

# A standard international acupuncture nomenclature: Memorandum from a WHO meeting\*

The WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature met in Geneva from 30 October to 3 November 1989. The main features of the recommended nomenclature are the use of the English translation of the name of each meridian and an alphanumeric code derived from the English names, and the use of the Chinese phonetic alphabet (Pinyin) names and the Han character names of the meridians and acupuncture points. This standard nomenclature will facilitate the teaching, research and clinical practice of acupuncture, as well as exchange of information globally.

## Historical perspective

Acupuncture—a unique system for the relief of pain and for treatment—has been in constant use throughout the Chinese culture-area for some 2500 years. It developed first during the Chou period (1st millennium BC) and its theory and practice were already well systematized in the early Han period (2nd 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* (2nd century BC) and the *Ling Shu*

(1st century BC) (1). These texts give descriptions of where the twelve regular acupuncture tracts (main meridians) begin and end, their anatomical courses having remained without any serious modification for over 2000 years. By approximately 300 AD, the development of the whole system was complete. A large proportion of the classical acupuncture point names in current use are to be found in the *Nei Ching*, *Su Wen* and *Ling Shu*.

The practice of acupuncture during its long history in China, Japan and the Far East has seen periods of decline: it was even banned or was neglected with the advent of modern Western medicine. The last four decades, however, have been marked by the great importance attached by the Chinese authorities to traditional Chinese medicine in general and to acupuncture in particular. Concurrently, in the West, there has been a 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 twenty years, many new acupuncture points have been recognized, notably in connection with auricular acupuncture.

With this unprecedented expansion of interest in acupuncture and the objective assessment of its effects in physiological and pharmacological terms, the need for a standard international acupuncture nomenclature has become increasingly apparent.

## Towards a standard nomenclature

The need for a common language to facilitate the teaching, research, clinical practice and exchange of information on acupuncture at the global level has long been recognized (2). Because of the vastness of China with its many dialects, and because acupuncture has long been an important part of medical practice in neighbouring countries in the Far East, considerable difficulties have arisen in communication and information exchange. For example,

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acupuncture points have a number of different names; differences in the pronunciation of the original Chinese characters have caused mistakes and created misunderstanding. Acupuncturists in other countries have sometimes mistranslated the Chinese names of the points, and this has led to additional discrepancies.

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

In October 1980, a WHO Consultant visited the People's Republic of China to review the existing nomenclature and to identify the need for uniformity, with the ultimate objective of developing an internationally acceptable standard nomenclature. Chinese and Japanese experts subsequently met five times in 1981 and 1982 to formulate guiding principles that would lead to the standardization of acupuncture nomenclature. However, because of the complexities of the issues involved, consensus could not be reached.

A critical evaluation of the consultant's report and recommendations prompted the WHO Regional Office for the Western Pacific to organize the first WHO Regional Working Group on the Standardization of Acupuncture Nomenclature, which met in Manila in December 1982. The Group included participants from Australia, China, Japan, New Zealand, Philippines, Republic of Korea, Singapore, Viet Nam and Hong Kong, which represent areas with the largest number of acupuncturists in the world and where the practice of acupuncture has long been established and recognized by governments.

The Group drew up criteria for determining the structure of the meridians and acupuncture points, and proposed that the standard nomenclature should consist of three essential elements, namely, an alphanumeric code, the Chinese phonetic alphabet (Pinyin) names, and the Han characters of the meridians and acupuncture points.

#### ***Essential elements of a standard nomenclature***

The alphanumeric code facilitates international communication on acupuncture and, since international exchange in medical science is mainly conducted in the English language, the Working Group recom-

mended 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 international acupuncture nomenclature.

Using the Chinese phonetic alphabet (Pinyin) for the names of meridians and acupuncture points allows accurate pronunciation of the Han character names, facilitates drawing up an alphabetic index, and simplifies the study of acupuncture, especially the meaning of Han characters.

The Manila meeting reached consensus on an alphanumeric code for the 361 classical acupuncture points, and also agreed on the English language names of the fourteen main meridians and their alphabetic codes. This was published in 1984 in a book entitled "Standard Acupuncture Nomenclature" by the WHO Regional Office for the Western Pacific, which also comprises a list of the equivalent terms hitherto used in British, French, Japanese, Korean, United States and Vietnamese publications on acupuncture (3). In addition, the Regional Office has published the nomenclature in two parts, taking into account revisions and corrections (4, 5).

Further meetings on standardizing acupuncture nomenclature took place in Tokyo (May 1984) and Hong Kong (July 1985), and it was recognized that international agreement on the paths of the meridians, and on the numbering of the points and their localization was essential.

#### ***International exchange of information***

WHO has no official policy on the use of acupuncture in national health care delivery systems and, in fact, the subject has not been debated by its governing bodies. There has been considerable development in the last two decades, both in theory and practice, but the exact role that it can play in health care has yet to be determined. Any decision to use acupuncture in national health services remains, of course, the prerogative of the Member States concerned.

However, there is no longer any doubt about the usefulness of having a standard international nomenclature on acupuncture points and meridians. To put acupuncture on a firm scientific basis requires rigorous investigation of the claims made for its efficacy. This implies a regular exchange of information and communication on the subject to facilitate

clinical and basic research and this, in turn, can only be achieved if a common language is utilized by all concerned.

Many institutions and modern medical colleges are carrying out useful investigations into the physiology and mode of action of acupuncture treatment. Others are studying the efficacy of acupuncture in certain pathological conditions. The efforts of WHO to evolve a standard international acupuncture nomenclature will facilitate exchanges between these research workers, and will help to dispel prevailing myths, thus leading to a wider acceptance of acupuncture in medicine.

### Structure of the nomenclature

The standard international acupuncture nomenclature is based on four elements:

- (1) The English translation of the Han character name of each meridian.
- (2) An alphanumeric code derived from the English translation of the meridian names.
- (3) The Chinese phonetic alphabet (Pinyin) names of meridians and acupuncture points.
- (4) The Han character names of the meridians and acupuncture points.

English was chosen because it is the most commonly used language in international communication, at medical conferences, as well as in medical journals published for international use.

Pinyin is used to help acupuncture practitioners to learn the original names of the meridians and points. As the original names are in Han characters and attract different pronunciations depending on locality, it was thought best to adopt the present-day standard pronunciation used in China.

The Han characters used are the (complete) forms of the original names of the meridians and points and are those currently recognized by Chinese authorities. In brackets are shown the simplified forms of Han characters, as used in Chinese, Japanese and Korean.

### The 361 classical acupuncture points

Subsequently, the 361 classical points, under the fourteen main meridians in which they are contained, were considered and adopted.

The nomenclature of each acupuncture point consists of the alphanumeric code, the Pinyin name and the Han character name. The numbering of each point is arranged according to the agreed course of each meridian.

### The meridians

The English names, Pinyin names and alphabetic codes for the fourteen main meridians are shown in Table 1. Those for the eight extra meridians are given in Table 2.

Table 1: Standard International Nomenclature of the fourteen main meridians

English name	Pinyin name	Alphabetic code
1. Lung Meridian	shōutaiyīn fèijīng	LU
2. Large Intestine Meridian	shōuyángmíng dàchángjīng	LI
3. Stomach Meridian	zúyángmíng wèijīng	ST
4. Spleen Meridian	zútaiyīn pìjīng	SP
5. Heart Meridian	shōushàoyīn xīnjīng	HT
6. Small Intestine Meridian	shōutaiyáng xiǎochángjīng	SI
7. Bladder Meridian	zútaiyáng pángguāngjīng	BL
8. Kidney Meridian	zùshàoyīn shēnjīng	KI
9. Pericardium Meridian	shōujuéyīn xīnbāojīng	PC
10. Triple Energizer Meridian	hōushàoyáng sānjiāojīng	TE
11. Gallbladder Meridian	zùshàoyáng dānjīng	GB
12. Liver Meridian	zújuéyīn gānjīng	LR
13. Governor Vessel	dūmài	GV
14. Conception Vessel	rènmai	CV

Table 2: Standard International Nomenclature of the eight extra meridians

English name	Pinyin name	Alphabetic code
Governor Vessel	dūmài	GV
Conception Vessel	rènmai	CV
Thoroughfare Vessel*	chongmài*	TV
Belt Vessel	dàimài	BV
Yin Heel Vessel	yīnqiāomài	YinHV
Yang Heel Vessel	yángqiāomài	YangHV
Yin Link Vessel	yīnwéimài	YinLV
Yang Link Vessel	yángwéimài	YangLV

\* The most suitable English equivalent for *chongmài* was considered by the participants to be Thoroughfare Vessel and this term was accepted, with the alphabetic code TV.

### The forty-eight extra points

The 48 extra points were considered and adopted in accordance with the following criteria:

- (1) The points should be in common use.
- (2) They should be considered clinically effective.
- (3) They should have a clear anatomical location.
- (4) They should be at least 0.5 cm from a classical acupuncture point.

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- (5) If an extra point has the same name as an existing point, a prefix must be added to it.

The alphanumeric code consists of a general prefix, Ex (denoting "extra points"), followed by an alphabetic code indicating the region: HN (for head and neck); CA (chest and abdomen); B (back); UE (upper extremity); LE (lower extremity), etc.

The 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.

### **Scalp acupuncture lines**

The scalp acupuncture lines, supplemented by zones denoting specific functions associated with them, were considered and adopted, using the alphabetic code MS (derived from "micro-system" and "scalp points").

## **Future developments**

### **Dissemination of the nomenclature**

For worldwide acceptance, the nomenclature has to be adopted at national and international acupuncture congresses. It must therefore be distributed to all acupuncture societies and to the editors of appropriate reviews and journals, asking for their cooperation in insisting that authors of articles and communications use the nomenclature. A similar approach should be made to the organizers of conferences.

A useful complement to the standard international nomenclature would be for WHO to distribute a cassette (prepared by the Chinese authorities) giving the correct pronunciation of the Pinyin names.

### **Auricular acupuncture**

Some additional aspects of the standard international acupuncture nomenclature still remain to be considered, notably with respect to auricular acupuncture (e.g., the forty-three auricular points of proven therapeutic value, the location of which is generally accepted) and the basic technical terms used in acupuncture.

### **Regulation of acupuncture by health authorities**

As for any other form of medical practice, national authorities should bring acupuncture within the ambit of their health legislation and control mechanisms. These would naturally vary between countries according to whether acupuncture is used by recognized practitioners of traditional forms of medicine, or whether it is a relatively recent introduction.

Such regulations should cover training, guidelines on practice, and registration of acupuncturists. It would be useful for WHO to make a survey of existing government regulations as a prelude to preparing guidelines on the subject.

### **Training in acupuncture**

The decision on who should be allowed to practise acupuncture must lie with individual national health authorities. However, it is possible to lay down general requirements for basic training in this field, and these are essential if safety and competence are to be ensured.

Such basic requirements should include knowledge of anatomy, physiology pathology, pharmacology and medicine, as well as diagnostic skills. Questions of particular importance are: "how much knowledge of modern Western medical sciences is necessary for acupuncturists trained in Oriental medicine?" and "how much knowledge of Oriental medicine (e.g., Chinese, Korean, Japanese) should graduates in modern Western medicine possess if they wish to practise acupuncture?"

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

**Safety in acupuncture practice.** Accidents arrive most often with those who are not fully trained. The most effective safety measure in acupuncture, therefore, is to ensure sound and well supervised theoretical and practical training. This is the only way to minimize incompetent examination, wrong diagnoses and errors of technique, and to make certain that patients are properly selected for acupuncture treatment and that the acupuncturist knows how to deal with accidents when they occur. Great importance must be attached to the quality of needles, their care and utilization and to the use of adequate methods of sterilization. Where it is economically feasible, disposable needles should be used.

Authoritative guidelines on these subjects are needed, setting standards for hospitals, clinics and private practitioners.

**Indications and contra-indications.** Clinical indications and contra-indications vary with the level of training and the experience of the acupuncturist. For a practitioner who has a profound knowledge of the subject, the range of conditions for which such treatment might safely be used would be greater than for someone of more limited ability. An important element of all training of acupuncture practitioners is to help them to acquire a full understanding of their own limitations and those of acupuncture.

**Equipment used in acupuncture practice.** A wide variety of machines and instruments for use in acupuncture practice are on the market. These are not properly standardized. There is a need for specifications and guidelines on use so that the risk of damage to delicate body organs may be avoided (e.g., from instruments using lasers).

#### **Education of the public**

Recently, press reports in a European country that contaminated acupuncture needles could transmit HIV infection led to a sharp though temporary reduction in acupuncture consultations. There is a need, therefore, to inform the public in a responsible way about acupuncture, as indeed about any other aspect of health care, so that unnecessary fear or anxiety may be avoided. Education of the public (and of the press) is as important as the professional education of acupuncture practitioners.

#### **Research and clinical trials**

Clinical trials and related research should continue to be undertaken by independent groups and their results should be compared and conclusions drawn. There is a role for WHO in developing guidelines on methodology and in acting as a documentation centre. Ethical guidance is also needed on clinical and basic research.

#### **Recommendations**

The Scientific Group made the following recommendations:

- Wide distribution of the standard international acupuncture nomenclature.
- Standardization of the nomenclature of auricular acupuncture and of the basic technical terms used in acupuncture.
- Preparation of guidelines on the following subjects:
  - the regulation by health authorities of acupuncture;
  - basic training in acupuncture;
  - safety in acupuncture practice; and
  - acupuncture research and clinical trials.
- Promotion of information exchange on acupuncture.

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#### **References**

1. **Lu Gwei-djen & Needham, J.** *Celestial lancets: a history and rationale of acupuncture and moxa*. Cambridge, Cambridge University Press, 1980
2. **Akerele, O. & Liu Guo-bin.** Acupuncture: towards a standard terminology. *World Health*, November 1985, pp 20–21.
3. **Wang Deshen,** ed. *Standard acupuncture nomenclature*. Manila, 1984 (WHO Regional Publications, Western Pacific Series No. 1).
4. *Standard acupuncture nomenclature*. Second impression. Manila, WHO Regional Office for the Western Pacific, 1989.
5. *Standard acupuncture nomenclature, Part 2*. Second impression Manila, WHO Regional Office for the Western Pacific, 1989

