 10) to Chongmen (Sp 12). (See Col. Fig. 5)
Indications: Dysuria, enuresis, pain and swelling in the inguinal region, muscular atrophy, motor impairment, pain and paralysis of the lower extremities.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Superficially, the great saphenous vein; deeper on the lateral side, the femoral artery and vein.
Innervation: The anterior femoral cutaneous nerve; deeper, the saphenous nerve.

12. Chongmen (Sp 12)

Location: Superior to the lateral end of the inguinal groove, on the lateral side of the femoral artery, at the level of the upper border of symphysis pubis, 3.5 cun lateral to Qugu (Ren 2). (See Col. Fig. 6)
Indications: Abdominal pain, hernia, dysuria.
Method: Avoid puncturing the artery. Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: On the medial side, the femoral artery.
Innervation: Just where the femoral nerve traverses.

13. Fushe (Sp 13)

Location: 0.7 cun laterosuperior to Chongmen (Sp 12), 4 cun lateral to the Ren Meridian. (See Col. Fig. 6)
Indications: Lower abdominal pain, hernia.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Innervation: The ilioinguinal nerve.

14. Fujie (Sp 14)

Location: 1.3 cun below Daheng (Sp 15), 4 cun lateral to the Ren Meridian, on the lateral side of m. rectus abdominis. (See Col. Fig. 6)
Indications: Pain around the umbilical region, abdominal distension, hernia, diarrhea, constipation.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The eleventh intercostal artery and vein.
Innervation: The eleventh intercostal nerve.

15. Daheng (Sp 15)

Location: 4 cun lateral to the center of the umbilicus, lateral to m. rectus abdominis. (See Fig. 75)
Indications: Abdominal pain and distension, diarrhea, dysentery, constipation.
Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The tenth intercostal artery and vein.
Innervation: The tenth intercostal nerve.

16. Fuai (Sp 16)

Location: 3 cun above Daheng (Sp 15), 4 cun lateral to Jianli (Ren 11). (Col. Fig. 6)
Indications: Abdominal pain, indigestion, constipation, dysentery.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The eighth intercostal artery and vein.
Innervation: The eighth intercostal nerve.
17. **Shidou (Sp 17)**

Location: In the fifth intercostal space, 6 cun lateral to the Ren Meridian. (See Col. Fig. 6)

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

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

Regional anatomy
Vasculature: The thoracoepigastric vein.
Innervation: The lateral cutaneous branch of the fifth intercostal nerve.

18. **Tianxi (Sp 18)**

Location: In the fourth intercostal space, 6 cun lateral to the Ren Meridian. (See Col. Fig. 6)

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

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

Regional anatomy
Vasculature: The branches of the lateral thoracic artery and vein, the thoracoepigastric artery and vein, the fourth intercostal artery and vein.
Innervation: The lateral cutaneous branch of the fourth intercostal nerve.

19. **Xiongxiang (Sp 19)**

Location: In the third intercostal space, 6 cun lateral to the Ren Meridian. (See Col. Fig. 6)

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

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

Regional anatomy
Vasculature: The lateral thoracic artery and vein, the third intercostal artery and vein.
Innervation: The lateral cutaneous branch of the third intercostal nerve.

20. **Zhourong (Sp 20)**

Location: In the second intercostal space, 6 cun lateral to the Ren Meridian. (See Col. Fig. 6)

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

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

Regional anatomy

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

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

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21. **Dabao (Major Luo-Connecting Point of the Spleen, Sp 21)**

Location: On the mid-axillary line, 6 cun below the axilla, midway between the axilla and the free end of the eleventh rib. (See Col. Fig. 6)

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

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

Regional anatomy

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

Innervation: The seventh intercostal nerve and the terminal branch of the long thoracic nerve.
Chapter 8

ACUPUNCTURES OF THE SHAOYIN AND TAIYANG MERIDIAN

The Heart Meridian of Hand-Shaoyin going from the chest to the hand and the Small Intestine Meridian of Hand-Taiyang going from the hand to the head are exteriorly and interiorly related, so are the Bladder Meridian of Foot-Taiyang running from the head to the foot and the Kidney Meridian of Foot-Shaoyin running from the foot to the abdomen (chest). The four meridians are mainly distributed on the extremities and in the posterior aspect of the trunk. Their acupoints are described as follows:

I. THE HEART MERIDIAN OF HAND-SHAOYIN

1. Jiquan (H 1)

Location: When the upper arm is abducted, the point is in the centre of the axilla, on the medial side of the axillary artery. (See Col. Fig. 7)

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

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

Regional anatomy
Vasculature: Laterally, the axillary artery.
Innervation: The ulnar nerve, median nerve and medial brachial cutaneous nerve.

2. Qingling (H 2)

Location: When the elbow is flexed, the point is 3 cun above the medial end of the transverse cubital crease (Shaohai H 3), in the groove medial to m. biceps brachii. (See Col. Fig. 7)

Indications: Pain in the cardiac and hypochondriac regions, shoulder and arm.

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

Regional anatomy
Vasculature: The basilic vein, the superior ulnar collateral artery.
Innervation: The medial antebrachial cutaneous nerve, the medial brachial cutaneous nerve and the ulnar nerve.

3. Shaohai (He-Sea Point, H 3)

Location: When the elbow is flexed into a right angle, the point is in the depression between the medial end of the transverse
cubital crease and the medial epicondyne of the humerus. (See Fig. 76)

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

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

Regional anatomy
Vasculature: The basilic vein, the inferior ulnar collateral artery, the ulnar recurrent artery and vein.
Innervation: The medial antebrachial cutaneous nerve.

4. Lingdao (Jing-River Point, H 4)

Location: When the palm faces upward, the point is on the radial side of the tendon of m. flexor carpi ulnaris, 1.5 cun above the transverse crease of the wrist. (See Fig. 76)

Indications: Cardiac pain, spasmodic pain of the elbow and arm, sudden loss of voice.

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

Regional anatomy
Vasculature: The ulnar artery.
Innervation: The medial antebrachial cutaneous nerve; on the ulnar side, the ulnar nerve.

5. Tongli (Luo-Connecting Point, H 5)

Location: When the palm faces upward, the point is on the radial side of the tendon of m. flexor carpi ulnaris, 1.5 cun above the transverse crease of the wrist. (See Fig. 76)

Indications: Palpitation, dizziness, blurring of vision, sore throat, sudden loss of voice, aphasia with stiffness of the tongue, pain in the wrist and elbow.

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

Regional anatomy: See Lingdao (H 4).

6. Yinxi (Xi-Cleft Point, H 6)

Location: When the palm faces upward, the point is on the radial side of the tendon of m. flexor carpi ulnaris, 0.5 cun above the transverse crease of the wrist. (See Fig. 76)

Indications: Cardiac pain, hysteria, night sweating, hemoptyis, epistaxis, sudden loss of voice.

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

Regional anatomy: See Lingdao (H 4).
7. Shenmen (Shu-Stream and Yuan-Primary Point, H 7)

Location: At the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of m. flexor carpi ulnaris. (See Fig. 76)

Indications: Cardiac pain, irritability, palpitation, hysteria, amnesia, insomnia, mania, epilepsy, dementia, pain in the hypochondriac region, feverish sensation in the palm, yellowish sclera.

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

Regional anatomy: See Lingdao (H 4).

8. Shaofu (Ying-Spring Point, H 8)

Location: When the palm faces upward, the point is between the fourth and fifth metacarpal bones. When a fist is made, the point is where the tip of the little finger rests. (See Fig. 77)

Indications: Palpitation, pain in the chest, spasmodic pain of the little finger, feverish sensation in the palm, enuresis, dysuria, pruritus of the external genitalia.

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

Regional anatomy

Vasculature: The common palmar digital artery and vein.

Innervation: The fourth common palmar digital nerve derived from the ulnar nerve.

9. Shaochong (Jing-Well Point, H 9)

Location: On the radial side of the little finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 77)

Indications: Palpitation, cardiac pain, pain in the chest and hypochondriac regions, mania, febrile diseases, loss of consciousness.

Method: Puncture subcutaneously 0.1 inch, or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy

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

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

II. THE SMALL INTESTINE MERIDIAN OF HAND-TAIYANG

1. Shaoze (Jing-Well Point, SI 1)

Location: On the ulnar side of the little finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 78)

Indications: Headache, febrile diseases, loss of consciousness, insufficient lactation,
sore throat, redness of the eye, cloudiness of the cornea.

Method: Puncture subcutaneously 0.1 inch, or prick the point to cause bleeding. Moxibustion is applicable.

Regional anatomy
Vascular: The arterial and venous network formed by the palmar digital proprial artery and vein and the dorsal digital artery and vein.
Innervation: The palmar digital proprial nerve and the dorsal digital nerve derived from the ulnar nerve.

2. Qiangu (Ying-Spring Point, SI 2)

Location: When a loose fist is made, the point is on the ulnar side, distal to the fifth metacarpophalangeal joint, at the junction of the red and white skin. (See Fig. 78)
Indications: Numbness of the fingers, febrile diseases, tinnitus, headache, reddish urine.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vascular: The dorsal digital artery and vein arising from the palmar digital proprial and dorsal digital artery and vein.
Innervation: The palmar digital proprial nerve and dorsal digital nerve derived from the ulnar nerve.

3. Houxi (Shu-Stream Point, One of the Eight Confluent Points, SI 3)

Location: When a loose fist is made, the point is on the ulnar side, proximal to the fifth metacarpophalangeal joint, at the end of the transverse crease and the junction of the red and white skin. (See Fig. 78)

4. Wangu (Yuan-Primary Point, SI 4)

Location: On the ulnar side of the palm, in the depression between the base of the fifth metacarpal bone and the triquetral bone. (See Fig. 78)
Indications: Febrile diseases with anhidrosis, headache, rigidity of the neck,
contracture of the fingers, pain in the wrist, jaundice.

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

Regional anatomy
Vasculature: The posterior carpal artery (the branch of the ulnar artery), the dorsal venous network of the hand.
Innervation: The dorsal branch of the ulnar nerve.

5. Yanggu (Jing-River Point, S I 5)

Location: At the ulnar end of the transverse crease on the dorsal aspect of the wrist, in the depression between the styloid process of the ulna and the triquetral bone. (See Fig. 78)
Indications: Swelling of the neck and submandibular region, pain of the hand and wrist, febrile diseases.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior carpal artery.
Innervation: The dorsal branch of the ulnar nerve.

6. Yanglao (Xi-Cleft Point, S I 6)

Location: Dorsal to the head of the ulna. When the palm faces the chest, the point is in the bony cleft on the radial side of the styloid process of the ulna. (See Figs. 78 and 79)
Indications: Blurring of vision, pain in the shoulder, elbow and arm.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The terminal branches of the posterior interosseous artery and vein, the dorsal venous network of the wrist.
Innervation: The anastomotic branches of the posterior antebrachial cutaneous nerve and the dorsal branch of the ulnar nerve.

7. Zhizheng (Luo-Connecting Point, S I 7)

Location: On the line joining Yanggu (S I 5) and Xiaohai (S I 8), 5 cun above Yanggu (S I 5). (See Fig. 80)
Indications: Neck rigidity, headache, dizziness, spasmodic pain in the elbow and fingers, febrile diseases, mania.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vascularity: The superior and inferior ulnar collateral arteries and veins, the ulnar recurrent artery and vein.
Innervation: The branches of the medial antebrachial cutaneous nerve, the ulnar nerve.

9. Jianzhen (SI 9)

Location: Posterior and inferior to the shoulder joint. When the arm is adducted, the point is 1 cun above the posterior end of the axillary fold. (See Fig. 82)
Indications: Pain in the scapular region, motor impairment of the hand and arm.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vascularity: The circumflex scapular artery and vein.
Innervation: The branch of the axillary

8. Xiaohai (He-Sea Point, SI 8)

Location: When the elbow is flexed, the point is located in the depression between the olecranon of the ulna and the medial epicondyle of the humerus. (See Figs. 80 and 81)
Indications: Headache, swelling of the cheek, pain in the nape, shoulder, arm and elbow, epilepsy.
nerve; deeper in the superior aspect, the radial nerve.

10. **Naoshu (SI 10)**

Location: When the arm is adducted, the point is directly above Jianzhen (SI 9), in the depression inferior to the scapular spine. (See Fig. 82)

Indications: Swelling of the shoulder, aching and weakness of the shoulder and arm.

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

Regional anatomy
Vasculature: The posterior circumflex humeral artery and vein; deeper, the suprascapular artery and vein.

Innervation: The posterior cutaneous nerve of the arm, the axillary nerve; deeper, the suprascapular nerve.

11. **Tianzong (SI 11)**

Location: In the infrascapular fossa, at the junction of the upper and middle third of the distance between the lower border of the scapular spine and the inferior angle of the scapula. (See Fig. 82)

Indications: Pain in the scapular region, pain in the lateroposterior aspect of the elbow and arm, asthma.

Method: Puncture perpendicularly or obliquely 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The muscular branches of the circumflex scapular artery and vein.

Innervation: The suprascapular nerve.

12. **Bingfeng (SI 12)**

Location: In the centre of the suprascapular fossa, directly above Tian-
13. Quyuan (S I 13)

Location: On the medial extremity of the suprascapular fossa, about midway between Naoshu (S I 10) and the spinous process of the second thoracic vertebra. (See Fig. 82)

Indications: Pain and stiffness of the scapular region.

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

Regional anatomy
Vasculature: Superficially, the descending branches of the transverse cervical artery and vein; deeper, the muscular branch of the suprascapular artery and vein.

Innervation: Superficially, the lateral branch of the posterior ramus of the second thoracic nerve, the accessory nerve; deeper, the muscular branch of the suprascapular nerve.

14. Jianwaishu (S I 14)

Location: 3 cun lateral to the lower border of the spinous process of the first thoracic vertebra where Taodao (Du 13) is located. (See Fig. 82 )

Indications: Aching of the shoulder and back, pain and rigidity of the neck.

Method: Puncture obliquely 0.3-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: Deeper, the transverse cervical artery and vein.

Innervation: Superficially, the medial cutaneous branches of the posterior rami of the first and second thoracic nerves, the accessory nerve; deeper, the dorsal scapular nerve.

15. Jianzhongshu (S I 15)

Location: 2 cun lateral to the lower border of the spinous process of the seventh cervical vertebra (Dazhui, Du 14). (See Fig. 82)

Indications: Cough, asthma, pain in the shoulder and back, hemoptyysis.

Method: Puncture obliquely 0.3-0.6 inch. Moxibustion is applicable.

Regional anatomy: See Jianwaishu (S I 14).

16. Tianchuang (S I 16)

Location: In the lateral aspect of the neck, in the posterior border of m. sternocleidomastoideus, posterosuperior to Futu (L I 18). (See Col. Fig. 8)

Indications: Sore throat, sudden loss of voice, deafness, tinnitus, stiffness and pain of the neck.

Method: Puncture perpendicularly 0.3-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The ascending cervical artery.
Innervation. The cutaneous cervical nerve, the emerging portion of the great auricular nerve.

17. Tianrong (SI 17)

Location: Posterior to the angle of mandible, in the depression on the anterior border of m. sternocleidomastoideus. (See Fig. 83)
Indications: Deafness, tinnitus, sore throat, swelling of the cheek, foreign body sensation in the throat, goiter.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Anteriorly, the external jugular vein; deeper, the internal carotid artery and internal jugular vein.
Innervation: Superficially, the anterior branch of the great auricular nerve, the cervical branch of the facial nerve; deeper, the superior cervical ganglion of the sympathetic trunk.

18. Quanliao (SI 18)

Location: Directly below the outer canthus, in the depression on the lower border of zygoma. (See Fig. 84)
Indications: Facial paralysis, twitching of eyelids, pain in the face, toothache, swelling of the cheek, yellowish sclera.
Method: Puncture perpendicularly 0.5-0.8 inch.
Regional anatomy
Vasculature: The branches of the transverse facial artery and vein.
Innervation: The facial and infraorbital nerves.

19. Tinggong (SI 19)

Location: Anterior to the tragus and posterior to the condyloid process of the
mandible, in the depression formed when the mouth is open. (See Fig. 84)

Indications: Deafness, tinnitus, otorrhea, motor impairment of the mandibular joint, toothache.

Method: Puncture perpendicularly 0.5-1.0 inch when the mouth is open. Moxibustion is applicable.

Regional anatomy
Vasculature: The auricular branches of the superficial temporal artery and vein.
Innervation: The branch of the facial nerve, the auriculotemporal nerve.

III. THE BLADDER MERIDIAN OF FOOT-TAIYANG

1. Jingming (B 1)

Location: 0.1 cun superior to the inner canthus. (See Fig. 85)

Indications: Redness, swelling and pain of the eye, itching of the canthus, lacrimation, night blindness, colour blindness, blurring of vision, myopia.

Method: Ask the patient to close his eyes when pushing gently the eyeball to the lateral side. Puncture slowly perpendicularly 0.3-0.7 inch along the orbital wall. It is not advisable to twist or lift and thrust the needle vigorously. To avoid bleeding, press the puncturing site for a few seconds after withdrawal of the needle. Moxibustion is forbidden.

Regional anatomy
Vasculature: The angular artery and vein, deeper, superiorly, the ophthalmic artery and vein.
Innervation: Superficially, the supra-trochlear and infra-trochlear nerves; deeper, the branches of the oculomotor nerve, the ophthalmic nerve.

2. Zanzhu (B 2)

Location: On the medial extremity of the eyebrow, or on the supraorbital notch. (See Fig. 85)
Indications: Headache, blurring and failing of vision, pain in the supraorbital region, lacrimation, redness, swelling and pain of the eye, twitching of eyelids, glaucoma.

Method: Puncture subcutaneously 0.3-0.5 inch, or prick with three-edged needle to cause bleeding.

Regional anatomy
Vasculature: The frontal artery and vein.
Innervation: The medial branch of the frontal nerve.

3. Meichong (B 3)

Location: Directly above the medial end of the eyebrow, 0.5 cun within the anterior hairline, between Shenting (Du 24) and Quchai (B 4). (See Col. Fig. 9)

Indications: Headache, giddiness, epilepsy, nasal obstruction.

Method: Puncture subcutaneously 0.3-0.5 inch.

Regional anatomy: See Zanzhu (B 2).

4. Quchai (B 4)

Location: 1.5 cun lateral to Shenting (Du 24) at the junction of the medial third and lateral two-thirds of the distance from Shenting (Du 24) to Touwei (S 8). (See Col. Fig. 9)

Indications: Headache, nasal obstruction, epistaxis, blurring and failing of vision.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The frontal artery and vein.
Innervation: The lateral branch of the frontal nerve.

5. Wuchu (B 5)

Location: 1.5 cun lateral to Shangxing (Du 23), or 0.5 cun directly above Quchai (B 4). (See Col. Fig. 9)

Indications: Headache, blurring of vision, epilepsy, convulsion.

Method: Puncture subcutaneously 0.3-0.5
inch. Moxibustion is applicable.
Regional anatomy: See Quchai (B 4).

6. Chengguang ( B 6)

Location: 1.5 cun posterior to Wuchu (B 5), 1.5 cun lateral to the Du Meridian. (See Col. Fig. 9)
Indications: Headache, blurring of vision, nasal obstruction.
Method: Puncture subcutaneously 0.3-0.5 inch.
Regional anatomy
Vasculature: The anastomotic network of the frontal artery and vein, the superficial temporal artery and vein, the occipital artery and vein.
Innervation: The anastomotic branch of the lateral branch of the frontal nerve and the great occipital nerve.

7. Tongtian (B 7)

Location: 1.5 cun posterior to Chengguang (B 6), 1.5 cun lateral to the Du Meridian. (See Col. Fig. 9)
Indications: Headache, giddiness, nasal obstruction, epistaxis, rhinorrhea.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The superficial temporal artery and vein and the occipital artery and vein.
Innervation: The anastomotic branch of the lateral branch of the frontal nerve and the great occipital nerve.

8. Luoque (B 8)

Location: 1.5 cun posterior to Tongtian (B 7), 1.5 cun lateral to the Du Meridian. (See Col. Fig. 9)

9. Yuzhen (B 9)

Location: 1.3 cun lateral to Naohu (Du 17), on the lateral side of the superior border of the external occipital protuberance. (See Col. Fig. 9)
Indications: Headache and neck pain, dizziness, ophthalmalgia, nasal obstruction.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The occipital artery and vein.
Innervation: The branch of the great occipital nerve.

10. Tianzhu (B 10)

Location: 1.3 cun lateral to Yamen (Du 15), in the depression on the lateral aspect of m. trapezius. (See Col. Fig. 9)
Indications: Headache, nasal obstruction, sore throat, neck rigidity, pain in the shoulder and back.
Method: Puncture perpendicularly 0.5-0.8 inch.
Regional anatomy
Vasculature: The occipital artery and vein.
Innervation: The great occipital nerve.
11. Dazhu (Influential Point of Bone, B 11)

Location: 1.5 cun lateral to Taodao (Du 13), at the level of the lower border of the spinous process of the first thoracic vertebra.

Indications: Headache, pain in the neck and back, pain and soreness in the scapular region, cough, fever, neck rigidity.

Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the first and second thoracic nerves; deeper, their lateral cutaneous branches.

12. Fengmen (B 12)

Location: 1.5 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the second thoracic vertebra. (See Fig. 86)

Indications: Common cold, cough, fever and headache, neck rigidity, backache.

Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: Superficially, the medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral cutaneous branches.

13. Feishu (Back-Shu Point of the Lung, B 13)

Location: 1.5 cun lateral to Shenzhu (Du 12), at the level of the lower border of the spinous process of the third thoracic vertebra. (See Fig. 86)

Indications: Cough, asthma, chest pain, spitting of blood, afternoon fever, night sweating.

Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the third and fourth thoracic nerves; deeper, their lateral branches.

14. Jueyinshu (Back-Shu Point of the Pericardium, B 14)

Location: 1.5 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the fourth thoracic vertebra. (See Col. Fig. 9)

Indications: Cough, cardiac pain, palpitation, stuffy chest, vomiting.

Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the third or fifth thoracic nerves; deeper, their lateral branches.
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Fig. 86

15. Xinshu (Back-Shu Point of the Heart, B 15)

Location: 1.5 cun lateral to Shendao (Du 11), at the level of the lower border of the spinous process of the fifth thoracic vertebra. (See Fig. 86)

Indications: Cardiac pain, panic, loss of memory, palpitation, cough, spitting of blood, nocturnal emission, night sweating, mania, epilepsy.

Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The medial cutaneous
branches of the posterior branches of the intercostal artery and vein.
Innervation: The medial cutaneous branches of the posterior rami of the fifth and sixth thoracic nerves; deeper, their lateral branches.

16. Dushu (B 16)

Location: 1.5 cun lateral to Lingtai (Du 10), at the level of the lower border of the spinous process of the sixth thoracic vertebra. (See Col. Fig. 9)
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial branches of the posterior branches of the intercostal artery and vein, the descending branch of the transverse cervical artery.
Innervation: The dorsal scapular nerve, the medial cutaneous branches of the posterior rami of the sixth and seventh thoracic nerves; deeper, their lateral branches.

17. Geshu (Influential Point of Blood, B 17)

Location: 1.5 cun lateral to Zhiyang (Du 9), at the level of the lower border of the spinous process of the seventh thoracic vertebra. (See Fig. 86)
Indications: Vomiting, hiccup, belching, difficulty in swallowing, asthma, cough, spitting of blood, afternoon fever, night sweating, measles.
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.
Innervation: The medial cutaneous branches of the posterior rami of the seventh and eighth thoracic nerves; deeper, their lateral branches.

18. Ganshu (Back-Shu Point of the Liver, B 18)

Location: 1.5 cun lateral to Jinsuo (Du 8), at the level of the lower border of the spinous process of the ninth thoracic vertebra. (See Fig. 86)
Indications: Jaundice, pain in the hypochondriac region, redness of the eye, blurring of vision, night blindness, mental disorders, epilepsy, backache, spitting of blood, epistaxis.
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial branches of the posterior branches of the intercostal artery and vein.
Innervation: The medial cutaneous branches of the posterior rami of the sixth and seventh thoracic nerves; deeper, their lateral branches.

19. Danshu (Back-Shu Point of the Gallbladder, B 19)

Location: 1.5 cun lateral to Zhongshu (Du 7), at the level of the lower border of the spinous process of the tenth thoracic vertebra. (See Fig. 86)
Indications: Jaundice, bitter taste of the mouth, pain in the chest and hypochondriac region, pulmonary tuberculosis, afternoon fever.
Method: Puncture obliquely 0.5-0.8 inch. Moxibustion is applicable.

Regional anatomy
Musculature: M. latissimus dorsi, the site between m. longissimus and m. iliocostalis.
Vascularity: The medial branches of the posterior branches of the intercostal artery and vein.
Innervation: The medial cutaneous branches of the posterior rami of the tenth and eleventh thoracic nerves; deeper, their lateral branches.

20. Pishu (Back-Shu Point of the Spleen, B 20)

Location: 1.5 cun lateral to Jizhong (Du 6), at the level of the lower border of the spinous process of the eleventh thoracic vertebra. (See Fig. 86)
Indications: Epigastric pain, abdominal distension, jaundice, vomiting, diarrhea, dysentery, bloody stools, profuse menstruation, edema, anorexia, backache.
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vascularity: The medial branches of the posterior branches of the intercostal artery and vein.
Innervation: The medial cutaneous branches of the posterior rami of the tenth and eleventh thoracic nerves; deeper, their lateral branches.

21. Weishu (Back-Shu Point of the Stomach, B 21)

Location: 1.5 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the twelfth thoracic vertebra. (See Fig. 86)

Indications: Pain in the chest and hypochondriac and epigastric regions, anorexia, abdominal distension, borborygmus, diarrhea, nausea, vomiting.
Method: Puncture obliquely 0.5-0.8 inch. Moxibustion is applicable.

Regional anatomy
Vascularity: The medial branches of the posterior branches of the subcostal artery and vein.
Innervation: The medial cutaneous branch of the posterior ramus of the twelfth thoracic nerve; deeper, its lateral branch.

22. Sanjiao (Back-Shu Point of Sanjiao, B 22)

Location: 1.5 cun lateral to Xuanshu (Du 5), at the level of the lower border of the spinous process of the first lumbar vertebra. (See Fig. 86)
Indications: Borborygmus, abdominal distension, indigestion, vomiting, diarrhea, dysentery, edema, pain and stiffness of the lower back.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vascularity: The posterior branches of the first lumbar artery and vein.
Innervation: The lateral cutaneous branch of the posterior ramus of the tenth thoracic nerve; deeper, the lateral branch of the posterior ramus of the first lumbar nerve.

23. Shenshu (Back-Shu Point of the Kidney, B 23)

Location: 1.5 cun lateral to Mingmen (Du 4), at the level of the lower border of the
spinous process of the second lumbar vertebra. (See Fig. 86)
Indications: Nocturnal emission, impotence, enuresis, irregular menstruation, leukorrhea, low back pain, weakness of the knee, blurring of vision, dizziness, tinnitus, deafness, edema, asthma, diarrhea.
Method: Puncture perpendicularly 1-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the second lumbar artery and vein.
Innervation: The lateral branch of the posterior ramus of the first lumbar nerve; deeper, its lateral branch.

24. Qihaishu (B 24)

Location: 1.5 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the third lumbar vertebra. (See Col. Fig. 9)
Indications: Low back pain, irregular menstruation, dysmenorrhea, asthma.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branch of the third lumbar artery and vein.
Innervation: The lateral cutaneous branch of the posterior ramus of the second lumbar nerve.

25. Dachangshu (Back-Shu Point of the Large Intestine, B 25)

Location: 1.5 cun lateral to Yaoyangguan (Du 3), at the level of the lower border of the spinous process of the fourth lumbar vertebra. (See Fig. 86)
Indications: Lower abdominal pain and distension, dysentery, nocturnal emission, hematuria, enuresis, morbid leukorrhea, lower back pain, sciatica.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.

26. Guanyuanshu (B 26)

Location: 1.5 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the fifth lumbar vertebra. (See Col. Fig. 9)
Indications: Low back pain, abdominal distension, diarrhea, enuresis, sciatica, frequent urination.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lowest lumbar artery and vein.
Innervation: The posterior ramus of the fifth lumbar nerve.

27. Xiaochangshu (Back-Shu Point of the Small Intestine, B 27)

Location: 1.5 cun lateral to the Du Meridian, at the level of the first posterior sacral foramen. (See Fig. 86)
Indications: Lower abdominal pain and distension, dysentery, nocturnal emission, hematuria, enuresis, morbid leukorrhea, lower back pain, sciatica.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein.
Innervation: The lateral branch of the posterior ramus of the first sacral nerve.

28. **Pangguangshu (Back-Shu Point of the Bladder, B 28)**

Location: 1.5 cun lateral to the Du Meridian, at the level of the second posterior sacral foramen. (See Fig. 86)
Indications: Retention of urine, enuresis, frequent urination, diarrhea, constipation, stiffness and pain of the lower back. (See Fig. 86)
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein.
Innervation: The lateral branches of the posterior rami of the first and second sacral nerves.

29. **Zhonglushu (B 29)**

Location: 1.5 cun lateral to the Du Meridian, at the level of the third posterior sacral foramen. (See Col. Fig. 9)
Indications: Dysentery, hernia, stiffness and pain of the lower back.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein, the branches of the inferior gluteal artery and vein.
Innervation: The lateral branches of the posterior rami of the third and fourth sacral nerves.

30. **Baihuanshu (B 30)**

Location: 1.5 cun lateral to the Du Meridian, at the level of the fourth posterior sacral foramen. (See Col. Fig. 9)
Indications: Enuresis, pain due to hernia, morbid leukorrhea, irregular menstruation, cold sensation and pain of the lower back, dysuria, constipation, tenesmus, prolapse of the rectum.
Method: Puncture perpendicularly 0.8-1.2 inches.
Regional anatomy
Vasculature: The inferior gluteal artery and vein; deeper, the internal pudendal artery and vein.
Innervation: The lateral branches of the posterior rami of the third and fourth sacral nerves, the inferior gluteal nerve.

31. **Shangliao (B 31)**

Location: In the first posterior sacral foramen. (See Fig. 86)
Indications: Low back pain, dysuria, constipation, irregular menstruation, morbid leukorrhea, prolapse of the uterus.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein.
Innervation: At the site where the posterior ramus of the first sacral nerve passes.
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32. Ciliao (B32)

Location: In the second posterior sacral foramen. (See Fig. 86)
Indications: Low back pain, hernia, irregular menstruation, leukorrhea, dysmenorrhea, nocturnal emission, impotence, enuresis, dysuria, muscular atrophy, pain, numbness and motor impairment of the lower extremities.

Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the inferior gluteal artery and vein.
Innervation: On the course of the posterior ramus of the fourth sacral nerve.

33. Zhongliao (B33)

Location: In the third posterior sacral foramen. (See Fig. 86)
Indications: Low back pain, constipation, diarrhea, dysuria, irregular menstruation, morbid leukorrhea.

Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein.
Innervation: The posterior ramus of the third sacral nerve.

34. Xialiao (B34)

Location: In the fourth posterior sacral foramen. (See Fig. 86)
Indications: Low back pain, lower abdominal pain, dysuria, constipation, morbid leukorrhea.

Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the lateral sacral artery and vein.
Innervation: On the course of the posterior ramus of the third sacral nerve.

35. Huiyang (B35)

Location: On either side of the tip of the coccyx, 0.5 cun lateral to the Du Meridian. (See Col. Fig. 9)
Indications: Dysentery, bloody stools, diarrhea, hemorrhoids, impotence, morbid leukorrhea.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the inferior gluteal artery and vein.
Innervation: The coccygeal nerve.

36. Chengfu (B36)

Location: In the middle of the transverse gluteal fold. Locate the point in prone position. (See Col. Fig. 9)
Indications: Pain in the lower back and gluteal region, constipation, muscular atrophy, pain, numbness and motor impairment of the lower extremities.

Method: Puncture perpendicularly 1.0-1.5 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The artery and vein running alongside the sciatic nerve.
Innervation: The posterior femoral cutaneous nerve; deeper, the sciatic nerve.
37. **Yinmen (B 37)**

Location: 6 cun below Chengfu (B 36) on the line joining Chengfu (B 36) and Weizhong (B 40). (See Col. Fig. 10)

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

Method: Puncture perpendicularly 1.0-2.0 inches. Moxibustion is applicable.

Regional anatomy
Vasculature: Laterally, the third perforating branches of the deep femoral artery and vein.

Innervation: The posterior femoral cutaneous nerve; deeper, the sciatic nerve.

38. **Fuxi (B 38)**

Location: 1 cun above Weiyang (B 39) on the medial side of the tendon of m. biceps femoris. The point is located with the knee slightly flexed. (See Col. Fig. 10)

Indications: Numbness of the gluteal and femoral regions, contracture of the tendons in the popliteal fossa.

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

Regional anatomy
Vasculature: The superolateral genicular artery and vein.

Innervation: The posterior femoral cutaneous nerve and the common peroneal nerve.

39. **Weiyang (Lower He-Sea Point of Sanjiao, B 39)**

Location: Lateral to Weizhong (B 40), on the medial border of the tendon of m. biceps femoris. (See Fig. 87)

40. **Weizhong (He-Sea Point, B 40)**

Location: Midpoint of the transverse crease of the popliteal fossa, between the tendons of m. biceps femoris and m. semitendinosus. (See Fig. 87)

Indications: Low back pain, motor impairment of the hip joint, contracture of the tendons in the popliteal fossa, muscular atrophy, pain, numbness and motor impairment of the lower extremities, hemiplegia, abdominal pain, vomiting, diarrhea, erysipelas.

Method: Puncture perpendicularly 0.5-1.0 inch, or prick the popliteal vein with three-edged needle to cause bleeding.

Regional anatomy
Vasculature: Superficially, the femoropopliteal vein; deeper and medially, the popliteal vein; deepest, the popliteal artery.

Innervation: The posterior femoral cutaneous nerve, the tibial nerve.

41. **Fufen (B 41)**

Location: 3 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the second thoracic vertebra, on the spinal border of the scapula. (See Col. Fig. 9)

Indications: Stiffness and pain of the shoulder, back and neck, numbness of the elbow and arm.
42. Pohu (B 42)

Location: 3 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the third thoracic vertebra, on the spinal border of the scapula. (See Col. Fig. 9)

Indications: Pulmonary tuberculosis, hemoptysis, cough, asthma, neck rigidity, pain in the shoulder and back.

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

Regional anatomy
Vasculature: The posterior branch of the intercostal artery, the descending branch of the transverse cervical artery.
Innervation: The medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

43. Gaohuangshu (B 43)

Location: 3 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the fourth thoracic vertebra, on the spinal border of the scapula. (See Fig. 86)

Indications: Pulmonary tuberculosis, cough, asthma, spitting of blood, night sweating, poor memory, nocturnal emission.

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

Regional anatomy
Vasculature: The posterior branch of the intercostal artery and the descending branch of the transverse cervical artery.
Innervation: The medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

44. Shentang (B 44)

Location: 3 cun lateral to Shendao (Du 11), at the level of the lower border of the spinous process of the fifth thoracic vertebra, on the spinal border of the scapula. (See Col. Fig. 9)
Indications: Asthma, cardiac pain, palpitation, stuffy chest, cough, stiffness and pain of the back.

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

Regional anatomy

Vasculature: The posterior branches of the intercostal artery and vein, the descending branch of the transverse cervical artery.

Innervation: The medial cutaneous branches of the posterior rami of the fourth and fifth thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

45. Yixi (B 45)

Location: 3 cun lateral to Lingtai (Du 10), at the level of the lower border of the spinous process of the sixth thoracic vertebra, on the spinal border of the scapula. (See Col. Fig. 9)

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

Method: Puncture obliquely downward 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the fourth and fifth thoracic nerves; deeper, their lateral branches.

46. Geguan (B 46)

Location: 3 cun lateral to Zhiyang (Du 9), at the level of the lower border of the spinous process of the seventh thoracic vertebra, approximately at the level of the inferior angle of the scapula. (Col. Fig. 9)

Indications: Dysphagia, hiccup, vomiting, belching, pain and stiffness of the back.

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

Regional anatomy

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the sixth and seventh thoracic nerves; deeper, their lateral branches.

47. Hunmen (B 47)

Location: 3 cun lateral to Jinsuo (Du 8), at the level of the lower border of the spinous process of the ninth thoracic vertebra. (See Col. Fig. 9)

Indications: Pain in the chest and hypochondriac region, back pain, vomiting, diarrhea.

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

Regional anatomy

Vasculature: The posterior branches of the intercostal artery and vein.

Innervation: The lateral cutaneous branches of the posterior rami of the seventh and eighth thoracic nerves.

48. Yanggang (B 48)

Location: 3 cun lateral to Zhongshu (Du 7), at the level of the lower border of the spinous process of the tenth thoracic vertebra. (See Col. Fig. 9)

Indications: Borborygmus, abdominal pain, diarrhea, pain in the hypochondriac region, jaundice.

Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branches of the intercostal artery and vein.
Innervation: The lateral cutaneous branches of the posterior rami of the eighth and ninth thoracic nerves.

49. Yishe (B 49)

Location: 3 cun lateral to Jizhong (Du 6), at the level of the lower border of the spinous process of the eleventh thoracic vertebra. (See Col. Fig. 9)
Indications: Abdominal distension, borborygmus, vomiting, diarrhea, difficulty in swallowing.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branches of the intercostal artery and vein.
Innervation: The lateral branches of the posterior rami of the tenth and eleventh thoracic nerves.

50. Weicang (B 50)

Location: 3 cun lateral to the Du Meridian, at the level of the lower border of the spinous process of the twelfth thoracic vertebra. (See Col. Fig. 9)
Indications: Abdominal distension, pain in the epigastric region and back, infantile indigestion.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branches of the subcostal artery and vein.
Innervation: The lateral cutaneous branches of the posterior ramus of the eleventh thoracic nerve.

51. Huangmen (B 51)

Location: 3 cun lateral to Xuanshu (Du 5), at the level of the lower border of the spinous process of the first lumbar vertebra. (See Col. Fig. 9)
Indications: Abdominal pain, constipation, abdominal mass.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branches of the first lumbar artery and vein.
Innervation: The lateral branch of the posterior ramus of the twelfth thoracic nerve.

52. Zhishi (B 52)

Location: 3 cun lateral to Mingmen (Du 4), at the level of the lower border of the spinous process of the second lumbar vertebra. (See Fig. 86)
Indications: Nocturnal emission, impotence, enuresis, frequency of urination, dysuria, irregular menstruation, pain in the back and knee, edema.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branches of the second lumbar artery and vein.
Innervation: The lateral branch of the posterior ramus of the twelfth thoracic nerve and the lateral branch of the first lumbar nerve.
53. **Baohuang (B 53)**

Location: 3 cun lateral to the Du Meridian, at the level of the second sacral posterior foramen. (See Col. Fig. 9)

Indications: Borborygmus, abdominal distension, pain in the lower back, anuria.

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

Regional anatomy
Vasculature: The superior gluteal artery and vein.
Innervation: The superior cluneal nerves; deeper, the superior gluteal nerve.

54. **Zhibian (B 54)**

Location: Lateral to the hiatus of the sacrum, 3 cun lateral to Yaoshu (Du 2). (See Fig. 86)

Indications: Pain in the lumbosacral region, muscular atrophy, motor impairment of the lower extremities, dysuria, swelling around external genitalia, hemorrhoids, constipation.

Method: Puncture perpendicularly 1.5-2.0 inches. Moxibustion is applicable.

Regional anatomy
Vasculature: The inferior gluteal artery and vein.
Innervation: The inferior gluteal nerve, the posterior femoral cutaneous nerve and the sciatic nerve.

55. **Heyang (B 55)**

Location: 2 cun directly below Weizhong (B 40), between the medial and lateral heads of m. gastrocnemius, on the line joining Weizhong (B 40) and Chengshan (B 57). (See Col. Fig. 9)

Indications: Low back pain, pain and paralysis of the lower extremities.

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

Regional anatomy
Vasculature: The small saphenous vein; deeper, the popliteal artery and vein.
Innervation: The medial sural cutaneous nerve; deeper, the tibial nerve.

56. **Chengjin (B 56)**

Location: Midway between Heyang (B 55) and Chengshan (B 57), in the centre of the belly of m. gastrocnemius. (Col. Fig. 9)

Indications: Spasm of the gastrocnemius, hemorrhoids, acute lower back pain.

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

Regional anatomy
Vasculature: The small saphenous vein; deeper, the posterior tibial artery and vein.
Innervation: The medial sural cutaneous nerve; deeper, the tibial nerve.

57. **Chengshan (B 57)**

Location: Directly below the belly of m. gastrocnemius, on the line joining Weizhong (B 40) and tendo calcaneus, about 8 cun below Weizhong (B 40). (See Fig. 87)

Indications: Low back pain, spasm of the gastrocnemius, hemorrhoids, constipation, beriberi.

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

Regional anatomy: See Chengjin (B 56).
58. Feiyang (Luo-Connecting Point, B 58)

Location: 7 cun directly above Kunlun (B 60), on the posterior border of fibula, about 1 cun inferior and lateral to Chengshan (B 57). (See Fig. 87)

Indications: Headache, blurring of vision, nasal obstruction, epistaxis, back pain, hemorrhoids, weakness of the leg.

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

Regional anatomy

Innervation: The sural nerve.

59. Fuyang (Xi-Cleft Point of the Yangqiao Meridian, B 59)

Location: 3 cun directly above Kunlun (B 60). (See Fig. 88)

Indications: Heavy sensation of the head, headache, low back pain, redness and swelling of the external malleolus, paralysis of the lower extremities.

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

Regional anatomy

Vasculature: The small saphenous vein.

Innervation: The sural nerve.

60. Kunlun (Jing-River Point, B 60)

Location: In the depression between the external malleolus and tendo calcaneus. (See Fig. 88)

Indications: Headache, blurring of vision, neck rigidity, epistaxis, pain in the shoulder, back and arm, swelling and pain of the heel, difficult labour, epilepsy.

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

Regional anatomy

Vasculature: The small saphenous vein, the posteroexternal malleolar artery and vein.

Innervation: The sural nerve.

61. Pucan (B 61)

Location: Posterior and inferior to the external malleolus, directly below Kunlun (B 60), in the depression of calcaneum at the junction of the red and white skin. (See Fig. 88)

Indications: Muscular atrophy and weakness of the lower extremities, pain in the heel.

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

Regional anatomy

Vasculature: The external calcaneal branches of the peroneal artery and vein.

Innervation: The external calcaneal branch of the sural nerve.

62. Shēnmai (Confluent Point, B 62)

Location: In the depression directly below the external malleolus. (See Fig. 88)

Indications: Epilepsy, mania, headache, dizziness, insomnia, backache, aching of the leg.

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

Regional anatomy

Vasculature: The external malleolar arterial network.

Innervation: The sural nerve.
63. **Jinmen (Xi-Cleft Point, B 63)**

Location: Anterior and inferior to Shenmai (B 62), in the depression lateral to the cuboid bone. (See Fig. 88)

Indications: Mania, epilepsy, infantile convulsion, backache, pain in the external malleolus, motor impairment and pain of the lower extremities.

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

Regional anatomy
Vasculature: The lateral plantar artery and vein.

Innervation: The lateral dorsal cutaneous nerve of foot; deeper, the lateral plantar nerve.

64. **Jinggu (Yuan-Primary Point, B 64)**

Location: Below the tuberosity of the fifth metatarsal bone, at the junction of the red and white skin. (See Fig. 88)

Indications: Headache, neck rigidity, pain in the lower back and thigh, epilepsy.

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

Regional anatomy: See Jinmen (B 63).

65. **Shugu (Shu-Stream Point, B 65)**

Location: Posterior to the head of the fifth metatarsal bone, at the junction of the red and white skin. (See Fig. 88)

Indications: Mania, headache, neck rigidity, blurring of vision, backache, pain in the lower extremities.

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

Regional anatomy
Vasculature: The fourth common plantar digital artery and vein.

Innervation: The fourth common plantar digital nerve and the lateral dorsal cutaneous nerve of foot.

66. **Zutonggu (Ying-Spring Point, B 66)**

Location: In the depression anterior to the fifth metatarsophalangeal joint. (See Fig. 88)
Indications: Headache, neck rigidity, blurring of vision, epistaxis, mania.
Method: Puncture perpendicularly 0.2-0.3 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The plantar digital artery and vein.
Innervation: The plantar digital propriar nerve and the lateral dorsal cutaneous nerve of foot.

67. Zhiyin (Jing-Well Point, B 67)

Location: On the lateral side of the small toe, about 0.1 cun posterior to the corner of the nail. (See Fig. 88)
Indications: Headache, nasal obstruction, epistaxis, ophthalmalgia, malposition of fetus, difficult labour, detension of afterbirth, feverish sensation in the sole.
Method: Puncture superficially 0.1 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The network formed by the dorsal digital artery and plantar digital proper arterial.
Innervation: The plantar digital propriar nerve and the lateral dorsal cutaneous nerve of foot.

IV. THE KIDNEY MERIDIAN OF FOOT-SHAOYIN

1. Yongquan (Jing-Well Point, K 1)

Location: On the sole, in the depression when the foot is in plantar flexion, approximately at the junction of the anterior third and posterior two thirds of the sole. (See Fig. 89)
Indications: Headache, blurring of vision, dizziness, sore throat, dryness of the tongue, loss of voice, dysuria, infantile convulsions, feverish sensation in the sole, loss of consciousness.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Deeper, the plantar arterial arch.
Innervation: The second common plantar digital nerve.

2. Rangu (Ying-Spring Point, K 2)

Location: Anterior and inferior to the mental malleolus, in the depression on the lower border of the tuberosity of the navicular bone. (See Fig. 90)
Indications: Pruritus vulvae, prolapse of uterus, irregular menstruation, nocturnal
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emission, hemoptysis, thirst, diarrhea, swelling and pain of the dorsum of foot, acute infantile omphalitis.

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

Regional anatomy
Vasculature: The branches of the medial plantar and medial tarsal arteries.
Innervation: The terminal branch of the medial crural cutaneous nerve, the medial plantar nerve.

3. Taixi (Shu-Stream and Yuan-Primary Point, K 3)

Location: In the depression between the medial malleolus and tendo calcaneus, at the level with the tip of the medial malleolus. (See Fig. 90)
Indications: Sore throat, toothache, deafness, tinnitus, dizziness, spitting of blood, asthma, thirst, irregular menstruation, insomnia, nocturnal emission, impotence, frequency of micturition, pain in the lower back.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Anteriorly, the posterior calcaneal branch of the posterior tibial artery.
Innervation: The medial crural cutaneous nerve, on the course of the tibial nerve.

4. Dazhong (Luo-Connecting Point, K 4)

Location: Posterior and inferior to the medial malleolus, in the depression medial to the attachment of tendo calcaneus. (See Fig. 90)
Indications: Spitting of blood, asthma, stiffness and pain of the lower back, dysuria, constipation, pain in the heel, dementia.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The medial calcaneal branch of the posterior tibial artery.
Innervation: The medial crural cutaneous nerve, on the course of the medial calcaneal ramus derived from the tibial nerve.

5. Shuiquan (Xi-Cleft Point, K 5)

Location: 1 cun directly below Taixi (K 3) in the depression anterior and superior to the medial side of the tuberosity of the calcaneum. (See Fig. 90)
Indications: Amenorrhea, irregular men-
struation, dysmenorrhea, prolapse of uterus, dysuria, blurring of vision.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy: See Dazhong (K 4).

6. Zhaohai (the Eight Confluent Point, K 6)

Location: In the depression of the lower border of the medial malleolus, or 1 cun below the medial malleolus. (See Fig. 90)
Indications: Irregular menstruation, morbidity, leukorrhea, prolapse of uterus, pruritus vulvae, frequency of micturition, retention of urine, constipation, epilepsy, insomnia, sore throat, asthma.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: Posteriorly, the posterior tibial artery and vein.
Innervation: The medial crural cutaneous nerve; deeper, the tibial nerve.

7. Fuliu (Jing-River Point, K 7)

Location: 2 cun directly above Taixi (K 3), on the anterior border of tendo calcaneus. (See Fig. 91)
Indications: Edema, abdominal distension, diarrhea, borborygmi, muscular atrophy of the leg, night sweating, spontaneous sweating, febrile diseases without sweating.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: Deeper, anteriorly, the posterior tibial artery and vein.
Innervation: The medial sural and medial crural cutaneous nerves; deeper, the tibial nerve.

8. Jiaoxin (Xi-Cleft Point of the Yinqiao Meridian, K 8)

Location: 0.5 cun anterior to Fuliu (K 7), 2 cun above Taixi (K 3) posterior to the medial border of tibia. (See Fig. 91)
Indications: Irregular menstruation, dysmenorrhea, uterine bleeding, prolapse of uterus, diarrhea, constipation, pain and swelling of testis.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: Deeper, the posterior tibial artery and vein.
Innervation: The medial crural cutaneous nerve; deeper, the tibial nerve.

9. Zhubin (Xi-Cleft Point of the Yinwei Meridian, K 9)

Location: 5 cun directly above Taixi (K 3) at the lower end of the belly of m. gastrocnemius, on the line drawn from Taixi (K 3) to Yingu (K 10). (See Fig. 91)
Indications: Mental disorders, pain in the foot and lower leg, hernia.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: Deeper, the posterior tibial artery and vein.
Innervation: The medial sural and medial crural cutaneous nerves; deeper, the tibial nerve.
10. Yingu (He-Sea Point, K 10)

Location: When the knee is flexed, the point is on the medial side of the popliteal fossa, between the tendons of m. semitendinosus and semimembranosus, at the level with Weizhong (B 40). (See Fig. 91)

Indications: Impotence, hernia, uterine bleeding, dysuria, pain in the knee and popliteal fossa, mental disorders.

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

Regional anatomy
Vasculature: The medial superior genicular artery and vein.

Innervation: The medial femoral cutaneous nerve.

11. Henggu (K 11)

Location: 5 cun below the umbilicus, on the superior border of symphysis pubis, 0.5 cun lateral to Qugu (Ren 2). (Col. Fig. 12)

Indications: Fullness and pain of the lower abdomen, dysuria, enuresis, nocturnal emission, impotence, pain of genitalia.

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

Regional anatomy
Vasculature: The inferior epigastric artery and external pudendal artery.

Innervation: The branch of the iliohypogastric nerve.

12. Dahe (K 12)

Location: 4 cun below the umbilicus, 0.5 cun lateral to Zhongji (Ren 3). (See Fig. 92)

Indications: Nocturnal emission, impotence, morbid leukorrhea, pain in the external genitalia, prolapse of uterus.

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

Regional anatomy
Vasculature: The muscular branches of the inferior epigastric artery and vein.

Innervation: The branches of subcostal nerve and the iliohypogastric nerve.

13. Qixue (K 13)

Location: 3 cun below the umbilicus, 0.5 cun lateral to Guanyuan (Ren 4). (See Col. Fig. 12)

Indications: Irregular menstruation, dysmenorrhea, dysuria, abdominal pain, diarrhea.
Chapter 8 Acupoints of the Shaoyin and Taiyang Meridian

14. Siman (K 14)

Location: 2 cun below the umbilicus, 0.5 cun lateral to Shimen (Ren 5). (Col. Fig. 12)
Indications: Abdominal pain and distension, diarrhea, nocturnal emission, irregular menstruation, dysmenorrhea, postpartum abdominal pain.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Dahe (K 12).
Innervation: The eleventh intercostal nerve.

15. Zhongzhu (K 15)

Location: 1 cun below the umbilicus, 0.5 cun lateral to Yinjiao (Ren 7). (Col. Fig. 12)
Indications: Irregular menstruation, abdominal pain, constipation.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Dahe (K 12).
Innervation: The tenth intercostal nerve.

16. Huangshu (K 16)

Location: 0.5 cun lateral to the umbilicus, level with Shenque (Ren 8). (See Fig. 92)
Indications: Abdominal pain and distension, vomiting, constipation, diarrhea.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Dahe (K 12).
Innervation: The tenth intercostal nerve.

17. Shanggu (K 17)

Location: 2 cun above the umbilicus, 0.5 cun lateral to Xiawan (Ren 10). (See Col. Fig. 12)
Indications: Abdominal pain, diarrhea, constipation.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the superior and inferior epigastric arteries and veins.
Innervation: The ninth intercostal nerve.

18. Shiguan (K 18)

Location: 3 cun above the umbilicus, 0.5 cun lateral to Jianli (Ren 11). (Col. Fig. 12)
Indications: Vomiting, abdominal pain, constipation, postpartum abdominal pain, sterility.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the superior epigastric artery and vein.
Innervation: The eighth intercostal nerve.

19. Yindu (K 19)

Location: 4 cun above the umbilicus, 0.5 cun lateral to Zhongwan (Ren 12). (See Col. Fig. 12)
Indications: Borborygmus, abdominal pain, epigastric pain, constipation, vomiting.
Method: Puncture perpendicularly 0.3-0.7 inch. To avoid injuring the liver, deep insertion is not advisable. Moxibustion is applicable.
Regional anatomy
Vasculature: See Shiguan (K 18).
Innervation: The seventh intercostal nerve.

20. Futonggu (K 20)

Location: 5 cun above the umbilicus, 0.5 cun lateral to Shangwan (Ren 13). (See Col. Fig. 12)
Indications: Abdominal pain and distension, vomiting, indigestion.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Shiguan (K 18).

21. Youmen (K 21)

Location: 6 cun above the umbilicus, 0.5 cun lateral to Juque (Ren 14). (Col. Fig. 12)
Indications: Abdominal pain and distension, indigestion, vomiting, diarrhea, nausea, morning sickness.
Method: Puncture perpendicularly 0.3-0.7 inch. To avoid injuring the liver, deep insertion is not advisable. Moxibustion is applicable.
Regional anatomy
Vasculature: See Shiguan (K 18).
Innervation: The seventh intercostal nerve.

22. Bulang (K 22)

Location: In the fifth intercostal space, 2 cun lateral to the Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, distension and fullness in the chest and hypochondriac region, vomiting, anorexia.
Method: Puncture obliquely 0.3-0.5 inch. To avoid injuring the heart, deep insertion is not advisable. Moxibustion is applicable.

Regional anatomy
Vasculature: The fifth intercostal artery and vein.
Innervation: The anterior cutaneous branch of the fifth intercostal nerve; deeper, the fifth intercostal nerve.

23. Shenfeng (K 23)

Location: In the fourth intercostal space, 2 cun lateral to the Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, fullness in the chest and hypochondriac region, mastitis.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The fourth intercostal artery and vein.
Innervation: The anterior cutaneous branch of the fourth intercostal nerve; deeper, the fourth intercostal nerve.

24. Lingxu (K 24)

Location: In the third intercostal space, 2 cun lateral to the Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, fullness in the chest and hypochondriac region, mastitis.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The third intercostal artery and vein.
Innervation: The anterior cutaneous branch of the third intercostal nerve; deeper, the third intercostal nerve.

25. Shencang (K 25)

Location: In the second intercostal space, 2 cun lateral to the Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, chest pain.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The second intercostal artery and vein.
Innervation: The anterior cutaneous branch of the second intercostal nerve; deeper, the second intercostal nerve.

26. Yuzhong (K 26)

Location: In the first intercostal space, 2 cun lateral to the Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, accumulation of phlegm, fullness in the chest and hypochondriac region.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The first intercostal artery and vein.
Innervation: The anterior cutaneous branch of the first intercostal nerve, the medial supraclavicular nerve; the first intercostal nerve.

27. Shufu (K 27)

Location: In the depression on the lower border of the clavicle, 2 cun lateral to the
Ren Meridian. (See Col. Fig. 12)
Indications: Cough, asthma, chest pain.
Method: Puncture obliquely 0.3-0.5 inch.
Moxibustion is applicable.
Regional anatomy

Vasculature: The anterior perforating branches of the internal mammary artery and vein.
Innervation: The medial supraclavicular nerve.
Chapter 9

ACUPUNCTURE OF JUEYIN AND SHAOYANG MERIDIANS

The Pericardium Meridian of Hand Jueyin and the Sanjiao (Triple Energizer) Meridian of Hand Shaoyang are externally-internally related, the former runs from chest to hand and the latter goes from hand to head. The Gallbladder Meridian of Foot Shaoyang runs from head to foot, while the Liver Meridian of Foot Jueyin goes from foot to abdomen (chest). These two meridians are also externally-internally related. The above four meridians are mainly distributed in the lateral aspects of the trunk and the four limbs. The points of the four meridians are described as follows:

I. THE PERICARDIUM MERIDIAN OF HAND JUEYIN

1. Tianchi (P 1)

Location: In the fourth intercostal space, 1 cun lateral to the nipple (See Col. Fig. 13)
Indications: Suffocating sensation in the chest, pain in the hypochondriac region, swelling and pain of the axillary region.
Method: Puncture obliquely 0.2-0.4 inch. Deep puncture is not advisable. Moxibustion is applicable.

Regional anatomy
Vasculature: The thoracoepigastric vein, the branches of the lateral thoracic artery and vein.
Innervation: The muscular branch of the anterior thoracic nerve; the fourth intercostal nerve.

2. Tianquan (P 2)

Location: 2 cun below the level of the anterior axillary fold, between the two heads of m. biceps brachii. (See Col. Fig. 13)
Indications: Cardiac pain, distension of the hypochondriac region, cough, pain in the chest, back and the medial aspect of the arm.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The muscular branches of the brachial artery and vein.
Innervation: The medial brachial cutaneous nerve and the musculocutaneous nerve.

3. Quze (He-Sea Point, P 3)

Location: On the transverse cubital crease, at the ulnar side of the tendon of m.
biceps brachii. (See Fig. 93)

Indications: Cardiac pain, palpitation, febrile diseases, irritability, stomachache, vomiting, pain in the elbow and arm, tremor of the hand and arm.

Method: Puncture perpendicularly 0.5-0.7 inch, or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy
Vasculature: On the pathway of the brachial artery and vein.

I innervation: The median nerve.

4. Ximen (Xi-Cleft Point, P 4)

Location: 5 cun above the transverse crease of the wrist, on the line connecting Quze (P 3) and Daling (P 7), between the tendons of m. palmaris longus and m. flexor carpi radialis. (See Fig. 93)

Indications: Cardiac pain, palpitation, epistaxis, hematemesis, haemoptysis chest pain, furuncle, epilepsy.

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

Regional anatomy
Vasculature: The median artery and vein; deeper, the anterior interosseous artery and vein.

Innervation: The medial antebrachial cutaneous nerve; deeper, the median nerve; deepest, the anterior interosseous nerve.

5. Jianshi (Jing-River Point, P 5)

Location: 3 cun above the transverse crease of the wrist, between the tendons of
m. palmaris longus and m. flexor carpi radialis. (See Fig. 93)

Indications: Cardiac pain, palpitation, stomachache, vomiting, febrile diseases, irritability, malaria, mental disorders, epilepsy, swelling of the axilla, contracture of the elbow and arm.

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

Regional anatomy

Vasculature: The median artery and vein; deeper, the anterior interosseous artery and vein.

Innervation: The medial and lateral antebrachial cutaneous nerves, the palmar cutaneous branch of the median nerve; deeper, the anterior interosseous nerve.

6. Neiguan (Luo-Connecting Point, the Eight Confluent Point, P 6)

Location: 2 cun above the transverse crease of the wrist, between the tendons of m. palmaris longus and m. flexor radialis. (See Fig. 93)

Indications: Cardiac pain, palpitation, stuffy chest, pain in the hypochondriac region, stomachache, nausea, vomiting, hiccups, mental disorders, epilepsy, febrile diseases, irritability, malaria, contracture and pain of the elbow and arm.

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

Regional anatomy: See Jianshi (P 5).

7. Daling (Shu-Stream and Yuan-Primary Point, P 7)

Location: In the middle of the transverse crease of the wrist, between the tendons of m. palmaris longus and m. flexor carpi radialis. (See Fig. 93)

Indications: Cardiac pain, palpitation, stomachache, vomiting, febrile diseases, epilepsy, stuffy chest, pain in the hypochondriac region, convulsion, insomnia, irritability, foul breath.

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

Regional anatomy

Vasculature: The palmar arterial and venous network of the wrist.

Innervation: Deeper, the median nerve.

8. Laogong (Ying-Spring Point, P 8)

Location: On the transverse crease of the palm, between the second and third metacarpal bones. When the fist is clenched, the point is just below the tip of the middle finger. (See Fig. 94)

Indications: Cardiac pain, mental disorder, epilepsy, gastritis, foul breath, fungus infection of the hand and foot, vomiting, nausea.

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

Regional anatomy

Vasculature: The common palmar digital artery.

Innervation: The second common palmar digital nerve of the median nerve.

9. Zhongchong (Jing-Well Point, P 9)

Location: In the centre of the tip of the middle finger. (See Fig. 94)

Indications: Cardiac pain, palpitation, loss of consciousness, aphasia with stiffness and swelling of the tongue, febrile diseases,
heat stroke, convulsion, feverish sensation in the palm.

Method: Puncture superficially 0.1 inch or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy
Vasculature: The arterial and venous network formed by the palmar digital proprial artery and vein.
Innervation: The palmar digital proprial nerve derived from the ulnar nerve.

II. SANJIAO MERIDIAN OF HAND-SHAOYANG

1. Guanchong (Jing-Well Point, S J 1)

Location: On the lateral side of the ring finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 95)
Method: Puncture obliquely 0.3-0.5 inch towards the interspace of the metacarpal bones. Moxibustion is applicable.

Regional anatomy
Vasculature: The dorsal digital artery of the ulnar artery.
Innervation: The dorsal branch of the ulnar nerve.

3. **Zhongzhu (Shu-Stream Point, S J 3)**

Location: When the fist is clenched, the point is on the dorsum of the hand between the fourth and fifth metacarpal bones, in the depression proximal to the metacarpophalangeal joint. (See Fig. 95)

Indications: Headache, redness of the eyes, deafness, tinnitus, sore throat, febrile diseases, pain in the elbow and arm, motor impairment of fingers.

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

Regional anatomy
Vasculature: The dorsal venous network of hand and the fourth dorsal metacarpal artery.
Innervation: The dorsal branch of the ulnar nerve.

4. **Yangchi (Yuan-Primary Point, S J 4)**

Location: On the transverse crease of the dorsum of wrist, in the depression lateral to the tendon of m. extensor digitorum communis. (See Fig. 95)

Indications: Pain in the arm, shoulder and wrist, malaria, deafness, thirst.

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

Regional anatomy
Vasculature: The dorsal venous network of the wrist and the posterior carpal artery.
Innervation: The terminal branch of the posterior antebrachial cutaneous nerve and the dorsal branch of the ulnar nerve.

5. **Waiguan (Luo-Connecting Point, the Eight Confluent Point, S J 5)**

Location: 2 cun above Yangchi (S J 4), between the radius and ulna. (See Fig. 96)

Indications: Febrile diseases, headache, pain in the cheek, strained neck, deafness, tinnitus, pain in the hypochondriac region, motor impairment of the elbow and arm, pain of the fingers, hand tremor.

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

Regional anatomy
Vasculature: Deeper, the posterior and anterior antebrachial interosseous arteries and veins.
Innervation: The posterior antebrachial cutaneous nerve; deeper, the posterior interosseous nerve and the anterior interosseous nerve.

6. **Zhigou (Jing-River Point, S J 6)**

Location: 3 cun above Yangchi (S J 4), between the radius and ulna, on the radial side of m. extensor digitorum communis. (See Fig. 96)

Indications: Tinnitus, deafness, pain in the hypochondriac region, vomiting, constipation, febrile diseases, aching and heavy sensation of the shoulder and back, sudden hoarseness of voice.

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

Regional anatomy: See Waiguan (S J 5).
7. **Huizong (Xi-Cleft Point, SJ 7)**

Location: At the level with Zhigou (SJ 6), about one finger-breadth lateral to Zhigou (SJ 6), on the radial side of the ulna. (See Fig. 96)

Indications: Deafness, pain in the ear, epilepsy, pain of the arm.

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

Regional anatomy

Vasculation: The posterior antebrachial interosseous artery and vein.

Innervation: The posterior and medial antebrachial cutaneous nerves; deeper, the posterior and anterior interosseous nerves.

8. **Sanyangluo (SJ 8)**

Location: 4 cun above Yangchi (SJ 4), between the radius and ulna. (See Col. Fig. 14)

Indications: Deafness, sudden hoarseness of voice, pain in the chest and hypochondriac region, pain in the hand and arm, toothache.

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

Regional anatomy: See Huizong (SJ 7).

9. **Sidu (SJ 9)**

Location: On the lateral side of the forearm, 5 cun below the olecranon, between the
radius and ulna. (See Col. Fig. 14)
Indications: Deafness, toothache, migraine, sudden hoarseness of voice, pain in the forearm.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Huizong (S J 7).

10. Tianjing (He-Sea Point, S J 10)

Location: When the elbow is flexed, the point is in the depression about 1 cun superior to the olecranon. (See Fig. 97)
Indications: Migraine, pain in the neck, shoulder and arm, epilepsy, scrofula, goiter.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The arterial and venous network of the elbow.
Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

11. Qinglengyuan (S J 11)

Location: 1 cun above Tianjing (S J 10) when the elbow is flexed.(See Col. Fig. 14)
Indications: Motor impairment and pain of the shoulder and arm, migraine.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The terminal branches of the median collateral artery and vein.
Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

12. Xiaoluo (S J 12)

Location: On the line joining the olecranon and Jianliao (S J 14), midway between Qinglengyuan (S J 11) and Naohui (S J 13). (See Col. Fig. 14)
Indications: Headache, neck rigidity, motor impairment and pain of the arm.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The median collateral artery and vein.
Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

13. Naohui (S J 13)

Location: On the line joining Jianliao (S J 14) and the olecranon, on the posterior border of m. deltoideus. (See Col. Fig. 14)
Indications: Goiter, pain in the shoulder and arm.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The median collateral artery and vein.
Innervation: The posterior brachial cutaneous nerve and the muscular branch of the radial nerve.

14. Jianliao (S J 14)

Location: Posterior and inferior to the acromion, in the depression about 1 cun posterior to Jianyu (L I 15) when the arm is abducted. (See Fig. 97)
Indications: Pain and motor impairment of the shoulder and upper arm.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The muscular branch of the posterior circumflex humeral artery.
Innervation: The muscular branch of the axillary nerve.

15. Tianliao (S J 15)

Location: Midway between Jianjing (G 21) and Quyuan (S I 13), on the superior angle of the scapula. (See Col. Fig. 14)
Indications: Pain in the shoulder and elbow, stiffness of the neck.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The descending branch of the transverse cervical artery; deeper, the muscular branch of the suprascapular artery.
Innervation: The accessory nerve and the branch of the suprascapular nerve.

16. Tianyou (S J 16)

Location: Posterior and inferior to the mastoid process, on the posterior border of m. sternocleidomastoideus, almost level with Tianrong (S I 17) and Tianzhu (B 10). (See Col. Fig. 14)
Indications: Headache, neck rigidity, facial swelling, blurring of vision, sudden deafness.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior auricular artery.
Innervation: The lesser occipital nerve.

17. Yifeng (S J 17)

Location: Posterior to the lobule of the ear, in the depression between the mandible and mastoid process. (See Fig. 98)
Indications: Tinnitus, deafness, otorrhea,
facial paralysis, toothache, swelling of the cheek, scrofula, trismus.

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

Regional anatomy
Vasculature: The posterior auricular artery and vein, the external jugular vein.
Innervation: The great auricular nerve; deeper, the site where the facial nerve perforates out of the stylomastoid foramen.

18. Qimai (SJ 18)

Location: In the centre of the mastoid process, at the junction of the middle and lower third of the curve formed by Yifeng (SJ 17) and Jiaosun (SJ 20) posterior to the helix. (See Col. Fig. 14)

Indications: Headache, tinnitus, deafness, infantile convulsion.

Method: Puncture subcutaneously 0.3-0.5 inch or prick with a three-edged needle to cause bleeding. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior auricular artery and vein.
Innervation: The anterior auricular branch of the great auricular nerve.

19. Luxi (SJ 19)

Location: Posterior to the ear, at the junction of the upper and middle third of the curve formed by Yifeng (SJ 17) and Jiaosun (SJ 20) behind the helix. (See Col. Fig. 14)

Indications: Headache, tinnitus, deafness, pain in the ear, infantile convulsion.

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

Regional anatomy
Vasculature: The posterior auricular artery and vein.
Innervation: The anastomotic branch of the great auricular nerve and the lesser occipital nerve.
20. Jiaosun (S J 20)

Location: Directly above the ear apex, within the hair line. (See Fig. 98)
Indications: Tinnitus, redness, pain and swelling of the eye, swelling of the gum, toothache, parotitis.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The superficial temporal artery and vein.
Innervation: The branch of the auriculotemporal nerve, on the course of the temporal branch of the facial nerve.

21. Ermen (S J 21)

Location: In the depression anterior to the supratragic notch and slightly superior to the condyloid process of the mandible. The point is located with the mouth open. (See Col. Fig. 14)
Indications: Tinnitus, deafness, otorrhea, toothache, stiffness of the lip.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The superficial temporal artery and vein.
Innervation: The branches of the auriculotemporal nerve.

22. Erheliao (S J 22)

Location: Anterior and superior to Ermen (S J 21), at the level with the root of the auricle, on the posterior border of the hairline of the temple where the superficial temporal artery passes. (See Col. Fig. 14)
Indications: Migraine, tinnitus, lockjaw.
Method: Avoid puncturing the artery, puncture obliquely 0.1-0.3 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The superficial temporal artery and vein.
Innervation: The branch of the auriculotemporal nerve, on the course of the temporal branch of the facial nerve.

III. THE GALLBLADDER MERIDIAN OF FOOT-SHAOYANG

1. Tongziliao (G 1)

Location: 0.5 cun lateral to the outer canthus, in the depression on the lateral side of the orbit. (See Fig. 99)
Indications: Headache, redness and pain of the eyes, failing of vision, lacrimation, deviation of the eye and mouth.
Method: Puncture subcutaneously 0.3-0.5 inch.
Regional anatomy
Vasculature: The zygomaticoorbital artery and vein.
Innervation: The zygomaticofacial and zygomaticotemporal nerves, the temporal branch of the facial nerve.

2. Tinghui (G 2)

Location: Anterior to the intertragic notch, at the posterior border of the condylid process of the mandible. The point is located with the mouth open. (See Fig. 99)
Indications: Deafness, tinnitus, toothache, motor impairment of the temporomandibular joint, mumps, deviation of the eye and mouth.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The superficial temporal artery.
Innervation: The great auricular nerve and facial nerve.

3. Shangguan (G 3)

Location: In the front of the ear, on the upper border of the zygomatic arch, in the depression directly above Xiaguan (S 7). (See Col. Fig. 15)
Indications: Headache, deafness, tinnitus, diplacusis, deviation of the eye and mouth, toothache.
Method: Puncture perpendicularly 0.3-0.5 inch. Deep puncture is not advisable. Moxibustion is applicable.
Regional anatomy
Vasculature: The zygomaticoorbital artery and vein.
Innervation: The zygomatic branch of the facial nerve and the zygomaticofacial nerve.
4. Hanyan (G 4)

Location: Within the hairline of the temporal region, at the junction of the upper 1/4 and lower 3/4 of the distance between Touwei (S 8) and Qubin (G 7). (See Col. Fig. 15)
Indications: Migraine, vertigo, tinnitus, pain in the outer canthus, toothache, convulsion, epilepsy.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The parietal branches of the superficial temporal artery and vein.
Innervation: The temporal branch of the auriculotemporal nerve.

5. Xuanlu (G 5)

Location: Within the hairline of the temporal region, midway of the border line connecting Touwei (S 8) and Qubin (G 7). (See Col. Fig. 15)
Indications: Migraine, pain in the outer canthus, facial swelling.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy: See Hanyan (G 4).

6. Xuanli (G 6)

Location: Within the hairline, at the junction of the lower 1/4 and upper 3/4 of the distance between Touwei (S 8) and Qubin (G 7). (See Col. Fig. 15)
Indications: Migraine, pain in the outer canthus, tinnitus, frequent sneezing.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy: See Hanyan (G 4).

7. Qubin (G 7)

Location: Directly above the posterior border of the pre-auricular hairline, about one finger-breadth anterior to Jiaosun (S J 20). (See Col. Fig. 15)
Indications: Headache, swelling of the cheek, trismus, pain in the temporal region, infantile convulsion.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy: See Hanyan (G 4).

8. Shuaigu (G 8)

Location: Superior to the apex of the auricle, 1.5 cun within the hairline. (See Fig. 99)
Indications: Migraine, vertigo, vomiting, infantile convulsion.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The parietal branches of the superficial temporal artery and vein.
Innervation: The anastomotic branch of the auriculotemporal nerve and great occipital nerve.

9. Tianchong (G 9)

Location: Directly above the posterior border of the auricle, 2 cun within the hairline, about 0.5 cun posterior to Shuaigu (G 8). (See Col. Fig. 15)
Indications: Headache, epilepsy, swelling and pain of the gums, convulsion.
Method: Puncture subcutaneously 0.3-0.5 inch.
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10.  Fubai (G 10)

Location: Posterior and superior to the mastoid process, midway of the curve line drawn from Tianchong (G 9) to Touqiaoyin (G 11). (See Col. Fig. 15)

Indications: Headache, tinnitus, deafness.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The posterior auricular artery and vein.
Innervation: The branch of the great occipital nerve.

11.  Touqiaoyin (G 11)

Location: Posterior and superior to the mastoid process, on the line connecting Fubai (G 10) and Wangu (G 12). (See Col. Fig. 15)

Indications: Pain of the head and neck, tinnitus, deafness, pain in the ears.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The branches of the posterior auricular artery and vein.
Innervation: The anastomotic branch of the great and lesser occipital nerves.

12.  Wangu (G 12)

Location: In the depression posterior and inferior to the mastoid process. (See Col. Fig. 15)

Indications: Headache, insomnia, swelling of the cheek, retroauricular pain, deviation of the eye and mouth, toothache.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The posterior auricular artery and vein.
Innervation: The lesser occipital nerve.

13.  Benshen (G 13)

Location: 0.5 cun within the hairline of the forehead, 3 cun lateral to Shenting (Du 24). (See Col. Fig. 15)

Indications: Headache, insomnia, vertigo, epilepsy.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The frontal branches of the superficial temporal artery and vein, and the lateral branches of the frontal artery and vein.
Innervation: The lateral branch of the frontal nerve.

14.  Yangbai (G 14)

Location: On the forehead, 1 cun directly above the midpoint of the eyebrow. (See Fig. 100)

Indications: Headache in the frontal region, pain of the orbital ridge, eye pain, vertigo, twitching of the eyelids, ptosis of the eyelids, lacrimation.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculation: The lateral branches of the frontal artery and vein.
Innervation: The lateral branch of the frontal nerve.
15. **Toulinqi (G 15)**

Location: Directly above Yangbai (G 14), 0.5 cun within the hairline, midway between Shenting (Du 24) and Touwei (S 8). (See Col. Fig. 15)

Indications: Headache, vertigo, lacrimation, pain in the outer canthus, rhinorrhea, nasal obstruction.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

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

Innervation: The anastomotic branch of the frontal nerve.

16. **Muchuang (G 16)**

Location: 1.5 cun posterior to Toulinqi (G 15), on the line connecting Toulinqi (G 15) and Fengchi (G 20). (See Col. Fig. 15)

Indications: Headache, vertigo, red and painful eyes, nasal obstruction.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The anastomotic plexus formed by the parietal branches of the superficial temporal artery and vein and the occipital artery and vein.

Innervation: The anastomotic branch of the frontal and great occipital nerves.

17. **Zhengying (G 17)**

Location: 1.5 cun posterior to Muchuang (G 16), on the line joining Toulinqi (G 15) and Fengchi (G 20). (See Col. Fig. 15)

Indications: Migraine, vertigo.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The anastomotic branch of the frontal and great occipital nerves.
18. Chengling (G 18)

Location: 1.5 cun posterior to Zhengying (G 17), on the line connecting Toulinqi (G 15) and Fengchi (G 20). (See Col. Fig. 15)

Indications: Headache, vertigo, epistaxis, rhinorrhea.

Method: Puncture 0.5-0.8 inch towards the tip of the nose. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the lesser occipital nerve.

19. Naokong (G 19)

Location: Directly above Fengchi (G 20), at the level with Naohu (Du 17), on the lateral side of the external occipital protuberance. (See Col. Fig. 15)

Indications: Headache, stiffness of the neck, vertigo, painful eyes, tinnitus, epilepsy.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the great occipital nerve.

20. Fengchi (G 20)

Location: In the depression between the upper portion of m. sternocleidomastoideus and m. trapezius, on the same level with Fengfu (Du 16). (See Fig. 101)

Indications: Headache, vertigo, insomnia, pain and stiffness of the neck, blurred vision, glaucoma, red and painful eyes, tinnitus, convulsion, epilepsy, infantile convulsion, febrile diseases, common cold, nasal obstruction, rhinorrhea.

Method: Puncture 0.5-0.8 inch towards the tip of the nose. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the lesser occipital nerve.

21. Jianjing (G 21)

Location: Midway between Dazhui (Du 14) and the acromion, at the highest point of the shoulder. (See Fig. 102)

Indications: Pain and rigidity of the neck, pain in the shoulder and back, motor impairment of the arm, insufficient lactation, mastitis, scrofula, apoplexy, difficult labour.

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

Regional anatomy
Vasculature: The transverse cervical artery and vein.

Innervation: The posterior branch of the supraclavicular nerve, the accessory nerve.

22. Yuanye (G 22)

Location: On the mid-axillary line when the arm is raised, 3 cun below the axilla. (See Col. Fig. 15)

Indications: Fullness of the chest, swelling of the axillary region, pain in the hypochondriac region, pain and motor impairment of the arm.

Method: Puncture obliquely 0.3-0.5 inch.

Regional anatomy
Vasculature: The thoracoepigastric vein,
24. **Riyue (Front-Mu Point of the Gallbladder, G 24)**

- **Location:** One rib below Qimen (Liv 14), directly below the nipple, in the seventh intercostal space. (See Fig. 103)
- **Indications:** Pain in the hypochondriac region, vomiting, acid regurgitation, hiccup, jaundice, mastitis.
- **Method:** Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
- **Regional anatomy**
  - **Vasculature:** The seventh intercostal artery and vein.
  - **Innervation:** The seventh intercostal nerve.

25. **Jingmen (Front-Mu Point of the Kidney, G 25)**

- **Location:** On the lateral side of the abdomen, on the lower border of the free

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23. **Zhejin (G 23)**

- **Location:** 1 cun anterior to Yuanye (G 22), approximately at the level with the nipple. (See Col. Fig. 15)
- **Indications:** Fullness of the chest, pain in the hypochondriac region, asthma.
- **Method:** Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
- **Regional anatomy**
  - **Vasculature:** The lateral thoracic artery and vein, the fifth intercostal artery and vein.
  - **Innervation:** The lateral cutaneous branch of the fifth intercostal nerve.
end of the twelfth rib. (See Fig. 104)

Indications: Abdominal distention, bor-
borygmus, diarrhea, pain in the lumbar and hypochondriac region.

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

Regional anatomy

Vasculature: The eleventh intercostal artery and vein.

Innervation: The eleventh intercostal nerve.

Fig. 104
26. **Daimai (G 26)**

Location: Directly below the free end of the eleventh rib where Zhangmen (Liv 13) is located, at the level with the umbilicus. (See Fig. 104)

Indications: Irregular menstruation, amenorrhea, leukorrhea, abdominal pain, hernia, pain in the lumbar and hypochondriac region.

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

Regional anatomy
Vasculature: The subcostal artery and vein.

Innervation: The subcostal nerve.

**27. Wushu (G 27)**

Location: In the lateral side of the abdomen, anterior to the superior iliac spine, 3 cun below the level of the umbilicus. (See Col. Fig. 15)

Indications: Leukorrhea, lower abdominal pain, lumbar pain, hernia, constipation.

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

Regional anatomy
Vasculature: The superficial and deep circumflex iliac arteries and veins.

Innervation: The iliohypogastric nerve.

**28. Weidao (G 28)**

Location: Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to Wushu (G 27). (Col.Fig.15)

Indications: Leukorrhea, lower abdominal pain, hernia, prolapse of uterus.

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

Regional anatomy
Vasculature: The superficial and deep circumflex iliac arteries and veins.

Innervation: The ilioinguinal nerve.

**29. Juliao (G 29)**

Location: In the depression of the midpoint between the anterosuperior iliac spine and the great trochanter.(Col.Fig.15)

Indications: Pain and numbness in the thigh and lumbar region, paralysis, muscular atrophy of the lower limbs.

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

Regional anatomy
Vasculature: The branches of the superficial circumflex iliac artery and vein, the ascending branches of the lateral circumflex femoral artery and vein.

Innervation: The lateral femoral cutaneous nerve.

**30. Huantiao (G 30)**

Location: At the junction of the lateral 1/3 and medial 2/3 of the distance between the great trochanter and the hiatus of the sacrum (Yaoshu, Du 2). When locating the point, put the patient in lateral recumbent position with the thigh flexed. (Fig. 105)

Indications: Pain of the lumbar region and thigh, muscular atrophy of the lower limbs, hemiplegia.

Method: Puncture perpendicularly 1.5-2.5 inches. Moxibustion is applicable.

Regional anatomy
Vasculature: Medially, the inferior gluteal artery and vein.
Innervation: The inferior gluteal cutaneous nerve, the inferior gluteal nerve; deeper, the sciatic nerve.

31. Fengshi (G 31)

Location: On the midline of the lateral aspect of the thigh, 7 cun above the transverse popliteal crease. When the patient is standing erect with the hands close to the sides, the point is where the tip of the middle finger touches (See Fig. 106)

Indications: Pain and soreness in the thigh and lumbar region, paralysis of the lower limbs, beriberi, general pruritus.
Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.
Regional anatomy
Vasculature: The muscular branches of the lateral circumflex femoral artery and vein.
Innervation: The lateral femoral cutaneous nerve, the muscular branch of the femoral nerve.

32. Zhongdu (G 32)

Location: On the lateral aspect of the thigh, 5 cun above the transverse popliteal crease, between m. vastus lateralis and m. biceps femoris. (See Fig. 106).
Indications: Pain and soreness of the thigh and knee, numbness and weakness of the lower limbs, hemiplegia.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Fengshi (G 31).
33. Xiyangguan (G. B. 33)

Location: 3 cun above Yanglingquan (G 34), lateral to the knee joint, between the tendon of m. biceps femoris and the femur. (See Fig. 106)

Indications: Swelling and pain of the knee, contracture of the tendons in popliteal fossa, numbness of the leg.

Method: Puncture perpendicularly 0.5-1.0 inch.

Regional anatomy
Vasculature: The superior lateral genicular artery and vein.
Innervation: The terminal branch of the lateral femoral cutaneous nerve.

34. Yanglingquan (He-Sea Point, Influential Point of Tendon, G 34)

Location: In the depression anterior and inferior to the head of the fibula. (Fig. 107)

Indications: Hemiplegia, weakness, numbness and pain of the lower extremities, swelling and pain of the knee, beriberi, hypochondriac pain, bitter taste in the mouth, vomiting, jaundice, infantile convulsion.

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

Regional anatomy
Vasculature: The inferior lateral genicular artery and vein.
Innervation: Just where the common peroneal nerve bifurcates into the superficial and deep peroneal nerves.

35. Yangjiao (Xi-Cleft Point of the Yangwei Meridian, G 35)

Location: 7 cun above the tip of the external malleolus, on the posterior border of the fibula. (See Fig. 107)

Indications: Fullness of the chest and
hypochondriac region, muscular atrophy and paralysis of the leg.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the peroneal artery and vein.
Innervation: The lateral sural cutaneous nerve.

36. Waiqiu (Xi-Cleft Point, G 36)

Location: 7 cun above the tip of the external malleolus, on the anterior border of the fibula. (See Fig. 107)
Indications: Pain in the neck, chest, thigh and hypochondriac region, rabies.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the anterior tibial artery and vein.
Innervation: The superficial peroneal nerve.

37. Guangming (Luo-Connecting Point, G 37)

Location: 5 cun directly above the tip of the external malleolus, on the anterior border of the fibula. (See Fig. 107)
Indications: Pain in the knee, muscular atrophy, motor impairment and pain of the lower extremities, blurring of vision, ophthalmalgia, night blindness, distending pain of the breast.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the anterior tibial artery and vein.
Innervation: The superficial peroneal nerve.

38. Yangfu (Jing-River Point, G 38)

Location: 4 cun above and slightly anterior to the tip of the external malleolus, on the anterior border of the fibula, between m. extensor digitorum longus and m. peronaeus brevis. (See Fig. 107)
Indications: Migraine, pain of the outer canthus, pain in the axillary region, scrofula, lumbar pain, pain in the chest, hypochondriac region and lateral aspect of the lower extremities, malaria.
Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.
Regional anatomy: See Guangming (G 37)

39. Xuanzhong (Influential Point of the Marrow, G 39)

Location: 3 cun above the tip of the external malleolus, in the depression between the posterior border of the fibula and the tendons of m. peronaeus longus and brevis. (See Fig. 107)
Indications: Apoplexy, hemiplegia, pain of the neck, abdominal distension, pain in the hypochondriac region, muscular atrophy of the lower limbs, spastic pain of the leg, beriberi.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy: See Guangming (G 37).
40. **Qiuxu (Yuan-Primary Point, G 40)**

Location: Anterior and inferior to the external malleolus, in the depression on the lateral side of the tendon of m. extensor digitorum longus. (See Fig. 108)

Indications: Pain in the neck, swelling in the axillary region, pain in the hypochondriac region, vomiting, acid regurgitation, muscular atrophy of the lower limbs, pain and swelling of the external malleolus, malaria.

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

Regional anatomy
Vasculature: The branch of the anterolateral malleolar artery.
Innervation: The branches of the intermediate dorsal cutaneous nerve and superficial peroneal nerve.

41. **Zulinqi (Shu-Stream Point, the Eight Confluent Point, G 41)**

Location: In the depression distal to the junction of the fourth and fifth metatarsal bones, on the lateral side of the tendon of m. extensor digiti minimi of the foot. (See Fig. 108)

Indications: Headache, vertigo, pain of the outer canthus, scrofula, pain in the hypochondriac region, distending pain of the breast, irregular menstruation, pain and swelling of the dorsum of foot, spastic pain of the foot and toe.

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

Regional anatomy
Vasculature: The dorsal arterial and venous network of foot, the fourth dorsal metatarsal artery and vein.
Innervation: The branch of the intermediate dorsal cutaneous nerve of the foot.

42. **Diwuhui (G 42)**

Location: Between the fourth and fifth metatarsal bones, on the medial side of the tendon of m. extensor digiti minimi of foot. (See Fig. 108)

Indications: Pain of the canthus, tinnitus, distending pain of the breast, swelling and pain of the dorsum of foot.

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![Fig. 108](image-url)
43. Xiaxi (Ying-Spring Point, G 43)

Location: On the dorsum of foot, between the fourth and fifth toe, proximal to the margin of the web. (See Fig. 108)

Indications: Headache, dizziness and vertigo, pain of the outer canthus, tinnitus, deafness, swelling of the cheek, pain in the hypochondriac region, distending pain of the breast, febrile diseases.

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

Regional anatomy
Vasculature: The dorsal digital artery and vein.
Innervation: The dorsal digital nerve.

44. Zuqiaoyin (Jing-Well Point, G 44)

Location: On the lateral side of the fourth toe, about 0.1 cun posterior to the corner of the nail. (See Fig. 108)

Indications: Migraine, deafness, tinnitus, ophthalmalgia, dream-disturbed sleep, febrile diseases.

Method: Puncture superficially about 0.1 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The arterial and venous network formed by the dorsal digital artery and vein and plantar digital artery and vein.
Innervation: The dorsal digital nerve.

IV. THE LIVER MERIDIAN OF FOOT-JUEYIN

1. Dadun (Jing-Well Point, Liv 1)

Location: On the lateral side of the dorsum of the terminal phalanx of the great toe, between the lateral corner of the nail and the interphalangeal joint. (See Fig. 109)

Indications: Hernia, enuresis, uterine bleeding, prolapse of the uterus, epilepsy.

Method: Puncture subcutaneously 0.1-0.2 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The dorsal digital artery and vein.
Innervation: The dorsal digital nerve.

2. Xingjian (Ying-Spring Point, Liv 2)

Location: On the dorsum of the foot between the first and second toe, proximal to the margin of the web. (See Fig. 109)
Indications: Pain in the hypochondrium, abdominal distension, headache, dizziness and vertigo, congestion, swelling and pain of the eye, deviation of the mouth, hernia, painful urination, retention of urine, irregular menstruation, epilepsy, insomnia, convulsion.

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

Regional anatomy
Vasculature: The dorsal venous network of the foot and the first dorsal digital artery and vein.

Innervation: The site where the dorsal digital nerves split from the lateral dorsal metatarsal nerve of the deep peroneal nerve.

3. Taichong (Shu-Stream and Yuan-Primary Point, Liv 3)

Location: On the dorsum of the foot, in the depression distal to the junction of the first and second metatarsal bones. (See Fig. 109)

Indications: Headache, dizziness and vertigo, insomnia, congestion, swelling and pain of the eye, depression, infantile convulsion, deviation of the mouth, pain in the hypochondriac region, uterine bleeding, hernia, enuresis, retention of urine, epilepsy, pain in the anterior aspect of the medial malleolus.

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

Regional anatomy
Vasculature: The dorsal venous network of the foot, the first dorsal metatarsal artery.

Innervation: The branch of the deep peroneal nerve.

4. Zhongfeng (Jing-River Point, Liv 4)

Location: 1 cun anterior to the medial malleolus, midway between Shangqiu (Sp 5) and Jiexi (S 41), in the depression on the medial side of the tendon of m. tibialis anterior. (See Fig. 109)

Indications: Hernia, pain in the external genitalia, nocturnal emission, retention of urine, distending pain in the hypochondrium.

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

Regional anatomy
Vasculature: The dorsal venous network of the foot and the anterior medial malleolar artery.

Innervation: The branch of the medial dorsal cutaneous nerve of the foot and the saphenous nerve.

5. Ligou (Luo-Connecting Point, Liv 5)

Location: 5 cun above the tip of the medial malleolus, on the medial aspect and near the medial border of the tibia. (See Fig. 110)

Indications: Retention of urine, enuresis, hernia, irregular menstruation, leukorrhea, pruritus valvae, weakness and atrophy of the leg.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: Posteriorly, the great saphenous vein.

Innervation: The branch of the saphenous nerve.
6. Zhongdu (Xi-Cleft Point, Liv 6)

Location: 7 cun above the tip of the medial malleolus, on the medial aspect and near the medial border of the tibia. (See Fig. 110)

Indications: Abdominal pain, hypochondriac pain, diarrhea, hernia, uterine bleeding, prolonged lochia.

Method: Puncture subcutaneously 0.5-0.8 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: Deeper, the posterior tibial artery.
Innervation: The branch of the saphenous nerve.

7. Xiguan (Liv 7)

Location: Posterior and inferior to the medial condyle of the tibia, in the upper portion of the medial head of m. gastrocnemius, 1 cun posterior to Yinlingquan (Sp 9). (See Fig. 110)

Indication: Pain of the knee.

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

Regional anatomy
Vasculature: The great saphenous vein.
Innervation: The branch of the saphenous nerve.

8. Ququan (He-Sea Point, Liv 8)

Location: When knee is flexed, the point is in the depression above the medial end of the transverse popliteal crease, posterior to the medial epicondyle of the femur, on the anterior part of the insertion of m.
semimembranosus and m. semitendinosus. (See Fig. 111)

Indications: Prolapse of uterus, lower abdominal pain, retention of urine, nocturnal emission, pain in the external genitalia, pruritus vulvae, pain in the medial aspect of the knee and thigh.

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

Regional anatomy
Vasculature: Anteriorly, the great saphenous vein, on the pathway of the genu suprema artery.
Innervation: The saphenous.

9. Yinbao (Liv 9)

Location: 4 cun above the medial epicondyle of the femur, between m. vastus medialis and m. sartorius. (See Col. Fig. 17)

Indications: Pain in the lumbosacral region, lower abdominal pain, enuresis, retention of urine, irregular menstruation.

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

Regional anatomy
Vasculature: Deeper, on the lateral side, the femoral artery and vein, the superficial branch of the medial circumflex femoral artery.

Innervation: The anterior femoral cutaneous nerve, on the pathway of the anterior branch of the obturator nerve.

10. Zuwuli (Liv 10)

Location: 3 cun directly below Qichong (S 30), on the lateral border of m. abductor longus. (See Col. Fig. 17)

Indications: Lower abdominal distention and fullness, retention of urine.

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

Regional anatomy
Vasculature: The superficial branches of the medial circumflex femoral artery and vein.

Innervation: The genitofemoral nerve, the anterior femoral cutaneous nerve;
deeper, the anterior branch of the obturator nerve.

11. **Yinlian (Liv 11)**

Location: 2 cun directly below Qichong (S 30), on the lateral border of m. abductor longus. (See Col. Fig. 17)

Indications: Irregular menstruation, leukorrhea, lower abdominal pain, pain in the thigh and leg.

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

Regional anatomy
Vascularature: The branches of the medial circumflex femoral artery and vein.

Innervation: The genitofemoral nerve, the branch of the medial femoral cutaneous nerve; deeper, the anterior branch of the obturator nerve.

12. **Jimai (Liv 12)**

Location: Inferior and lateral to the pubic spine, 2.5 cun lateral to the Ren Meridian, at the inguinal groove lateral and inferior to Qichong (S 30). (See Col. Fig. 18)

Indications: Lower abdominal pain, hernia, pain in the external genitalia.

Method: Moxibustion is applicable.

Regional anatomy
Vascularature: The branches of the external pudendal artery and vein, the pubic branches of the inferior epigastric artery and vein; laterally, the femoral vein.

Innervation: The ilioinguinal nerve;
deeper, in the inferior aspect, the anterior branch of the obturator nerve.

13. Zhangmen (Front-Mu Point of the Spleen, Influential Point of Zang Organs, Liv 13)

Location: On the lateral side of the abdomen, below the free end of the eleventh floating rib (See Fig. 112)
Indications: Abdominal distention, borborygmus, pain in the hypochondriac region, vomiting, diarrhea, indigestion.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vascularity: The terminal branch of the tenth intercostal artery.

14. Qimen (Front-Mu Point of the Liver, Liv 14)

Location: Directly below the nipple, in the sixth intercostal space (See Fig. 112)
Indications: Hypochondriac pain, abdominal distention, hiccups, acid regurgitation, mastitis, depression, febrile diseases.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vascularity: The sixth intercostal artery and vein.
Innervation: The sixth intercostal nerve.
Chapter 10

ACUPOINTS OF THE DU AND THE REN MERIDIANS AND THE EXTRAORDINARY POINTS

The Du (Governor Vessel) Meridian goes along the back midline, while the Ren (Conception Vessel) Meridian goes along the front midline. These two meridians and the twelve regular meridians are called the fourteen meridians. The experiential points which are not on the fourteen meridians are called the extraordinary points, which are introduced in this chapter.

I. THE DU MERIDIAN

1. Changqiang (Luo-Connecting Point, Du 1)

   Location: Midway between the tip of the coccyx and the anus, locating the point in prone position. (See Figs. 113 and 114)
   Indications: Diarrhea, bloody stools, hemorrhoids, prolapse of the rectum, constipation, pain in the lower back, epilepsy.
   Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
   Regional anatomy
   Vasculature: The branches of the inferior hemorrhoid artery and vein.

   Innervation: The posterior ramus of the coccygeal nerve, the hemorrhoid nerve.

2. Yaoshu (Du 2)

   Location: In the hiatus of the sacrum. (See Col. Fig. 19)
   Indications: Irregular menstruation, pain and stiffness of the lower back, hemorrhoids, muscular atrophy of the lower extremities, epilepsy.
   Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.
   Regional anatomy
   Vasculature: The branches of the median sacral artery and vein.
   Innervation: The branch of the coccygeal nerve.

3. Yaoyangguan (Du 3)

   Location: Below the spinous process of the fourth lumbar vertebra, at the level with the crista iliaca. (See Figs. 113 and 114)
   Indications: Irregular menstruation, nocturnal emission, impotence, pain in the lumbosacral region, muscular atrophy, motor impairment, numbness and pain of the lower extremities.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vascularure: The posterior branch of the lumbar artery.
Innervation: The medial branch of the posterior ramus of the lumbar nerve.

4. Mingmen (Du 4)

Location: Below the spinous process of the second lumbar vertebra. (See Figs. 113 and 114)

Indications: Stiffness of the back, lumbago, impotence, nocturnal emission,
irregular menstruation, diarrhea, indigestion, leukorrhea.

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

Regional anatomy: See Yaoyangguan (Du 3).

5. **Xuanshu (Du 5)**

Location: Below the spinous process of the first lumbar vertebra. (See Col. Fig. 19)

Indications: Pain and stiffness of the lower back, diarrhea, indigestion.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Yaoyangguan (Du 3).

6. **Jizhong (Du 6)**

Location: Below the spinous process of the eleventh thoracic vertebra. (See Col. Fig. 19)
Indications: Pain in the epigastric region, diarrhea, jaundice, epilepsy, stiffness and pain of the back.
Method: Puncture perpendicularly 0.5-1.0 inch.
Regional anatomy
Vasculature: The posterior branch of the eleventh intercostal artery.
Innervation: The medial branch of the posterior ramus of the eleventh thoracic nerve.

7. **Zhongshu (Du 7)**

Location: Below the spinous process of the tenth thoracic vertebra. (See Col. Fig. 19)
Indications: Pain in the epigastric region, low back pain, stiffness of the back.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branch of the tenth intercostal artery.
Innervation: The medial branch of the posterior ramus of the tenth thoracic nerve.

8. **Jinsuo (Du 8)**

Location: Below the spinous process of the ninth thoracic vertebra. (See Figs. 113 and 114)
Indications: Epilepsy, stiffness of the back, gastric pain.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branch of the ninth intercostal artery.
Innervation: The medial branch of the posterior ramus of the ninth thoracic nerve.

9. **Zhiyang (Du 9)**

Location: Below the spinous process of the seventh thoracic vertebra, approximately at the level with the inferior angle of the scapula. (See Figs. 113 and 114)
Indications: Jaundice, cough, asthma, stiffness of the back, pain in the chest and back.
Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branch of the seventh intercostal artery.
Innervation: The medial branch of the posterior ramus of the seventh thoracic nerve.

10. **Lingtai (Du 10)**

Location: Below the spinous process of the sixth thoracic vertebra. (See Figs. 113 and 114)
Indications: Cough, asthma, furuncles, back pain, neck rigidity.
Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The posterior branch of the sixth intercostal artery.
Innervation: The medial branch of the posterior ramus of the thoracic nerve.
11. **Shendao (Du 11)**

Location: Below the spinous process of the fifth thoracic vertebra. (See Col. Fig. 19)

Indications: Poor memory, anxiety, palpitation, pain and stiffness of the back, cough, cardiac pain.

Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branch of the fifth intercostal artery.

Innervation: The medial branch of the posterior ramus of the fifth thoracic nerve.

12. **Shenzhu (Du 12)**

Location: Below the spinous process of the third thoracic vertebra. (See Figs. 113 and 114)

Indications: Cough, asthma, epilepsy, pain and stiffness of the back, furuncles.

Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branch of the third intercostal artery.

Innervation: The medial branch of the posterior ramus of the third thoracic nerve.

13. **Taodao (Du 13)**

Location: Below the spinous process of the first thoracic vertebra. (See Figs. 113 and 114)

Indications: Stiffness of the back, headache, malaria, febrile diseases.

Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branch of the first intercostal artery.

14. **Dazhui (Du 14)**

Location: Below the spinous process of the seventh cervical vertebra, approximately at the level of the shoulders. (Figs. 113 & 114)

Indications: Neck pain and rigidity, malaria, febrile diseases, epilepsy, afternoon fever, cough, asthma, common cold, back stiffness.

Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The branch of the transverse cervical artery.

Innervation: The posterior ramus of the eighth cervical nerve and the medial branch of the posterior ramus of the first thoracic nerve.

15. **Yamen (Du 15)**

Location: 0.5 cun directly above the midpoint of the posterior hairline, in the depression below the spinous process of the first cervical vertebra (See Fig. 115)

Indications: Mental disorders, epilepsy, deafness and mute, sudden hoarseness of voice, apoplexy, stiffness of the tongue and aphasia, occipital headache, neck rigidity.

Method: Puncture perpendicularly 0.5-0.8 inch. Neither upward obliquely nor deep puncture is advisable. It is near the medullary bulb in the deep layer, and the depth and angle of the puncture should be paid strict attention to.

Regional anatomy
Vasculature: The branches of the occipital
artery and vein.
Innervation: The third occipital nerve.

16. Fengfu (Du 16)

Location: 1 cun directly above the midpoint of the posterior hairline, directly below the external occipital protuberance, in the depression between m. trapezius of both sides. (See Fig. 115)
Indications: Headache, neck rigidity, blurring of vision, epistaxis, sore throat, post-apoplexy aphasia, hemiplegia, mental disorders.
Method: Puncture perpendicularly 0.5-0.8 inch. Deep puncture is not advisable. Medullary bulb is in the deep layer, special attention should be paid in acupuncture.
Regional anatomy
Vasculature: The branch of the occipital artery.
Innervation: The branches of the third cervical nerve and the great occipital nerve.

17. Naohu (Du 17)

Location: On the midline of the head, 1.5 cun directly above Fengfu (Du 16), superior to the external occipital protuberance. (See Col. Fig. 19)
Indications: Epilepsy, dizziness, pain and stiffness of the neck.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the occipital arteries and veins of both sides.
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Innervation: The branch of the great occipital nerve.

18. Qiangjian (Du 18)

Location: On the midline of the head, 1.5 cun directly above Naohu (Du 17), midway between Fengfu (Du 16) and Baihui (Du 20). (See Col. Fig. 19)

Indications: Headache, neck rigidity, blurring of vision, mania.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy: See Naohu (Du 17).

19. Houding (Du 19)

Location: On the midline of the head, 1.5 cun directly above Qiangjian (Du 18). (See Col. Fig. 19)

Indications: Headache, vertigo, mania, epilepsy.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy: See Naohu (Du 17).

20. Baihui (Du 20)

Location: On the midline of the head, 7 cun directly above the posterior hairline, approximately on the midpoint of the line connecting the apexes of the two auricles. (See Fig. 115)

Indications: Headache, vertigo, tinnitus, nasal obstruction, aphasia by apoplexy, coma, mental disorders, prolapse of the rectum and the uterus.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The anastomotic network formed by the superficial temporal arteries and veins and the occipital arteries and veins on both sides.

Innervation: The branch of the great occipital nerve.

21. Qianding (Du 21)

Location: On the midline of the head, 1.5 cun anterior to Baihui (Du 20). (See Col. Fig. 19)

Indications: Epilepsy, dizziness, blurring of vision, vertical headache, rhinorrhea.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy

Vasculature: The anastomotic network formed by the right and left superficial temporal arteries and veins.

Innervation: On the communicating site of the branch of the frontal nerve with the branch of the great occipital nerve.

22. Xinhui (Du 22)

Location: 2 cun posterior to the midpoint of the anterior hairline, 3 cun anterior to Baihui (Du 20). (See Col. Fig. 19)

Indications: Headache, blurring of vision, rhinorrhea, infantile convulsion.

Method: Puncture subcutaneously 0.3-0.5 inch. This point is prohibited in infants with metopism. Moxibustion is applicable.

Regional anatomy

Vasculature: The anastomotic network formed by the right and left superficial temporal artery and vein and the frontal artery and vein.

Innervation: The branch of the frontal nerve.
23. **Shangxing (Du 23)**

Location: 1 cun directly above the midpoint of the anterior hairline. (Fig. 115)
Indications: Headache, ophthalmalgia, epistaxis, rhinorrhea, mental disorders.
Method: Puncture subcutaneously 0.3-0.5 inch or prick to cause bleeding. This point is prohibited in infants with metopism. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the frontal artery and vein, and the branches of the superficial temporal artery and vein.
Innervation: The branch of the frontal nerve.

24. **Shenting (Du 24)**

Location: 0.5 cun directly above the midpoint of the anterior hairline. (See Col. Fig. 19)
Indications: Epilepsy, anxiety, palpitation, insomnia, headache, vertigo, rhinorrhea.
Method: Puncture subcutaneously 0.3-0.5 inch, or prick to cause bleeding. Moxibustion is applicable.

Regional anatomy
Vasculature: The branches of the frontal artery and vein, and the branches of the superficial temporal artery and vein.
Innervation: The branch of the frontal nerve.

25. **Suliao (Du 25)**

Location: On the tip of the nose. (See Fig. 115)
Indications: Loss of consciousness, nasal obstruction, epistaxis, rhinorrhea, rosacea.
Method: Puncture perpendicularly 0.2-0.3 inch, or prick to cause bleeding.

Regional anatomy
Vasculature: The lateral nasal branches of the facial artery and vein.
Innervation: The external nasal branch of the anterior ethmoidal nerve.

26. **Shuigou (also known as Renzhong, Du 26)**

Location: A little above the midpoint of the philtrum, near the nostrils. (See Fig. 115)
Indications: Mental disorders, epilepsy, hysteria, infantile convulsion, coma, apoplectic-faint, trismus, deviation of the mouth and eyes, puffiness of the face, pain and stiffness of the lower back.
Method: Puncture obliquely upward 0.3-0.5 inch.

Regional anatomy
Vasculature: The superior labial artery and vein.
Innervation: The buccal branch of the facial nerve, and the branch of the infraorbital nerve.

27. **Duiduan (Du 27)**

Location: On the median tubercle of the upper lip, at the junction of the skin and upper lip (See Col. Fig. 19)
Indications: Mental disorders, lip twitching, lip stiffness, pain and swelling of the gums.
Method: Puncture obliquely upward 0.2-0.3 inch.

Regional anatomy
Vasculature: The superior labial artery and vein.
Innervation: The buccal branch of the facial nerve, and the branch of the infraorbital nerve.
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28. Yinjiao (Du 28)
Location: At the junction of the gum and the frenulum of the upper lip. (See Col. Fig. 19)
Indications: Mental disorders, pain and swelling of the gums, rhinorrhea.
Method: Puncture obliquely upward 0.1-0.2 inch, or prick to cause bleeding.
Regional anatomy
Vascularature: The superior labial artery and vein.
Innervation: The branch of the superior alveolar nerve.

II. THE REN MERIDIAN

1. Huiyin (Ren 1)
Location: Between the anus and the root of the scrotum in males and between the anus and the posterior labial commissure in females. (See Col. Fig. 20)
Indications: Vaginitis, retention of urine, hemorrhoids, nocturnal emission, enuresis, irregular menstruation, mental disorders.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vascularature: The branches of the perineal artery and vein.
Innervation: The branch of the perineal nerve.

2. Qugu (Ren 2)
Location: On the midpoint of the upper border of the symphysis pubis. (See Col. Fig. 20)
Indications: Retention and dribbling of urine, enuresis, nocturnal emission, impotence, morbid leukorrhrea, irregular menstruation, dysmenorrhea, hernia.
Method: Puncture perpendicularly 0.5-1.0 inch. Great care should be taken to puncture the points from Qugu (Ren 2) to Shangwan (Ren 13) of this meridian in pregnant women. Moxibustion is applicable.
Regional anatomy
Vascularature: The branches of the inferior epigastric artery and the obturator artery.
Innervation: The branch of the iliohypogastric nerve.

3. Zhongji (Front-Mu Point of the Bladder, Ren 3)
Location: On the midline of the abdomen, 4 cun below the umbilicus. (See Fig. 116)
Indications: Enuresis, nocturnal emission, impotence, hernia, uterine bleeding, irregular menstruation, dysmenorrhea, morbid leukorrhrea, frequency of urination, retention of urine, pain in the lower abdomen, prolapse of the uterus, vaginitis.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vascularature: The branches of superficial epigastric artery and vein, and the branches of inferior epigastric artery and vein.
Innervation: The branch of the iliohypogastric nerve.

4. Guanyuan (Front-Mu Point of the Small Intestine, Ren 4)
Location: On the midline of the abdomen, 3 cun below the umbilicus. (See Fig. 116)
Indications: Enuresis, nocturnal emission, frequency of urination, retention of urine, hernia, irregular menstruation, morbid leukorrhea, dysmenorrhea, uterine bleeding, postpartum hemorrhage, lower abdominal pain, indigestion, diarrhea, prolapse of the rectum, flaccid type of apoplexy.

Method: Puncture perpendicularly 0.8-1.2 inches. This is one of the important points for tonification. Moxibustion is applicable.

Regional anatomy
Vasculature: See Zhongji (Ren 3).
Innervation: The medial branch of the anterior cutaneous branch of the twelfth intercostal nerve.
5. **Shimen (Front-Mu Point of Sanjiao, Ren 5)**

Location: On the midline of the abdomen, 2 cun below the umbilicus. (See Fig. 116)

Indications: Abdominal pain, diarrhea, edema, hernia, anuria, enuresis, amenorrhea, morbid leukorrhea, uterine bleeding, postpartum hemorrhage.

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

Regional anatomy
Vasculature: See Zhongji (Ren 3).
Innervation: The anterior cutaneous branch of the eleventh intercostal nerve.

6. **Qihai (Ren 6)**

Location: On the midline of the abdomen, 1.5 cun below the umbilicus. (See Fig. 116)

Indications: Abdominal pain, enuresis, nocturnal emission, impotence, hernia, edema, diarrhea, dysentery, uterine bleeding, irregular menstruation, dysmenorrhea, amenorrhea, morbid leukorrhea, postpartum hemorrhage, constipation, flaccid type of apoplexy, asthma.

Method: Puncture perpendicularly 0.8-1.2 inches. This is one of the important points for tonification. Moxibustion is applicable.

Regional anatomy
Vasculature: See Zhongji (Ren 3).
Innervation: The anterior cutaneous branch of the tenth intercostal nerve.

7. **Yinjiao (Ren 7)**

Location: On the midline of the abdomen, 1 cun above the umbilicus. (See Col. Fig. 20)

Indications: Abdominal distention, edema, hernia, irregular menstruation, uterine bleeding, morbid leukorrhea, pruritus vulvae, postpartum hemorrhage, abdominal pain around the umbilicus.

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

Regional anatomy
Vasculature: See Zhongji (Ren 3).
Innervation: The anterior cutaneous branch of the tenth intercostal nerve.

8. **Shenque (Ren 8)**

Location: In the centre of the umbilicus. (See Fig. 116)

Indications: Abdominal pain, borborygmus, flaccid type of apoplexy, prolapse of the rectum, unchecked diarrhea.

Method: Puncture is prohibited. Moxibustion is applicable.

Regional anatomy
Vasculature: The inferior epigastric artery and vein.
Innervation: The anterior cutaneous branch of the tenth intercostal nerve.

9. **Shuifen (Ren 9)**

Location: On the midline of the abdomen, 1 cun above the umbilicus. (See Fig. 116)

Indications: Abdominal pain, borborygmus, edema, retention of the urine, diarrhea.

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

Regional anatomy
Vasculature: See Shenque (Ren 8).
Innervation: The anterior cutaneous
branch of the eighth and ninth intercostal nerves.

10. Xiawan (Ren 10)

Location: On the midline of the abdomen, 2 cun above the umbilicus. (See Fig. 116)

Indications: Epigastric pain, abdominal pain, borborygmus, indigestion, vomiting, diarrhea.

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

Regional anatomy
Vasculature: See Shenque (Ren 8).
Innervation: The anterior cutaneous branch of the eighth intercostal nerve.

11. Jianli (Ren 11)

Location: On the midline of the abdomen, 3 cun above the umbilicus. (See Fig. 116)

Indications: Stomachache, vomiting, abdominal distention, borborygmus, edema, anorexia.

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

Regional anatomy
Vasculature: The branches of the superior and inferior epigastric arteries.
Innervation: The anterior cutaneous branch of the eighth intercostal nerve.

12. Zhongwan (Front-Mu Point of the Stomach, Influential Point of the Fu Organs, Ren 12)

Location: On the midline of the abdomen, 4 cun above the umbilicus. (See Fig. 116)

Indications: Stomach ache, abdominal distention, borborygmus, nausea, vomiting, acid regurgitation, diarrhea, dysentery, jaundice, indigestion, insomnia.

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

Regional anatomy
Vasculature: The superior epigastric artery and vein.
Innervation: The anterior cutaneous branch of the seventh intercostal nerve.

13. Shangwan (Ren 13)

Location: On the midline of the abdomen, 5 cun above the umbilicus. (See Fig. 116)

Indications: Stomach ache, abdominal distention, nausea, vomiting, epilepsy, insomnia.

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

Regional anatomy: See Zhongwan (Ren 12).

14. Juque (Front-Mu Point of the Heart, Ren 14)

Location: On the midline of the abdomen, 6 cun above the umbilicus. (See Fig. 116)

Indications: Pain in the cardiac region and the chest, nausea, acid regurgitation, difficulty in swallowing, vomiting, mental disorders, epilepsy, palpitation.

Method: Puncture perpendicularly 0.3-0.8 inch. Moxibustion is applicable.

Regional anatomy: See Zhongwan (Ren 12).
15. **Jiuwei (Luo-Connecting Point, Ren 15)**

Location: Below the xiphoid process, 7 cun above the umbilicus; locate the point in supine position with the arms uplifted. (See Fig. 116)

Indications: Pain in the cardiac region and the chest, nausea, mental disorders, epilepsy.

Method: Puncture obliquely downward 0.4-0.6 inch. Moxibustion is applicable.

Regional anatomy: See Zhongwan (Ren 12).

16. **Zhongting (Ren 16)**

Location: On the midline of the sternum, at the level with the fifth intercostal space. (See Col. Fig. 20)

Indications: Distension and fullness in the chest and intercostal region, hiccup, nausea, anorexia.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vascular: The anterior perforating branches of the internal mammary artery and vein.

Innervation: The medial branch of the anterior cutaneous branch of the sixth intercostal nerve.

17. **Tanzhong (Front-Mu Point of the Pericardium, Influential Point of Qi, Ren 17)**

Location: On the anterior midline, at the level with the fourth intercostal space, midway between the nipples. (See Fig. 116)

Indications: Asthma, pain in the chest, fullness in the chest, palpitation, insufficient lactation, hiccup, difficulty in swallowing.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vascular: See Zhongting (Ren 16).

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

18. **Yutang (Ren 18)**

Location: On the anterior midline, at the level with the third intercostal space. (See Col. Fig. 20)

Indications: Pain in the chest, cough, asthma, vomiting.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vascular: See Zhongting (Ren 16).

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

19. **Zigong (Ren 19)**

Location: On the anterior midline, at the level with the second intercostal space. (See Col. Fig. 20)

Indications: Pain in the chest, asthma, cough.

Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vascular: See Zhongting (Ren 16).

Innervation: The anterior cutaneous branch of the second intercostal nerve.
20. Huagai (Ren 20)

Location: On the anterior midline, at the midpoint of the sternal angle, at the level with the first intercostal space. (See Col. Fig. 20) and intercostal region, asthma, cough.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Zhongting (Ren 16).
Innervation: The anterior cutaneous branch of the first intercostal nerve.

Indications: Pain in the chest, cough, asthma.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: See Zhongting (Ren 16).
Innervation: The anterior branch of the supraclavicular nerve.

Regional anatomy
Vasculature: Superficially, the jugular arch and the branch of the inferior thyroid artery; deeper, the trachea; inferiorly, at the posterior aspect of the sternum, the innominate vein and aortic arch.
Innervation: The anterior branch of the supraclavicular nerve.

23. Lianquan (Ren 23)

Location: Above the Adam’s apple, in the depression of the upper border of the hyoid bone. (See Fig. 117)
Indications: Swelling and pain of the subglossal region, salivation with glossoplegia, aphasia with stiffness of tongue by apoplexy, sudden hoarseness of the voice, difficulty in swallowing.
Method: Puncture obliquely 0.5-1.0 inch toward the tongue root. Moxibustion is applicable.
Regional anatomy
Vasculature: The anterior jugular vein.
Innervation: The branch of the cutaneous cervical nerve, the hypoglossal nerve, and the branch of the glosso pharyngeal nerve.

24. Chengjiang (Ren 24)

Location: In the depression in the centre of the mentolabial groove. (See Fig. 117)
Indications: Facial puffiness, swelling of the gums, toothache, salivation, mental disorders, deviation of the eyes and mouth.
Method: Puncture obliquely upward 0.2-0.3 inch. Moxibustion is applicable.
Regional anatomy  
Vasculature: The branches of the inferior labial artery and vein.  
Innervation: The branch of the facial nerve.

III. THE EXTRAORDINARY POINTS

1. Taiyang

Location: In the depression about 1 cun posterior to the midpoint between the lateral end of the eyebrow and the outer canthus. (See Fig. 118)
Indications: Headache, eye diseases, deviation of the eyes and mouth.
Method: Puncture perpendicularly 0.3-0.5 inch, or prick to cause bleeding.

2. Yintang

Location: Midway between the medial ends of the two eyebrows. (See Fig. 118)

Indications: Headache, head heaviness, epistaxis, rhinorrhea, infantile convulsion, frontal headache, insomnia.
Method: Puncture subcutaneously 0.3-0.5 inch. Moxibustion is applicable.

3. Shanglianquan

Location: 1 cun below the midpoint of the lower jaw, in the depression between the hyoid bone and the lower border of the jaw. (See Fig. 118)
Indications: Alalia, salivation with stiff tongue, sore throat, difficulty in swallowing, loss of voice.
Method: Puncture obliquely 0.8-1.2 inches toward the tongue root.

4. Erjian

Location: Fold the auricle, the point is at the apex of the auricle. (See Fig. 118)
Indications: Redness, swelling and pain of the eyes, febrile disease, nebula.
Method: Puncture perpendicularly 0.1-0.2 inch or prick to cause bleeding. Moxibustion is applicable.

5. **Yuyao**

Location: At the midpoint of the eyebrow. (See Fig. 119)

Indications: Pain in the supraorbital region, twitching of the eyelids, ptosis, cloudiness of the cornea, redness, swelling and pain of the eyes.

Method: Puncture subcutaneously 0.3-0.5 inch.

6. **Sishencong**

Location: A group of 4 points, at the
vertex, 1 cun respectively posterior, anterior and lateral to Baihui (Du 20). (See Fig. 119)
Indications: Headache, vertigo, insomnia, poor memory, epilepsy.
Method: Puncture subcutaneously 0.5-1.0 inch. Moxibustion is applicable.

7. **Qiuhou**

Location: At the junction of the lateral 1/4 and the medial 3/4 of the infraorbital margin. (See Fig. 119)
Indications: Eye diseases.
Method: Push the eyeball upward gently, then puncture perpendicularly 0.5-1.2 inches along the orbital margin slowly without movements of lifting, thrusting, twisting and rotating.

8. **Jiachengjiang**

Location: 1 cun lateral to Chengjiang (Ren 24). (See Fig. 119)

Indications: Pain in the face, deviation of the eyes and mouth, spasm of facial muscle.
Method: Puncture obliquely 0.5-1.0 inch.

9. **Jinjin, Yuye**

Location: On the veins on both sides of the frenulum of the tongue, Jinjin is on the left, Yuye, on the right. (See Fig. 120)
Indications: Swelling of the tongue, vomiting, aphasia with stiffness of tongue.
Method: Prick to cause bleeding.

10. **Bitong**

Location: At the highest point of the nasolabial groove. (See Fig. 121)
Indications: Rhinitis, nasal obstruction, nasal boils.
Method: Puncture subcutaneously upward 0.3-0.5 inch.

![Diagram of mouth showing Jinjing and Yuye](Fig. 120)
11. Qianzheng

Location: 0.5-1.0 cun anterior to the auricular lobe. (See Fig. 121)
Indications: Deviation of the eyes and mouth, ulceration on tongue and mouth.
Method: Puncture obliquely 0.5-1.0 inch.

12. Yiming

Location: 1 cun posterior to Yifeng (SJ 17). (See Fig. 121)
Indications: Eye diseases, tinnitus, insomnia.
Method: Puncture perpendicularly 0.5-0.8 inch.

13. Anmian

Location: Midpoint between Yifeng (SJ 17) and Fengchi (G 20). (See Fig. 121)
Indications: Insomnia, vertigo, headache, palpitation, mental disorders.
Method: Puncture perpendicularly 0.5-0.8 inch.

14. Dingchuan

Location: 0.5 cun lateral to Dazhui (Du 14). (See Fig. 122)
Indications: Asthma, cough, neck rigidity, pain in the shoulder and back, rubella.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.

15. Huatuojiaji

Location: A group of 34 points on both sides of the spinal column, 0.5 cun lateral to the lower border of each spinous process from the first thoracic vertebra to the fifth lumbar vertebra. (See Fig. 122)
Indications: See the following table.
Colour Fig. 1 The Lung Meridian of Hand-Taiyin
Colour Fig. 4  The Stomach Meridian of Foot-Yangming (II)
Figure 5 The Spleen Meridian of Foot-Taiyin (I)
Colour Fig. 6 The Spleen Meridian of Foot-Taiyin (II)
Colour Fig. 7 The Heart Meridian of Hand-Shaoyin
Colour Fig. 8 The Small Intestine Meridian of Hand-Taiyang
Colour Fig. 10  The Bladder Meridian of Foot-Taiyang (II)
Colour Fig. 11 The Kidney Meridian of Foot-Shaoyin (I)
Colour Fig. 12 The Kidney Meridian of Foot-Shaoyin (II)
Colour Fig. 13 The Pericardium Meridian of Hand-Jueyin
Colour Fig. 14 The Sanjiao Meridian of Hand-Shaoyang
Colour Fig. 15 The Gallbladder Meridian of Foot-Shaoyang (I)
Fig. 16 The Gallbladder Meridian of Foot-Shaoyang (II)
Fig. 17 The Liver Meridian of Foot-Jueyin (I)
Colour Fig. 18 The Liver Meridian of Foot-Jueyin (II)
Colour Fig. 19 The Du Meridian
Colour Fig. 20 The Ren Meridian
Chapter 10  Du, Ren and Extraordinary Points

Huatuojiaji Points

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<td>Diseases in the upper limbs.</td>
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<td>Diseases in the chest region.</td>
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</table>

Method: Puncture perpendicularly 0.5-1.0 inch in the cervical and chest region, puncture perpendicularly 1.0-1.5 inches in the lumbar region. Moxibustion is applicable.

16. Bailao

Location: 2 cun above Dazhui (Du 14), 1 cun lateral to the midline. (See Fig. 123)
Indications: Scrofula, cough, asthma, whooping cough, neck rigidity.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

17. Weiguanxiashu

Location: 1.5 cun lateral to the lower border of the spinous process of the eighth thoracic vertebra. (See Fig. 123)
Indications: Diabetes, vomiting, abdominal pain, pain in the chest and hypochondriac region.
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

18. Shiqizhui

Location: Below the spinous process of the fifth lumbar vertebra. (See Fig. 123)
Indications: Lumbar pain, thigh pain, paralysis of the lower extremities, irregular menstruation, dysmenorrhea.
Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion is applicable.
19. Yaoqi

Location: 2 cun directly above the tip of the coccyx. (See Fig. 123)
Indications: Epilepsy, headache, insomnia, constipation.
Method: Puncture subcutaneously upward 1.0-2.0 inches. Moxibustion is applicable.

20. Pigen

Location: 3.5 cun lateral to the lower border of the spinous process of the first lumbar vertebra. (See Fig. 123)
Indications: Hepatosplenomegaly, lumbar pain.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.

21. Yaoyan

Location: About 3.5 cun lateral to the lower border of the spinous process of the fourth lumbar vertebra. The point is in the depression appearing in prone position. (See Fig. 123)
Indications: Lumbar pain, frequency of
22. **Zigongxue**

Location: 3 cun lateral to Zhongji (Ren 3). (See Fig. 124)
Indications: Prolapse of the uterus, irregular menstruation.

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

23. **Jianqian (also known as Jianneiling)**

Location: Midway between the end of the
anterior axillary fold and Jianyu (L I 15). (See Fig. 124)

Indications: Pain in the shoulder and arm, paralysis of the upper extremities.

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

24. Shixuan

Location: On the tips of the ten fingers, about 0.1 cun distal to the nails. (See Fig. 125)

Indications: Apoplexy, coma, epilepsy, high fever, acute tonsillitis, infantile
convulsion, numbness of the finger tips.
Method: Puncture 0.1-0.2 inch superficially, or prick to cause bleeding.

25. Sifeng

Location: On the palmar surface, in the midpoint, of the transverse creases of the proximal interphalangeal joints of the index, middle, ring and little fingers. (See Fig. 125)
Indications: Malnutrition and indigestion syndrome in children, whooping cough.
Method: Prick to cause bleeding, or squeeze out a small amount of yellowish viscous fluid locally.

26. Zhongkui

Location: On the midpoint of the proximal interphalangeal joint of the middle finger at dorsum aspect. (See Fig. 125)
Indications: Nausea, vomiting, hiccup.

Method: Moxibustion is applied with three moxa cones.

27. Baxie

Location: On the dorsum of the hand, at the junction of the white and red skin of the hand webs, eight in all, making a loose fist to locate the points. (See Fig. 125)
Indications: Excessive heat, finger numbness, spasm and contracture of the fingers, redness and swelling of the dorsum of the hand.
Method: Puncture obliquely 0.3-0.5 inch, or prick to cause bleeding. Moxibustion is applicable.

28. Luozen

Location: On the dorsum of the hand, between the second and third metacarpal...
bones, about 0.5 cun posterior to metacarpophalangeal joint. (See Fig. 126)
Indications: Sore neck, pain in the shoulder and arm.
Method: Puncture perpendicularly 0.5-0.8 inch.

29. Yaotongxue

Location: On the dorsum of the hand, midway between the transverse wrist crease and metacarpophalangeal joint, between the second and third metacarpal bones, and between the fourth and fifth metacarpal bones, four points in all on both hands. (See Fig. 126)
Indication: Acute lumbar sprain.
Method: Puncture obliquely 0.5-1.0 inch toward the centre of metacarpus from both sides.

30. Zhongquan

Location: In the depression between Yangxi (L I 5) and Yangchi (S J 4). (See Fig. 125)
Indications: Stuffy chest, gastric pain, spitting of blood.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

31. Erbai

Location: On the metacarpal aspect of the forearm, 4 cun above the transverse wrist crease, on the both sides of the tendon of m. flexor carpi radialis, two points on one hand. (See Fig. 127)
Indications: Hemorrhoids, prolapse of the rectum.
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

32. Bizhong

Location: On the lateral aspect of the forearm, midway between the transverse wrist crease and elbow crease, between the radius and the ulna. (See Fig. 127)
Indications: Paralysis, spasm and contracture of the upper extremities, pain of the forearm. Method: Puncture perpendicularly 1.0-1.2 inches. Moxibustion is applicable.

**33. Zhoujian**

Location: On the tip of the ulnar olecranon when the elbow is flexed. (See Fig. 128)  
Indication: Scrofula  
Method: Moxibustion is applied with seven to fourteen moxa cones.

**34. Huanzhong**

Location: Midway between Huantiao (G 30) and Yaoshu (Du 2). (See Fig. 129)  
Indications: Lumbar pain, thigh pain.  
Method: Puncture perpendicularly 1.5-2.0 inches. Moxibustion is applicable.

**35. Baichongwo**

Location: 1 cun above Xuehai (Sp 10). (See Fig. 130)  
Indications: Rubella, eczema, gastrointestinal parasitic diseases.  
Method: Puncture perpendicularly 1.0-1.2 inches. Moxibustion is applicable.

**36. Xiyan**

Location: A pair of points in the two depressions, medial and lateral to the patellar ligament, locating the point with the knee flexed. These two points are also termed medial and lateral Xiyan respectively. Lateral Xiyan overlaps with Dubi (S 35). (See Fig. 131)  
Indications: Knee pain, weakness of the lower extremities.  
Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.
37. **Lanweixue**

Location: The tender spot about 2 cun below Zusanli (S 36). (See Fig. 131)

Indications: Acute and chronic appendicitis, indigestion, paralysis of the lower extremities.

Method: Puncture perpendicularly 1.0-1.2 inches.

38. **Heding**

Location: In the depression of the midpoint of the superior patellar border. (See Fig. 131)

Indications: Knee pain, weakness of the foot and leg, paralysis.

39. **Dannangxue**

Location: The tender spot 1-2 cun below Yanglingquan (G 34). (See Fig. 132)

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Indications: Acute and chronic cholecystitis, cholelithiasis, biliary ascariasis, muscular atrophy and numbness of the lower extremities.

Method: Puncture perpendicularly 0.8-1.2 inches.

40. Bafeng

Location: On the dorsum of foot, in the depressions on the webs between toes, proximal to the margins of the webs, eight points in all. (See Fig. 133)

Indications: Beriberi, toe pain, redness and swelling of the dorsum of the foot.

Method: Puncture obliquely 0.5-0.8 inch. Moxibustion is applicable.