PRACTICAL DIAGRAM OF CHINESE ACUPOINTS

By
Wang Lingling
Sherry Pai
Lü Mei
Liu Lanying
Zhang Jianbin
Maholida Amad
Jiang Jinfeng

XANADU
Foreword

Acupuncture points are special locations where the blood and qi from internal organs and meridians converge and disperse. These points are the primary focus of the practice of acupuncture and tuina. In the text Ling Shu, the chapter on Nine Needles and Twelve Origins states: “Those who understand the importance of the convergence of joints and the three hundred and sixty five junctions, know them well. Those who fail to appreciate their value cannot grasp the concept. The joints are meeting points of qi and shen, not flesh and bone.” Therefore, the locations of acupuncture points are related to certain physiological functions.

Early in the continuing battle against diseases, our ancestors came to understand that certain spots on the body relieved pain. Initially, it was understood that “if it hurts, then press on it; if it feels better when pressed, then needle it”, and “painful points are acupuncture points” or the “ashi” points. Gradually these points were given names that reflected the characteristics of their location and therapeutic effects. After acupuncture points with fixed locations were properly labeled, practitioners were no longer limited to the indefinite “ashi” points. Vast clinical experience indicated that acupuncture points are not simply random and isolated points on the surface of the body. Rather, points with similar therapeutic effects can be traced into lines that possess special interrelationships. After the concept of meridians was developed, doctors categorized many of the acupuncture points with a specific name and fixed location as belonging to a certain meridian. Points that had a name, fixed location, and demonstrated therapeutic effects that did not
belong to any meridian became known as extra points. Today, there are 361 acupuncture points located along the meridians and several hundred extra points. In recent years, the combination of clinical trials and other natural scientific theories, such as holographic representation, has created several micro-acupuncture systems. Examples include: ear acupuncture, eye acupuncture, face acupuncture, scalp acupuncture, hand acupuncture, foot acupuncture, ankle acupuncture, etc. These micro-acupuncture systems, which are more convenient, economical with less side-effects, have further enriched the traditional acupuncture system.

It is known that the precise location of acupuncture points is essential for clinical success. *Taiping Sacred Remedies* states: “If the location of the points is inaccurate, then the outcome will be unsatisfactory.” Therefore, acupuncture doctors in the past valued accuracy in identifying the location of acupuncture points because it is directly related to positive therapeutic effects. The legislature of the Song Dynasty even supported the efforts of an acupuncture doctor named Wang Weiyi to research the locations of the points, their associated properties and meridians. The results were chiseled into tablets and the government stipulated that they be used as the basis for bronze acupuncture statues. In the history of acupuncture, the graphic representation of the location of acupuncture points and needling techniques were great accomplishments. Modern technology allows us to combine the knowledge of anatomy with the locations of acupuncture points.

This book is written with “accuracy, practicality, and simplicity” as guiding principles. Clear lined drawings detail the points of the fourteen meridians, commonly-used extra points and points of the micro-acupuncture systems.
The locations of acupuncture points reflect the government standards and currently acknowledged standards. They are separated into sections and areas. The author has combined more than 20 years of clinical and teaching experience to introduce easily-located point methods and needling techniques for particular locations. The fourteen meridians are divided into various segments for comparisons that are helpful for clinical applications. Furthermore, the author systematically covers the most commonly-used points in their entirety. She has also collected and organized the materials documenting the micro-acupuncture systems which provide invaluable options for clinical acupuncture treatment.

This book is written in English for Chinese doctors abroad and for foreigners in China, so that they could exchange, communicate and understand smoothly. The items in this book are popular and standard from TCM doctors and TCM literatures all over the world.

It is our wish that this book will aid students of acupuncture in correctly identifying the location of acupuncture points, as well as provide understanding of special needling techniques. We also hope that this book will provide valuable illustrative materials to teachers.

Authors
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Chapter I
Commonly-used Methods to Locate Acupuncture Points

In order to accurately locate the points, it is not enough to simply know the location of the points, one needs to know the correct method of palpation and point location. Commonly used methods include Anatomical landmark method, proportional measurement method, and finger measurement method. Proportional measurement method is used for locating most of the acupuncture points, whereas the anatomical landmark method is only used for points which their anatomical positions are clearly indicated. As for the use of finger measurement method, it is necessary to combine the proportional measurement method.

I. Anatomical Landmark Method

Anatomical landmark method is based on anatomical features to locate acupuncture points. It can be divided into two categories: Fixed and Flexible landmarks.

1. Fixed anatomical landmarks include: depression or prominence formed by muscles or joints, facial features (eyes,
nose, mouth), hairline, finger/toe nails, nipples, umbilicus, etc. For example, Yanglingquan (GB34) is located in the depression anterior and inferior to the head of the fibula, and at the medial end of the eyebrow is the point Cuanzhu (BL2).

2. Flexible anatomical landmarks include: various hollowness, depression, wrinkles that appear with movements of the phalangeal joints, muscles, membranes, skin, etc. For example: With the thumb tilted upward, on the radial side of the back of the wrist, the point Yangxi (LI5) is in the hollow between the tendons of m. extensor pollicis brevis and extensor pollicis longus; with the elbow flexed, the point Quchi (LI11) is located at the lateral end of the cubital crease.

II. Proportional Measurement Method

Proportional Measurement or “Bone Measurement” method is based on skeletal structure to measure the length and width of various parts of the body. The length of equally divided portions of a certain long bone or of the distance between two anatomical landmarks is taken as one “cun”, a unit of measurement. It is important to remember that the longitudinal cun is used only for measuring vertical length, whereas the transverse cun is used to measure horizontal width. Proportional Measurement Method for the entire body:

1. Head/Face:
   1) Longitudinal cun: ① anterior→posterior hairline, 12 cun (Fig. 1). ② glabella (Yintang, EX) →anterior hairline, 3 cun (Fig. 1). ③ posterior hairline→interior border of spinous process of C7 (Dazhui DU 14), 3 cun (Fig. 1).
   2) Transverse cun: ① between angles of the hairline (Touwei, ST8), 9 cun (Fig. 2). ② between mastoid processes (Wangu, GB12), 9 cun (Fig. 3).
2. Chest/Abdomen:

1) Longitudinal cun: ① suprasternal notch (Tiantu, RN22)→xiphosternal synchondrosis, 9 cun(Fig. 4).
    ② xiphosternal synchondrosis→umbilicus, 8 cun (Fig. 4).
    ③ umbilicus→public symphysis (Qugu, RN2 ), 5 cun (Fig. 4).

2) Transverse cun: between two nipples, 8 cun (Fig. 4).

3. Lateral side of the chest: anterior axillary → the free end of the eleventh rib (Zhangmen, LR13), 12 cun (Fig. 5).
4. Back/Lumbar:

1) Longitudinal cun: to locate points on the back and lumbar region, the most often used reference points are the spinous process of the vertebrae: 12 thoracic vertebrae, 5 lumbar vertebrae, 4 sacral vertebrae (Fig. 6).

2) Transverse cun: ① medial border of the scapula → posterior midline, 3 cun (Fig. 6). ② tip of the acromion process → posterior midline, 8 cun (Fig. 6).

5. Upper extremities:

1) The end of axillary fold → transverse cubital crease, 9 cun (Fig. 7).

2) Transverse elbow crease → transverse wrist crease, 12 cun (Fig. 7).
6. Lower extremities:

1) Upper border of symphysis pubis → medial epicondyle of femur, 18 cun (Fig. 8).

2) Lower border of the medial condyle of tibia → medial malleolus, 13 cun (Fig. 8).

3) Medial malleolus → sole, 3 cun (Fig. 9).

4) Lateral prominence of the greater trochanter → popliteal crease, 19 cun (Fig. 10).

5) Popliteal crease → lateral malleolus, 16 cun (Fig. 10).

6) Gluteal fold → popliteal crease, 14 cun (Fig. 11).
Fig. 8  Proportional measurement of the lower limb
Fig. 9  Proportional measurement of the medial malleolus
Fig. 10 Proportional measurement of the lateral side of the lower limb
Fig. 11 Proportional measurement of the posterior side of the lower limb
Clarification: ① diving line of the knee: When the lower limb is extended, on the anterior side levels the lower border of the medial condyle of tibia, posterior side is leveled with popliteal crease (Fig. 10); when the knee is flexed, it is leveled with Dubi (ST35) (Fig. 12). ② the proportional measurement method includes both medial and lateral parts. In practice, various measurement methods should be selected depending on different channels. The 1~3 medial measurements are used to measure and locate points on the three Foot Yin channels. As for 4~6 lateral measurements, they are used to measure lateral, posterior points on the three Foot Yang channels.

Fig. 12  Proportional measurement of the lateral side of the lower leg

Ⅲ. Finger Measurement Method

Finger measurement method is based on proportional measurement method, which uses fingers as measurement guide. Clinically the practitioners use their own fingers for measurement, but have to account for patients’ size and height and calculate the proportional measurement accordingly. There are three finger measurement methods:
1. Middle finger measurement: the length between the two medial ends of the crease of the patient’s bent middle finger, which is one cun (Fig. 13). This method is suitable for the longitudinal cun on the extremities and for the transverse measurement on the back, off the spine.

2. Thumb measurement: the width of the phalangeal joint of the patient’s thumb, which is one cun (Fig. 14). This method is best used for longitudinal measurement on extremities.

3. Four-finger measurement: or palm, hand measurement —The maximum width of the four fingers (namely, index finger, middle finger, ring finger, and little finger) held together with the thumb abducted is taken as a unit of measurement of 3 cun (Fig. 15). This method is mostly used for lower extremities, longitudinal measurement of the lower abdomen and transverse measurement of the back.