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A proposed standard international acupuncture nomenclature

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WHO Scientific Group on International Acupuncture Nomenclature

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1. Introduction

A WHO Scientific Group on International Acupuncture Nomenclature met in Geneva from 30 October to 3 November 1989. The meeting was opened by Dr H. Nakajima, Director-General of the World Health Organization.

In his introductory remarks, Dr Nakajima said that the convening of the Scientific Group represented the culmination of many years of work in this field, initiated and sponsored by the WHO Regional Office for the Western Pacific.

Even when the practice of acupuncture was largely restricted to China, Japan and neighbouring Asian countries, the lack of a uniform nomenclature caused serious difficulties in teaching, research and clinical practice. With the great increase in the worldwide use of acupuncture in recent years, the need for a common language—a standard international reference nomenclature—had become pressing.

WHO's initiative began in 1980. After a series of preliminary consultations, the Regional Office for the Western Pacific convened a Working Group on the Standardization of Acupuncture Nomenclature in Manila in 1982. Thanks to the work of this group, as well as that of experts who met in 1984, 1985 and 1987, agreement was reached on the nomenclature structure for the meridians and acupuncture points and a consensus was achieved on nomenclature for the 361 classical acupuncture points, the 8 extra meridians, the 48 extra points, and scalp acupuncture points.

Dr Nakajima invited the Scientific Group to review the terminology recommended to date and to propose a standard international acupuncture nomenclature. That would be an important contribution to the international exchange of information on the subject.

2. Background

2.1 Historical perspective

Acupuncture—a unique system of therapy and pain relief—has been in constant use throughout the Chinese-culture area for some 2500 years. It developed during the Chou period (first millennium BC) and its theory and practice were already well systematized by the early Han period (second century BC). These are immortalized in the *Huang Ti Nei Ching* (The Yellow Emperor's Internal Classic or Canon of Medicine), consisting of two parts, the *Su Wen* (second century BC) and the *Ling Shu* (first century BC).[1] By approximately 300 AD, the development of the whole system was complete.

The *Su Wen* and the *Ling Shu* describe where the 12 regular acupuncture tracts (the main meridians) begin and end. It is striking that these limits have remained unchanged for two thousand years, while the anatomical courses of the meridians have undergone no serious alteration.[1] A large proportion of the classical acupuncture point names still in current use can be found in these treatises.

In the history of acupuncture in China, Japan, the Korean peninsula and elsewhere in Asia, there have been periods when its practice fell into decline, or, with the advent of modern Western medicine, when it was banned or neglected. During the last four decades, however, great importance has been attached by the Chinese authorities to traditional Chinese medicine in general and to acupuncture in particular. Concurrently, in Europe and the Americas, there has been growing interest in the therapeutic applications of acupuncture and in the search for explanations of its modes of action, in terms of modern scientific knowledge. In the past 20 years many new acupuncture points have been recognized, notably in connection with auricular acupuncture.

2.2 Towards a standard nomenclature[2]

While the need for a common language has recently become more pressing, difficulties in communication about acupuncture have long been recognized. For one thing, acupuncture points have not one but

[1] Lu Gwei-djien & Needham, J. *Celestial lancets: a history and rationale of acupuncture and moxa.* Cambridge, Cambridge University Press, 1980.

[2] Based on: Akerele, O. & Liu Guo-bin. Acupuncture: towards a standard terminology. *World health,* November 1985, pp. 20-21.

several different names, which is not surprising given the vastness of China and its many dialects. Another problem has been the differing pronunciations of the Chinese characters, a difficulty compounded by the fact that acupuncture has long been practised in neighbouring countries of Asia. Moreover, acupuncturists in other countries have sometimes mistranslated the Chinese names of the points, and this has led to additional confusion and misunderstanding.

Efforts have been made in China and Japan to develop a uniform nomenclature. In 1965, a Japanese Meridian and Points Committee was established which recommended Japanese names and an international numbering system for all acupuncture points. In China, the All China Acupuncture and Moxibustion Society subsequently set up a Nomenclature Committee, which developed a national system of names. Other countries then formed their own committees but important terminological differences persisted.

In October 1980, the WHO Regional Office for the Western Pacific sent a consultant to China to review the existing nomenclature and to identify needs for uniformity, with the ultimate aim of developing an internationally acceptable standard nomenclature.[1] During 1981 and 1982 Chinese and Japanese experts met five times to formulate guiding principles for standardization, but because of the complexities of the issues involved, consensus could not be reached.

2.3 Essential elements of a standard nomenclature[2]

A critical evaluation of the consultant's report and her recommendations prompted the Regional Office to organize the first Working Group on the Standardization of Acupuncture Nomenclature. The Group, which met in Manila in December 1982, included participants from Australia, China, Hong Kong, Japan, New Zealand, the Philippines, the Republic of Korea, Singapore and Viet Nam.

The Group drew up criteria for determining the structure of the meridians and acupuncture points. It proposed that the standard nomenclature should consist of three essential elements:

- an alphanumeric code,
- the Chinese phonetic alphabet (Pinyin) names of meridians and acupuncture points, and
- the Han character names of meridians and acupuncture points.

[1] NAKAJIMA, A. *Assignment report to the People's Republic of China, 11 October-2 November 1980.* Manila, WHO Regional Office for the Western Pacific, 9 June 1981 (unpublished report ICP/PHC/005-E).

[2] See footnote 2 to page 2.

The Group considered that an alphanumeric code would facilitate international communication on acupuncture. Since in medical science such exchanges are conducted mainly in the English language, it recommended that the alphanumeric code should be derived from the English translation of the meridian names.

The Han character is widely used in oriental medicine in China and Japan, in Hong Kong and Singapore, and by Koreans. It confers philosophical concepts on meridians and acupuncture points which often defy translation, and should therefore be an essential element of the standard nomenclature.

Finally, the Group considered that using the Chinese phonetic alphabet (Pinyin) for the names of meridians and acupuncture points would facilitate pronunciation of the Han character names and enable an alphabetic index to be drawn up.

2.4 Nomenclature proposals to date[1]

The Manila meeting agreed on the English-language names of the 14 main meridians and their alphabetic codes and reached consensus on an alphanumeric code for the 361 classical acupuncture points. These were published in 1984 in a book also comprising a listing of the equivalent terms hitherto used in English, French, Japanese, Korean and Vietnamese language publications on acupuncture.[2]

Subsequently, a Regional Consultation in Tokyo (1984) and Working Groups in Hong Kong (1985) and Seoul (1987) reached agreement on nomenclature for the 8 extra meridians, the 48 extra points, and scalp acupuncture lines.

These meetings also considered the nomenclature of basic technical terms in the field of acupuncture, certain auricular points of proven therapeutic value, acupuncture needles, and the unit of measurement for the location of meridians and acupuncture points. All of these still require further discussion.

2.5 The importance of a common language

WHO has no official policy on the use of acupuncture in national health care delivery systems and, in fact, the subject has not been

[1] See footnote 2 to page 2.

[2] WANG DESHEN, ed. *Standard acupuncture nomenclature.* Manila, World Health Organization Regional Office for the Western Pacific, 1984 (WHO Regional Publications, Western Pacific Series No. 1).

debated by its governing bodies. The field has developed considerably in the last two decades, both in theory and practice, but the exact role that acupuncture can play in health care remains to be determined. Any decision to use acupuncture in a national health service is, of course, the prerogative of the Member State concerned.

Putting acupuncture on a firm scientific basis requires rigorous investigation of the claims made for its efficacy. Many institutions and modern medical colleges are carrying out useful investigations to this end. Some are looking into the physiology and mode of action of acupuncture treatment, others are studying its efficacy in certain pathological conditions. These workers need to exchange information with one another regularly so as to facilitate their clinical and basic research. Such international communication is possible only if a common language is used by all concerned.

3. Proposed standard international acupuncture nomenclature

3.1 Structure of the proposed nomenclature

After discussion of the terminological proposals to date, the Scientific Group reached agreement on the standard international acupuncture nomenclature set out in sections 3.1-3.6.

Structurally, the proposed nomenclature is based on four elements:

(1) the English translation of the Han character name of each meridian;
(2) an alphanumeric code for the acupuncture points, of which the alphabetic part is derived from the English translation of the meridian names[1] while the numbering follows the agreed course of each meridian;
(3) the Chinese phonetic alphabet (Pinyin) names of meridians and acupuncture points;
(4) the Han character names of meridians and acupuncture points.

English was chosen because it is the language most commonly used for international communication, including communication at medical congresses and through medical journals having an international readership.

The Han characters represent the full and original names of meridians and points, and are those currently recognized by the Chinese authorities. They tend to be pronounced differently depending on locality. The Pinyin names, intended as an aid to pronunciation, are therefore based on the standard pronunciation in use in China.

[1] In the case of the 48 extra points and the scalp acupuncture lines, the alphabetic part of the code is derived from the English-language names of parts of the body.

3.2 The 14 main meridians

The English names and the respective alphabetic codes proposed for the 14 main meridians are as follows.

English	Pinyin name	Han character name	Alphabetic code
lung meridian	shǒutàiyīn fèijīng	手太陰肺經	LU
large intestine meridian	shǒuyángmíng dàchángjīng	手陽明大腸經	LI
stomach meridian	zúyángmíng wèijīng	足陽明胃經	ST
spleen meridian	zútàiyīn píjīng	足太陰脾經	SP
heart meridian	shǒushàoyīn xīnjīng	手少陰心經	HT
small intestine meridian	shǒutàiyáng xiǎochángjīng	手太陽小腸經	SI
bladder meridian	zútàiyáng pángguāngjīng	足太陽膀胱經	BL
kidney meridian	zúshàoyīn shènjīng	足少陰腎經	KI
pericardium meridian	shǒujuéyīn xīnbāojīng	手厥陰心包經	PC
triple energizer meridian	shǒushàoyáng sānjiāojīng	手少陽三焦經	TE
gallbladder meridian	zúshàoyáng dǎnjīng	足少陽胆經	GB
liver meridian	zújuéyīn gānjīng	足厥陰肝經	LR
governor vessel	dūmài	督脈	GV
conception vessel	rènmài	任脈	CV

3.3 The 361 classical acupuncture points

The proposed nomenclature for the 361 classical points, listed below under the 14 meridians in which they are contained, is as follows.

lung meridian
shǒutàiyīn fèijīng

手太陰肺經

LU1	zhōngfǔ	中府	LU7	lièquē	列缺
LU2	yúnmén	雲門	LU8	jīngqú	經渠
LU3	tiānfǔ	天府	LU9	tàiyuān	太淵
LU4	xiábái	俠白	LU10	yújì	魚際
LU5	chǐzé	尺澤	LU11	shàoshāng	少商
LU6	kǒngzuì	孔最			

large intestine meridian
shǒuyángmíng dàchángjīng

手陽明大腸經

LI1	shāngyáng	商陽	LI11	qūchí	曲池
LI2	èrjiān	二間	LI12	zhǒuliáo	肘髎
LI3	sānjiān	三間	LI13	shǒuwǔlǐ	手五里
LI4	hégǔ	合谷	LI14	bìnào	臂臑
LI5	yángxī	陽谿	LI15	jiānyú	肩隅
LI6	piānlì	偏歷	LI16	jùgǔ	巨骨
LI7	wēnliū	溫溜	LI17	tiāndǐng	天鼎
LI8	xiàlián	下廉	LI18	fútū	扶突
LI9	shànglián	上廉	LI19	kǒuhéliáo	禾髎
LI10	shǒusānlǐ	手三里	LI20	yíngxiāng	迎香

stomach meridian
zúyángmíng wèijīng

足陽明胃經

ST1	chéngqì	承泣	ST24	huáròumén	滑肉門
ST2	sìbái	四白	ST25	tiānshū	天樞
ST3	jùliáo	巨髎	ST26	wàilíng	外陵
ST4	dìcāng	地倉	ST27	dàjù	大巨
ST5	dàyíng	大迎	ST28	shuǐdào	水道
ST6	jiáchē	頰車	ST29	guīlái	歸來
ST7	xiàguān	下關	ST30	qìchōng	氣衝
ST8	tóuwéi	頭維	ST31	bìguān	髀關
ST9	rényíng	人迎	ST32	fútù	伏兔
ST10	shuǐtū	水突	ST33	yīnshì	陰市
ST11	qìshè	氣舍	ST34	liángqiū	梁丘
ST12	quēpén	缺盆	ST35	dúbí	犢鼻
ST13	qìhù	氣户	ST36	zúsānlǐ	足三里
ST14	kùfáng	庫房	ST37	shàngjùxū	上巨虛
ST15	wūyì	屋翳	ST38	tiáokǒu	條口
ST16	yīngchuāng	膺窗	ST39	xiàjùxū	下巨虛
ST17	rǔzhōng	乳中	ST40	fēnglóng	豐隆
ST18	rǔgēn	乳根	ST41	jiěxī	解谿
ST19	bùróng	不容	ST42	chōngyáng	衝陽
ST20	chéngmǎn	承滿	ST43	xiàngǔ	陷谷
ST21	liángmén	梁門	ST44	nèitíng	內庭
ST22	guānmén	關門	ST45	lìduì	厲兌
ST23	tàiyǐ	太乙			

spleen meridian
zútàiyīn píjīng

足太陰脾經

SP1	yǐnbái	隱白	SP12	chōngmén	衝門
SP2	dàdū	大都	SP13	fǔshè	府舍
SP3	tàibái	太白	SP14	fùjié	腹結
SP4	gōngsūn	公孫	SP15	dàhéng	大橫
SP5	shāngqiū	商丘	SP16	fùāi	腹哀
SP6	sānyīnjiāo	三陰交	SP17	shídòu	食竇
SP7	lòugǔ	漏谷	SP18	tiānxī	天谿
SP8	dìjī	地機	SP19	xiōngxiāng	胸鄉
SP9	yinlíngquán	陰陵泉	SP20	zhōurónɡ	周榮
SP10	xuèhǎi	血海	SP21	dàbāo	大包
SP11	jīmén	箕門			

heart meridian
shǒushàoyīn xīnjīng

手少陰心經

HT1	jíquán	極泉	HT6	yīnxì	陰郄
HT2	qīnglíng	青靈	HT7	shénmén	神門
HT3	shàohǎi	少海	HT8	shàofǔ	少府
HT4	língdào	靈道	HT9	shàochōng	少衝
HT5	tōnglǐ	通里			

small intestine meridian
shǒutàiyáng xiǎochángjīng

手太陽小腸經

SI1	shàozé	少澤	SI11	tiānzōng	天宗
SI2	qiángǔ	前谷	SI12	bīngfēng	秉風
SI3	hòuxī	後谿	SI13	qūyuán	曲垣
SI4	wàngǔ	腕骨	SI14	jiānwàishū	肩外俞
SI5	yánggǔ	陽谷	SI15	jiānzhōngshū	肩中俞
SI6	yǎnglǎo	養老	SI16	tiānchuāng	天窗
SI7	zhīzhèng	支正	SI17	tiānróng	天容
SI8	xiǎohǎi	小海	SI18	quánliáo	顴髎
SI9	jiānzhēn	肩貞	SI19	tīnggōng	聽宮
SI10	nàoshū	臑俞			

bladder meridian
zútàiyáng pángguāngjīng

足太陽膀胱經

BL1	jīngmíng	睛明	BL35	huìyáng	會陽
BL2	cuánzhú	攢竹	BL36	chéngfú	承扶
BL3	méichōng	眉衝	BL37	yīnmén	殷門
BL4	qūchā(qūchāi)	曲差	BL38	fúxì	浮郄
BL5	wǔchù	五處	BL39	wěiyáng	委陽
BL6	chéngguāng	承光	BL40	wěizhōng	委中
BL7	tōngtiān	通天	BL41	fùfēn	附分
BL8	luòquè	絡卻	BL42	pòhù	魄户
BL9	yùzhěn	玉枕	BL43	gāohuāng	膏肓
BL10	tiānzhù	天柱	BL44	shéntáng	神堂
BL11	dàzhù	大杼	BL45	yìxǐ	譩譆
BL12	fēngmén	風門	BL46	géguān	隔關
BL13	fèishū	肺俞	BL47	húnmén	魂門
BL14	juéyīnshū	厥陰俞	BL48	yánggāng	陽綱
BL15	xīnshū	心俞	BL49	yìshè	意舍
BL16	dūshū	督俞	BL50	wèicāng	胃倉
BL17	géshū	膈俞	BL51	huāngmén	肓門
BL18	gānshū	肝俞	BL52	zhìshì	志室
BL19	dǎnshū	膽俞	BL53	bāohuāng	胞肓
BL20	píshū	脾俞	BL54	zhìbiān	秩邊
BL21	wèishū	胃俞	BL55	héyáng	合陽
BL22	sānjiāoshū	三焦俞	BL56	chéngjīn	承筋
BL23	shènshū	腎俞	BL57	chéngshān	承山
BL24	qìhǎishū	氣海俞	BL58	fēiyáng	飛揚
BL25	dàchángshū	大腸俞	BL59	fūyáng	跗陽
BL26	guānyuánshū	關元俞	BL60	kūnlún	崑崙
BL27	xiǎochángshū	小腸俞	BL61	púcān(púshēn)	僕參
BL28	pángguāngshū	膀胱俞	BL62	shēnmài	申脈
BL29	zhōnglǚshū	中膂俞	BL63	jīnmén	金門
BL30	báihuánshū	白環俞	BL64	jīnggǔ	京骨
BL31	shàngliáo	上髎	BL65	shùgǔ	束骨
BL32	cìliáo	次髎	BL66	zútōnggǔ	足通谷
BL33	zhōngliáo	中髎	BL67	zhìyīn	至陰
BL34	xiàliáo	下髎			

kidney meridian
zúshàoyīn shènjīng

足少陰腎經

KI1	yǒngquán	涌泉	KI15	zhōngzhù	中注
KI2	ránggǔ	然谷	KI16	huāngshū	肓俞
KI3	tàixī	太谿	KI17	shāngū	商曲
KI4	dàzhōng	大鍾	KI18	shíguān	石關
KI5	shuǐquán	水泉	KI19	yīndū	陰都
KI6	zhàohǎi	照海	KI20	fùtōnggǔ	腹通谷
KI7	fùliū	復溜	KI21	yōumén	幽門
KI8	jiāoxìn	交信	KI22	bùláng	步廊
KI9	zhùbīn	築賓	KI23	shénfēng	神封
KI10	yīngǔ	陰谷	KI24	língxū	靈墟
KI11	hénggǔ	橫骨	KI25	shéncáng	神藏
KI12	dàhè	大赫	KI26	yùzhōng	彧中
KI13	qìxué	氣穴	KI27	shūfǔ	俞府
KI14	sìmǎn	四滿			

pericardium meridian
shǒujuéyīn xīnbāojīng

手厥陰心包經

PC1	tiānchí	天池	PC6	nèiguān	內關
PC2	tiānquán	天泉	PC7	dàlíng	大陵
PC3	qūzé	曲澤	PC8	láogōng	勞宮
PC4	xìmén	郄門	PC9	zhōngchōng	中衝
PC5	jiānshǐ	間使			

triple energizer meridian
shǒushàoyáng sānjiāojīng

手少陽三焦經

TE1	guānchōng	關衝	TE13	nàohuì	臑會
TE2	yèmén	液門	TE14	jiānliáo	肩髎
TE3	zhōngzhǔ	中渚	TE15	tiānliáo	天髎
TE4	yángchí	陽池	TE16	tiānyǒu	天牖
TE5	wàiguān	外關	TE17	yìfēng	翳風
TE6	zhīgōu	支溝	TE18	chìmài	瘈脈
TE7	huìzōng	會宗	TE19	lúxī	顱息
TE8	sānyángluò	三陽絡	TE20	jiǎosūn	角孫
TE9	sìdú	四瀆	TE21	ěrmén	耳門
TE10	tiānjǐng	天井	TE22	ěrhéliáo	和髎
TE11	qīnglěngyuān	清冷淵	TE23	sīzhúkōng	絲竹空
TE12	xiāoluò	消濼			

gallbladder meridian
zúshàoyáng dǎnjīng

足少陽胆經

GB1	tóngzǐliáo	瞳子髎	GB23	zhéjīn	輒筋
GB2	tīnghuì	聽會	GB24	rìyuè	日月
GB3	shàngguān	上關	GB25	jīngmén	京門
GB4	hànyàn	頷厭	GB26	dàimài	帶脈
GB5	xuánlú	懸顱	GB27	wǔshū	五樞
GB6	xuánlí	懸厘	GB28	wéidào	維道
GB7	qūbìn	曲鬢	GB29	jūliáo	居髎
GB8	shuàigǔ	率谷	GB30	huántiào	環跳
GB9	tiānchōng	天衝	GB31	fēngshì	風市
GB10	fúbái	浮白	GB32	zhōngdú	中瀆
GB11	tóuqiàoyīn	頭竅陰	GB33	xīyángguān	膝陽關
GB12	wángǔ	完骨	GB34	yánglíngquán	陽陵泉
GB13	běnshén	本神	GB35	yángjiāo	陽交
GB14	yángbái	陽白	GB36	wàiqiū	外丘
GB15	tóulínqì	頭臨泣	GB37	guāngmíng	光明
GB16	mùchuāng	目窗	GB38	yángfǔ	陽輔
GB17	zhèngyíng	正營	GB39	xuánzhōng	懸鍾
GB18	chéngling	承靈	GB40	qiūxū	丘墟
GB19	nǎokōng	腦空	GB41	zúlínqì	足臨泣
GB20	fēngchí	風池	GB42	dìwǔhuì	地五會
GB21	jiānjǐng	肩井	GB43	xiáxī	俠谿
GB22	yuānyè	淵腋	GB44	zúqiàoyīn	足竅陰

liver meridian
zújuéyīn gānjīng

足厥陰肝經

LR1	dàdūn	大敦	LR8	qūquán	曲泉
LR2	xíngjiān	行間	LR9	yīnbāo	陰包
LR3	tàichōng	太衝	LR10	zúwǔlǐ	足五里
LR4	zhōngfēng	中封	LR11	yīnlián	陰廉
LR5	lígōu	蠡溝	LR12	jímài	急脈
LR6	zhōngdū	中都	LR13	zhāngmén	章門
LR7	xīguān	膝關	LR14	qīmén	期門

governor vessel
dūmài

督脈

GV1	chángqiáng	長強	GV15	yǎmén	瘂門
GV2	yāoshū	腰俞	GV16	fēngfǔ	風府
GV3	yāoyángguān	腰陽關	GV17	nǎohù	腦户
GV4	mìngmén	命門	GV18	qiángjiān	强間
GV5	xuánshū	懸樞	GV19	hòudǐng	後頂
GV6	jǐzhōng	脊中	GV20	bǎihuì	百會
GV7	zhōngshū	中樞	GV21	qiándǐng	前頂
GV8	jīnsuō	筋縮	GV22	xìnhuì	顖會
GV9	zhìyáng	至陽	GV23	shàngxīng	上星
GV10	língtái	靈臺	GV24	shéntíng	神庭
GV11	shéndào	神道	GV25	sùliáo	素髎
GV12	shēnzhù	身柱	GV26	shuǐgōu	水溝
GV13	táodào	陶道	GV27	duìduān	兌端
GV14	dàzhuī	大椎	GV28	yínjiāo	龈交

conception vessel
rènmài

任脈

CV1	huǐyīn	會陰	CV13	shàngwǎn	上脘
CV2	qūgǔ	曲骨	CV14	jùquè	巨闕
CV3	zhōngjí	中極	CV15	jiūwěi	鳩尾
CV4	guānyuán	關元	CV16	zhōngtíng	中庭
CV5	shímén	石門	CV17	dànzhōng	膻中
CV6	qìhǎi	氣海	CV18	yùtáng	玉堂
CV7	yīnjiāo	陰交	CV19	zǐgōng	紫宮
CV8	shénquè	神闕	CV20	huágài	華蓋
CV9	shuǐfēn	水分	CV21	xuánjī	璇璣
CV10	xiàwǎn	下脘	CV22	tiāntū	天突
CV11	jiànlǐ	建里	CV23	liánquán	廉泉
CV12	zhōngwǎn	中脘	CV24	chéngjiāng	承漿

3.4 The 8 extra meridians

After lengthy discussion it was concluded that "thoroughfare vessel" was the most suitable English equivalent of "chōngmài". This term was agreed, with the alphabetic code TV. The proposed nomenclature for the 8 extra meridians is as follows.

English name	Pinyin name	Han character name	Alphabetic code
governor vessel [1]	dūmài	督脈	GV
conception vessel [1]	rènmài	任脈	CV
thoroughfare vessel	chōngmài	衝脈	TV
belt vessel	dàimài	帶脈	BV
yin heel vessel	yīnqiāomài	陰蹻脈	YinHV
yang heel vessel	yángqiāomài	陽蹻脈	YangHV
yin link vessel	yīnwéimài	陰維脈	YinLV
yang link vessel	yángwéimài	陽維脈	YangLV

3.5 The 48 extra points

In its review of the 48 extra points, the Scientific Group used the following criteria:

1. The point should be in common use.
2. It should be considered clinically effective.
3. It should have a clear anatomical location.
4. It should be at least 0.5 cun[2] from a classical acupuncture point.
5. If it has the same name as an existing point, a prefix should be added to it.

The proposed alphanumeric code consists of a general prefix "EX", denoting "extra point", followed by an alphabetic code indicating the region (HN for head and neck, CA for chest and abdomen, B for back, UE for upper extremity, and LE for lower extremity). Points are numbered from the higher to the lower level for the head, neck and trunk regions; from the proximal to the distal for the upper and lower extremities; and, if at the same level, from the medial to the lateral.

[1] Although listed under the 14 main meridians, the governor vessel and conception vessel are by custom also included among the 8 extra meridians. Of the 8 extra meridians, only these two have their own defined points.

[2] The unit of measurement used for locating acupuncture points. A cun is the distance between the interphalangeal creases of the patient's middle finger.

head and neck
tóujǐng

頭頸

EX-HN1	sìshéncōng	四神聰	EX-HN9	nèiyíngxiāng	內迎香
EX-HN2	dāngyáng	當陽	EX-HN10	jùquán	聚泉
EX-HN3	yìntáng	印堂	EX-HN11	hàiquán	海泉
EX-HN4	yúyāo	魚腰	EX-HN12	jīnjīn	金津
EX-HN5	tàiyáng	太陽	EX-HN13	yùyè	玉液
EX-HN6	ěrjiān	耳尖	EX-HN14	yìmíng	翳明
EX-HN7	qiúhòu	球後	EX-HN15	jǐngbǎiláo	頸百勞
EX-HN8	shàngyíng-xiāng	上迎香			

chest and abdomen
xiōngfù

胸腹

EX-CA1	zhǐgōng	子宮

back
bèi

背

EX-B1	dìngchuǎn	定喘	EX-B6	yāoyí	腰宜
EX-B2	jiájǐ	夾脊	EX-B7	yāoyǎn	腰眼
EX-B3	wèiwǎnxiàshū	胃脘下俞	EX-B8	shíqīzhuī	十七椎
EX-B4	pígēn	痞根	EX-B9	yāoqí	腰奇
EX-B5	xiàzhìshì	下志室			

upper extremities
shàngzhī

上肢

EX-UE1	zhǒujiān	肘尖	EX-UE7	yāotòngdiǎn	腰痛點
EX-UE2	èrbái	二白	EX-UE8	wàiláogōng	外勞宮
EX-UE3	zhōngquán	中泉	EX-UE9	bāxié	八邪
EX-UE4	zhōngkuí	中魁	EX-UE10	sìfèng	四縫
EX-UE5	dàgǔkōng	大骨空	EX-UE11	shíxuān	十宣
EX-UE6	xiǎogǔkōng	小骨空			

lower extremities
xiàzhī
下肢

EX-LE1	kuāngǔ	髖骨	EX-LE7	lánwěi	闌尾
EX-LE2	hèdǐng	鶴頂	EX-LE8	nèihuáijiān	內踝尖
EX-LE3	xīnèi	膝內	EX-LE9	wàihuáijiān	外踝尖
EX-LE4	nèixīyǎn	內膝眼	EX-LE10	bāfēng	八風
EX-LE5	xīyǎn	膝眼	EX-LE11	dúyīn	獨陰
EX-LE6	dǎnnáng	膽囊	EX-LE12	qìduān	氣端

3.6 Scalp acupuncture lines

The Scientific Group considered the scalp acupuncture lines (Fig. 1-5) as well as the underlying functional zones of the brain (Fig. 6-7). It proposed the following nomenclature, using the alphabetic code MS (derived from "micro-system" and "scalp point").

English name and location	Pinyin name	Han character name	Alphanumeric code
middle line of forehead 1 cun from GV24 straight down along the meridian	ézhōngxiàn	額中線	MS1
lateral line 1 of forehead 1 cun from BL3 straight down along the meridian	épángxiàn I	額旁1 線	MS2
lateral line 2 of forehead 1 cun from GB15 straight down along the meridian	épángxiàn II	額旁2 線	MS3
lateral line 3 of forehead 1 cun from the point 0.75 cun medial to ST8 straight down	épángxiàn III	額旁3 線	MS4
middle line of vertex from GV20 to GV21 along the midline of head	dǐngzhōngxiàn	頂中線	MS5
anterior oblique line of vertex-temporal from qiánshéncōng 前神衝 (one of the four acupuncture points collectively designated as Ex-HN1, 1 cun anterior to GV20) obliquely to GB6	dǐngniè qiánxiéxiàn	頂顳前斜線	MS6

English name and location	Pinyin name	Han character name	Alphanumeric code
posterior oblique line of vertex-temporal from GV20 obliquely to GB7	dǐngniè hòuxiéxiàn	頂顳後斜線	MS7
lateral line 1 of vertex 1.5 cun lateral to middle line of vertex, 1.5 cun from BL6 backward along the meridian	dǐngpángxiàn I	頂旁1 線	MS8
lateral line 2 of vertex 2.25 cun lateral to middle line of vertex, 1.5 cun from GB17 backward along the meridian	dǐngpángxiàn II	頂旁2 線	MS9
anterior temporal line from GB4 to GB6	nièqiánxiàn	顳前線	MS10
posterior temporal line from GB8 to GB7	nièhòuxiàn	顳後線	MS11
upper-middle line of occiput from GV18 to GV17	zhěnshàng zhèngzhōngxiàn	枕上正中線	MS12
upper-lateral line of occiput 0.5 cun lateral and parallel to upper-middle line of occiput	zhěnshàng pángxiàn	枕上旁線	MS13
lower-lateral line of occiput 2 cun from BL9 straight down	zhěnxià pángxiàn	枕下旁線	MS14

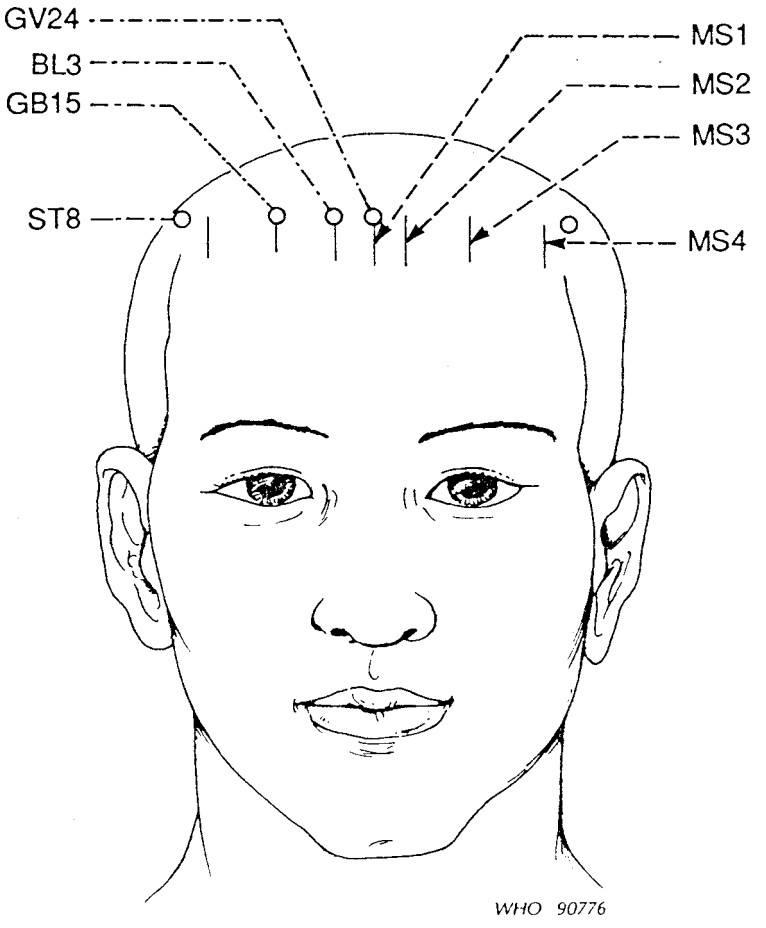

Fig. 1. Scalp acupuncture lines MS1, MS2, MS3 and MS4 (anterior view)

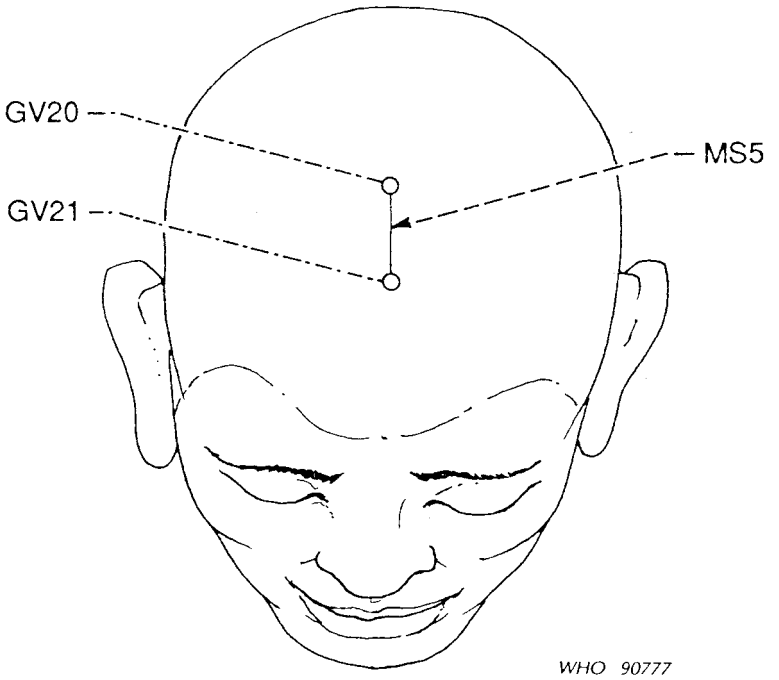

Fig. 2. Scalp acupuncture line MS5 (vertex view)

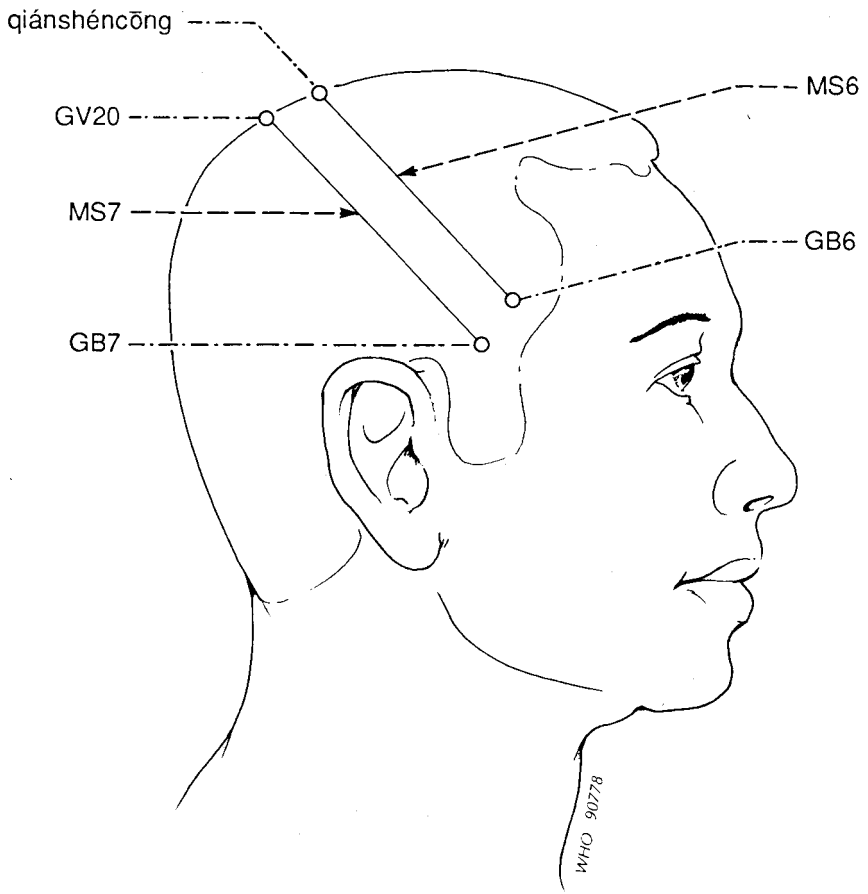

Fig. 3. Scalp acupuncture lines MS6 and MS7 (lateral view)

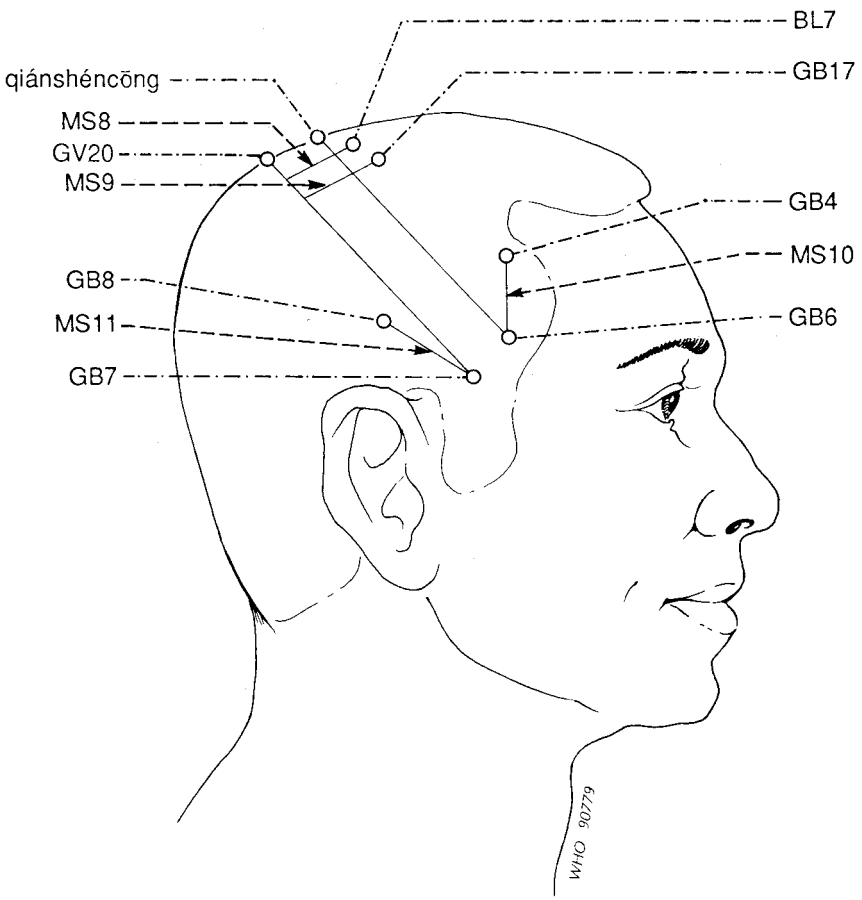

Fig. 4. Scalp acupuncture lines MS8, MS9, MS10 and MS11 (lateral view)

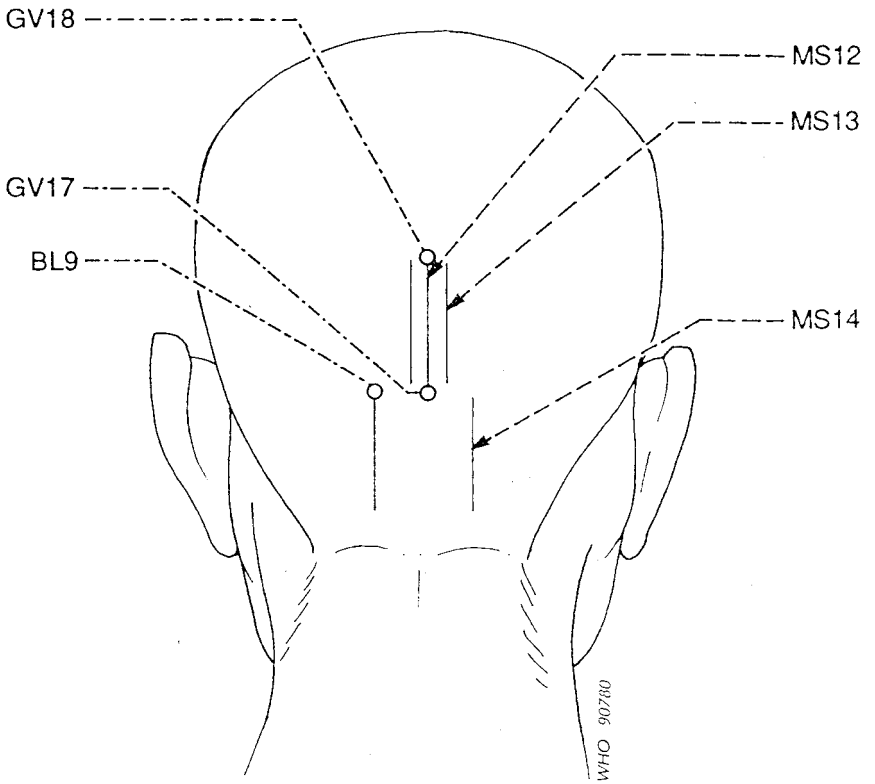

Fig. 5. Scalp acupuncture lines MS12, MS13 and MS14 (posterior view)

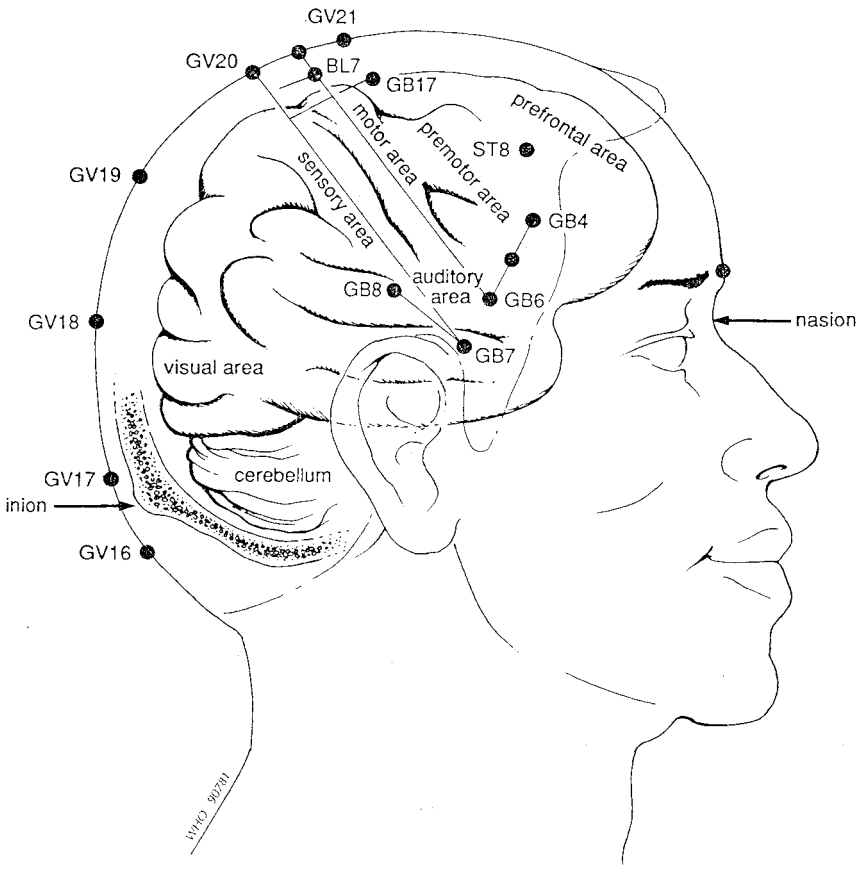

*Fig. 6. Scalp acupuncture lines MS6, MS7, MS8, MS9, MS10 and MS11 superimposed on functional zones of the brain**

* These scalp acupuncture lines were formerly named in functional terms. The proposed standard international nomenclature is based on surface anatomy so as to facilitate localization of the lines, but their relationship to the underlying functional structures has not changed.

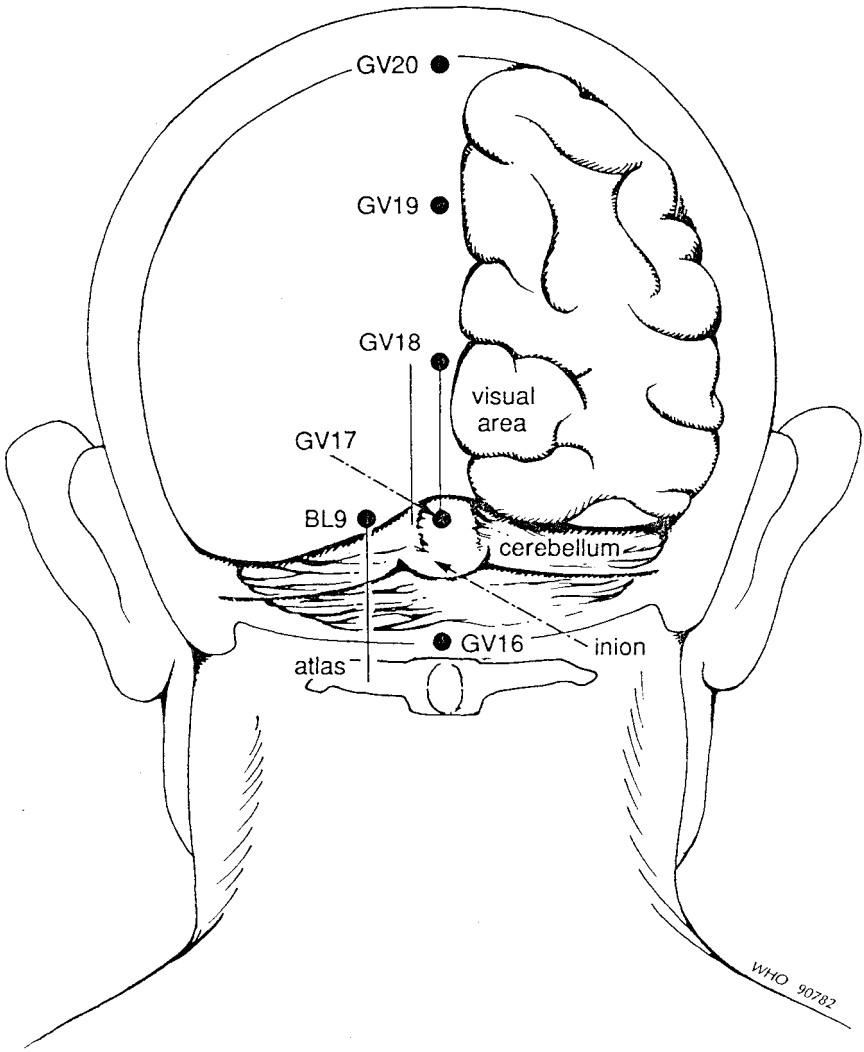

*Fig. 7. Scalp acupuncture lines MS12, MS13 and MS14 superimposed on functional zones of the brain**

* These scalp acupuncture lines were formerly named in functional terms. The proposed standard international nomenclature is based on surface anatomy so as to facilitate localization of the lines, but their relationship to the underlying functional structures has not changed.

4. Recommendations for further action by WHO in the field of acupuncture

In addition to proposing the standard international acupuncture nomenclature set out in section 3, the Scientific Group discussed needs and opportunities for further action by WHO in the field of acupuncture.

4.1 Dissemination of the proposed standard international acupuncture nomenclature

A standard nomenclature is useful only to the extent that it is used. Through its publications, WHO should make every effort to bring the proposed nomenclature to the attention of researchers, teachers and practitioners of acupuncture.

To gain worldwide acceptance, the nomenclature would have to be adopted at national and international acupuncture congresses, and for this purpose its endorsement by the WHO Executive Board and the World Health Assembly would be a great help. In addition, it would be advisable for WHO to distribute the nomenclature to all acupuncture societies and to the editors of appropriate reviews and journals, asking for their cooperation in persuading authors of articles and communications to use the proposed terms and codes. A similar approach should be made to the organizers of conferences.

A useful complement to the nomenclature in printed form would be an audio cassette giving the correct pronunciation of the Pinyin names. This could be prepared by the Chinese authorities and distributed by WHO.

4.2 Further standardization of nomenclature

WHO should take steps to ensure the further standardization of acupuncture nomenclature. Nomenclature proposals have already been made with respect to 43 auricular points of proven therapeutic value, the location of which is generally accepted. The standardization of nomenclature for auricular acupuncture should now be completed. In

addition, efforts should be pursued to standardize the basic technical terms used in acupuncture.

4.3 Regulation by health authorities

As with other forms of medical practice, national authorities should bring acupuncture within the ambit of their health legislation and control mechanisms. Legislative and other measures will naturally differ between countries depending on whether acupuncture is used by recognized practitioners of traditional forms of medicine, or whether it is a relatively recent introduction. However, regulations should in all cases cover training, guidelines on practice, and the registration of acupuncturists.

It would be useful for WHO to make a survey of existing government regulations and then prepare guidelines on the subject for the use of national authorities.

4.4 Basic training

The decision as to who should be allowed to practise acupuncture must lie with the individual national health authorities. However, it is possible to establish general requirements for basic training in this field, and these are essential to the safe and competent practice of acupuncture.

Among the basic requirements are a knowledge of anatomy, physiology, pathology, pharmacology and medicine, as well as diagnostic skills. What needs to be determined, above all, is how much knowledge of modern Western medical science is necessary for acupuncturists trained in Oriental medicine and, conversely, how much knowledge of Oriental medicine (Chinese, Japanese, Korean) graduates in modern Western medicine should possess if they wish to practise acupuncture.

A preliminary analysis of acupuncture training programmes in different countries, conducted by WHO, would be helpful to national regulatory authorities.

4.5 Safety

Accidents happen most often with acupuncturists who are not fully trained. The most effective safety measure, therefore, is to ensure

sound and well supervised theoretical and practical training. This is the only way of minimizing incompetent examination, wrong diagnoses and errors of technique, of making certain that patients are properly selected for acupuncture treatment, and of ensuring that the acupuncturist knows how to deal with accidents when they do occur.

Great importance must be attached to the quality of needles, their care and utilization, and their sterilization by means of adequate methods. Where economically feasible, disposable needles should be used.

Authoritative guidelines on these matters are needed that set standards for hospitals, clinics and private practitioners.

4.6 Indications and contraindications

Clinical experience, but not necessarily controlled clinical trials, suggests that acupuncture treatment is effective in a range of diseases and conditions. An authoritative list of what conditions can effectively be treated by acupuncture can only be drawn up after each claim of efficacy has been examined and either verified or rejected. There is, so far, no such agreed list, although research aimed at establishing clinical indications for acupuncture is being pursued in institutions around the world.

In any event, it should be borne in mind that the indications for acupuncture, and the contraindications to it, will vary with the level of training and the length of experience of the practitioner. For an acupuncturist who has a profound knowledge of the subject, the range of conditions for which such treatment may safely be used is greater than for someone of more limited ability. An important element of the training of practitioners is to help them grasp fully their own limitations and those of acupuncture.

4.7 Acupuncture equipment

A wide variety of acupuncture equipment, including instruments that use lasers, is currently on the market. These machines and instruments need proper standardization so that their use does not entail the risk of damage to delicate body organs. WHO could promote the development of specifications for acupuncture equipment and compile guidelines for its use.

4.8 Education of the public

Recently, a European country witnessed a sharp but temporary reduction in acupuncture consultations, following reports in the press that contaminated acupuncture needles could transmit infection with the human immunodeficiency virus (HIV). There is a need to inform the public in a responsible way about acupuncture, as indeed about any aspect of health care, so as to avoid creating unnecessary fear or anxiety. Education of the public (and of journalists) is as important as the professional education of acupuncture practitioners.

4.9 Clinical and basic research

Clinical trials and related research should continue to be undertaken by independent groups, but their results should be brought together for comparison and conclusions drawn. WHO has a role to play in consolidating existing guidelines on research methodology so as to ensure the comparability of results. The Organization can also provide the ethical guidance needed on clinical and basic research, and serve as a documentation centre.

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