

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 20
OF
31 LESSONS

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Acupuncture Correspondence Course in 31 Lessons
For Educational and Teaching Purposes.

Recommended books to simplify your research are as follows

Essentials of Chinese Acupuncture
Gray's Anatomy
The Merck Manual
Taber's Cyclopedic Medical Dictionary

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to the acupuncturists and medical researchers
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This Lesson on THE STOMACH MERIDIAN consists of the information given in this section of the Study Guide, all material covered by here-with specified page references to the textbook as supplied, and the enclosed O.I.C.S. Indication Sheets [Points of Major and Secondary Therapeutic Importance] for this meridian.

(1) Study Section c, on pages 37 and 40 of the textbook and the diagram on un-numbered page 39 (Fig. 10). Not mentioned in the textbook but shown by a small triangle in Fig. 10 is the connection between St-3 and St-4 to Du-26 (Go-26) just below the nose. In the templar area, between St-7 and St-8, this meridian makes connection not only with GB-3 mentioned in the textbook but not shown by a triangle in Fig. 10, as well as with GB-4, GB-5 and GB-6 (not mentioned in textbook). From St-8 it contacts Go-24 (shown by the small triangle at the anterior hairline) and also Go-20 at the vertex of the head (not shown or mentioned). The main channel at the supraclavicular fossa also sends a secondary branch to Go-14 (Ren 14) at the back of the neck (not shown, but discussed later on in this Lesson). The two small triangles in the abdominal area in Fig. 10 represent Ren 12 and Ren 13 (Co-12 and Co-13) to which the internal branches of this meridian are also connected. All of the connections mentioned above or in the text are important energetically (especially those to the Conception and Governor Vessels) and it is only through knowing such energetical details of a meridian's pathway (internal and external) that one can work beyond the level of purely symptomatic or 'cook-book' acupuncture. As for all meridians, be sure you know its relationship to the classical order of ch'i energy flow, to the Energetical Layers, its full terminology (both textbook and O.I.C.S.) as well as what 'Element' it belongs to, etc.

(2) Study the location of all forty-five points of this meridian as given in text and diagrams from pages 109 to the top of 120, and the two diagrams preceding them (Fig.'s 44a and 44b) on un-numbered pages 107 and 108 of the textbook. Locate each of these points several times on yourself and then someone else, as you have done for previous Lessons of the program, IN CONJUNCTION WITH THE HINTS, SUGGESTIONS AND FURTHER INFORMATION GIVEN FOR MANY OF THESE POINTS IN THIS STUDY GUIDE section. Six points on this channel are of major therapeutic importance, namely #4, 6, 7, 25, 36 and 44, for which information given on O.I.C.S. Indication Sheets should be MEMORIZED. We suggest you notate these six major points in some manner beside the appropriate 'Location' information in your textbook. As well, you should delete any 'Indications' and 'Puncture' information given for those six points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide. Seven other points, namely #2, 8, 18, 35, 40, 41 and 45, are of secondary therapeutic importance, and although information given for them on the O.I.C.S. Indication Sheets does not have to be memorized, their locations must be studied and known for examination purposes. Again, you should delete any 'Indications' and 'Puncture' information given for those secondary points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide as well. Two points on this meridian are forbidden to needles (St-1 and St-17) and six points are forbidden to moxibustion (St-1, 7, 8, 9, 17 and 32). Just one last

reminder before we go on with this most interesting meridian, and that is, always be sure to consult the textbook locations in addition to those extra hints and location suggestions given in this section of the Study Guide.

NOTE RE St-1 to St-8: Again, there are several different variations in the actual course or pathway of this meridian's beginning points (this time on the head). Almost all authorities place the acupuncture points per se at the same locations (and thus the Chinese transliterated names are usually always the same) however they alter the route of the meridian pathway along these eight fixed points depending on what point they feel is the first or starting point of the meridian --- some say [as we do] that it starts under the eye [at our St-1] and others [some Chinese and most older European schools of thought] say it starts on the forehead [at our St-8] which they would call St-1. Thus some other sources' St-1 point as given in a therapeutical formula might actually be referring to our St-8 point and their St-4 point may mean our St-1 point, etc. One can not ever really be sure unless that source either gives the Chinese transliterated name for the point in question, a good verbal description of its location, or at the very least a clear diagram of their conception of the pathway for this meridian on the head. We caution our students to be wary of all St-1 to St-8 points (inclusive) in therapeutical formulas where the criteria mentioned in the previous sentence are absent (and to double check those sources where they do exist before use) since this directly affects a number of English language works, ie. F. Mann. The problem is even more compounded once one gets into the classical sources, for classically there were forty-six points on this meridian, with LI-20 (Ying-Hsiang) being the first point of this meridian (now incorporated into the Large Intestine meridian), and several other interesting deletions and additions as well.

St-1: [Note some authorities call this St-4 or St-2.] It is located directly beneath the pupil (when patient looks straight ahead) on the superior border of the infra-orbital ridge. The acupuncturist presses on the lower eyelid with the left index finger (if right-handed) to move and hold the eyeball upward, prior to and during insertion, while patient looks upwards [see Fig. 46 in your textbook]. Needle depth is from very superficial (ie. 2 Fen) right up to one-and-a-half pouce. A small swelling or red circle forming around the needle is often indicative of a positive reaction. Damage to the eyeball through needling can cause loss of vision which traditionally might be corrected by needling of St-44 (Nei-T'ing) and moxibustion of SI-19 (T'ing-Kung).

Add the following to the 'Indications' given in the textbook for this point: "Excessive lacrimation (tearing); deficiency in visual acuity; eye pains; facial spasms; trigeminal neuralgia." [This point is usually coupled with Bl-1 in treatment of eye disorders.] This point must be considered FORBIDDEN TO NEEDLES AND MOXIBUSTION. Although highly experienced acupuncturists do utilize it in both these ways occasionally, they do so with extreme caution and only if absolutely necessary [moxibustion would be done with an incense (joss) stick for example, rather than a moxa roll or cone, and needle insertion duration would be very short]. It can however be treated with O.I.C.S. 'Needle-less' electronic methods provided lacrimation is not present and other factors of that technique are respected. Please delete 'Puncture' information given for this point in the textbook (until such time as you are a 'master' acupuncturist).

NOTE RE St-2 to St-6 (inclusive): Moxibustion is contra-indicated for patients with hypertension.

St-2: [Some authorities call this St-5 or even St-3.] This point is about one pouce under the pupil (patient looking straight ahead) and somewhat medial, in the infra-orbital foramen [See Fig. 46]. It is usually only around three fen [not 0.7 cun (pouce)] below St-1. Some authorities say this point is forbidden to moxibustion, however we do not consider it as such.

St-3: [Some authorities call this St-6 or even St-4, and be careful also not to confuse this point with GB-29 of the same name (Chü-Liao or Juliao) in most books and charts.] This point is sometimes used for trigeminal neuralgia and 'wry'-mouth as well. Gastric disorders in conjunction with facial exanthema (skin eruption as a symptom of disease) often respond well to this point, St-2, and St-4. Note that between this point and the next point (St-4) the meridian contacts Go-26 under the nose. This is shown in the separate head view in Fig. 10 of the textbook, but not on most acupuncture charts or diagrams.

St-4: [Some authorities call this St-7 or even St-6.] This point directly below St-2 and St-3, and thus in line with the pupil when patient is looking straight ahead. Although the following does not comprise part of the indications given for this point at the end of this Lesson, the following are noteworthy: Toothache; 'wry'-mouth [if mouth is distorted towards the right side, needle this point on the left side, and vice-versa]. For facial paresis this point is often used along with St-3, LI-4 (Ho-Ku) and LI-20 (Ying-Hsiang), with these points being needed or moxa'ed on the side opposite to the paralysis. Note the connection to CV-24 (Co-24, Cheng-Chiang) below the mouth between St-4 and St-5 as shown on China Cultural Corp. acupuncture charts and in Fig. 10 of the textbook.

St-5: [Some authorities call this St-8.] In the furrow above the lower jaw bone that is formed when the cheeks are puffed up with the mouth closed. Add the following to the 'Indications' given for this point in the textbook: "Lockjaw; swollen cheeks; neck pains; stiff tongue." Be CAREFUL OF FACIAL ARTERY HERE (which can be palpated) WHEN NEEDLING.

St-6: [Some authorities call this St-3 or even St-7.] About one pouce below the horizontal level of the ear lobe and about one pouce anterior and superior to the angle of the jaw. A distinctive depression can usually be felt there when the mouth is open. This point is very often painful to pressure.

St-7: [Some authorities call this St-2 or even St-5.] About one pouce in front of the lower part of the tragus. Opening and closing the mouth while palpating may assist in defining location, however the location you want is the one with mouth closed. FORBIDDEN TO MOXA!

St-8: [Some authorities call this St-1.] On the scalp in the area generally covered with hair, above the temple, four to four-and-a-half pouce lateral to Go-24 (which puts it at a horizontal level about four pouce above the supra-orbital border). Be sure to also refer to textbook's description of its location. THIS POINT IS FORBIDDEN TO MOXIBUSTION. For migraine this point is generally used on the contra-lateral (opposite) side to the migraine itself. Classically this was the second point of the Gall Bladder meridian.

St-9: Lateral the the "Adam's Apple" and behind the common carotid artery where the carotid pulsation can be felt. About one-and-a-half pouce lateral to Co-23, and slightly lower. THIS POINT IS FORBIDDEN TO MOXIBUSTION! And, although it is not, for beginners it might as well be forbidden to needles as well. Underscore the words "avoiding the carotid artery" stated in the textbook. Needle with EXTREME CAUTION and only superficially if at all. Even expert acupuncturists take great care of needle depth here as classically there is a possibility of death occurring if needled too deeply. Some acupuncturists, particularly Japanese, have specialized themselves in the puncture of this particular point. This point can be handled with O.I.C.S. 'Needle-less' electronic techniques.

Add to textbook's 'Indications' for this point the following: Stuttering; dysphagia (difficulty in swallowing) and painful swelling of the throat region; head congestion; hypertonia. It has a possible action on goiter, Basedow's disease, Graves' disease. Some French acupuncturists claim a definite action for this point on the thyroid gland ---ie. sedate for hyperthyroidism; tonify for hypothyroidism. This point serves as the arterial test point for examining the condition or state of the body's YANG energy [see also St-42], according to the Yellow Emperor's Classic of Internal Medicine (Nei Ching). It is another place besides the radial artery where the pulse is usually taken as a representative evaluation of body or meridian energy.

St-10: Approximately on a horizontal level with the lower edge of the "Adam's Apple", considerably below St-9 (up to two pouce). Moxa is contraindicated for patients with hypertension! Add the following to the list of 'Indications' given in textbook for this point: Recurring local paresis; globus hystericus; tracheitis (inflammation of the lining membrane of the trachea); dysphagia; whooping cough; stomach spasms; probable action on thyroid gland problems (especially of hyper-type). This is also an important point for voice fatigue and hoarseness in speakers and singers. [When tonified bilaterally it is traditionally claimed to affect for the better the "clarity" of voice, and has thus been nicknamed "the vocalists point".]

St-11: In a depression above the clavicle (collar bone), lateral to the medial end of the clavicle, between St-10 and Ki-27. About one-and-a-half pouce lateral from Co-22 and slightly higher than Co-22. OR, on the upper border of the collarbone (clavicle) between the sternal and clavicular parts (heads of origin) of the Muscle sternocleidomastoideus. Moxa is contraindicated for patients with hypertension! Add to list of 'Indications' given for this point in the textbook the following: Asthma; painful swellings in the throat region. Do not needle too deeply! Some Chinese and Vietnamese authorities claim a connection between St-11 and St-12 running to Go-14 on the midline of the back (see footnote Lesson 11, page 7), and one from the Small Intestine meridian as well. Upon further research we now tend to agree with them, namely that there are such secondary branch connections to Go-14, from both the Stomach and Small Intestine meridians.

St-12: Above the collarbone (clavicle), at four pouce [use one half of the distance between the nipples to calculate pouce here] from the ventral midline, in the large hollow. The textbook has it in the middle of this [major] supraclavicular hollow, on the mamillary line. Properly called the 'linea mamillaris', this mamillary or mid-clavicular line is a perpendicular line passing through the nipple on either side of the body, paralleling the ventral midline of the body. It corresponds closely to a perpendicular line dropped from the midpoint of the clavicle and thus it is often referred to as the midclavicular line as well.

NOTE: A number of authorities place this point considerably more medial, ie. one pouce lateral to St-11, or, just lateral to the clavicular portion (most lateral part) of the sternocleidomastoideus muscle. Even though the clavicular portion of that muscle is of variable width, which might account for such a location description, we simply cannot agree with either of those two locations for this point. Moxibustion is contraindicated here for patients with hypertension, and some authorities say it is forbidden to any use on pregnant females. Needle superficially only, and avoid the artery when needling! When the superior region of the clavicle is punctured, shortness of breath (dyspnea) may result, to say the least. This is an important point for many stomach symptoms [Virchow's or Signal node??] such as eructation, pyrosis ("heartburn"), nausea; vomiting, hyperacidity, gastric spasms, and even for inability to drink wine.

St-13: Three to four pouce (cun) lateral to the ventral midline, on the horizontal level of approximately two pouce below St-12 (measuring over the top of the clavicle and then downwards for a total of about two pouce). It is in a hollow just below the approximate middle of the clavicle (in between the clavical and the first rib) and the point itself is at the lower border of the clavicle. It is a bit more medial than the mamillary line, and thus closer to the representation in China Cultural Corp. Chart #1, rather than Fig. 44a of the textbook, however all acupuncture charts are deceiving because of the curvature of the body. Some authorities and charts simply lump this point and St-12 together or show it as a second location for St-12, however they are two separate points. You can add 'cough' to the list of 'Indications' given in the textbook for this point. This point also has similar 'Stomach symptom' indications as those given for St-12, above.

St-14: Three to four pouce (cun) lateral to the ventral midline, on the horizontal level of approximately one-and-a-half pouce below St-13 or three-and-a-half pouce below the superior face of the clavicle. It is in the first intercostal space (space between the first and second ribs) and the point itself is in a depression at the upper border of the second rib. Again it is a bit more medial than the mamillary line, and thus closer to the representation in China Cultural Corp. Chart #1, rather than Fig. 44a of the textbook. Extra care must be taken when needling in the intercostal spaces as there is a possibility of pneumothorax [look this up in a medical dictionary if you don't already know what it is!] occurring by too deep insertion (this applies to St-13 as well). A good point to try for the after-effects of a broken rib or contusion thereof.

PLEASE REMEMBER THAT INFORMATION GIVEN HERE IS IN ADDITION TO TEXTBOOK!

St-15: Three to four pouce lateral to the ventral midline, on the approximate horizontal level of one-and-a-half pouce below St-14 or slightly more than five pouce below the superior face of the clavicle. It is in the second intercostal space (space between the second and third ribs) and the point itself is in a depression closer to the lower border of the second rib than is shown on China Cultural Cor. Chart #1. Again it is somewhat medial from the mamillary line.

St-16: About four pouce lateral to the ventral midline, on the approximate horizontal level of one-and-a-half pouce below St-15, or almost seven pouce below the superior face of the clavicle. St-16 is almost directly above the nipple and thus on (or very close to) the mamillary line. It is in the third intercostal space (space between the third and fourth ribs) and the point itself is on the lower border of the third rib, slightly higher than shown on China Cultural Corp. Chart #1. It is best to avoid needling this point on females if at all possible.

St-17: Center of the nipple of the breast, which is located on the fourth intercostal space in the average male, with considerable natural variance in females. Be sure to read the information for this point in the textbook, and note that no 'Indications' are stated. This point is FORBIDDEN TO NEEDLES AND TO MOXIBUSTION! However, many of the classic "Bronze Statues" and their accompanying texts do show an actual acupuncture point (ie. hole) there, and discuss its puncture [lightly, 1 to 2 fen, with a very fine needle] and moxibustion [very light, indirect, short in duration] mainly on females for certain mamillary problems. Although not advised, it can if necessary be treated by the more sophisticated O.I.C.S. 'Needle-less' electronic instrumentation (provided all aspects of the technique are respected), but this should never be attempted with the relatively crude waveforms of the AS-3, AS-4, or WQ10-A.

St-18: [Some European authorities erroneously claim that this point corresponds to Liver Fourteen. See note under Li-14, in Lesson 17.] It is usually found at the lower border of the fifth rib. Note this point is not on the breast proper, but rather in the fold or groove underneath the breast which on most people is quite well defined. Deep insertion is forbidden, and it is best to avoid needling this point on females if possible.

St-19: Two or three pouce lateral to ventral midline, again depending on what type of pouce measurements are being used, abdominal and rib cage shape, which authorities are being followed, and so on. Best use one-half of the distance between the nipple and the midline, which is the most appropriate pouce measurement for here. Points nineteen through to thirty (inclusive) are all on such a vertical line paralleling the ventral midline of the body, and two (or slightly more) pouce from it. Do keep in mind though that with some people you may have to work a bit more lateral than this (ie. closer to the mamillary line) especially from St-19 down to around St-24. See pages 92 and 93 of the textbook, and the Kidney Meridian Lesson in regards to pouce (cun) divisions along the ventral midline, above and below the umbilicus, and remember that Kidney meridian points are between this meridian and the ventral midline.

A number of authorities and acupuncture charts place this point somewhat more in a lateral and superior direction (ie. up along an im-

aginary line between our placement of this point and St-18), which puts it right on top of the rib cartilage or even in the medial corner of the sixth intercostal space [which might explain why some authorities consider it identical to Liver point 14]. We feel however, that this point is just medial to the rib cartilage as shown on China Cultural Corp. Chart #1.

St-20: Often needled obliquely up to two pouce.

St-21: Often used for all gastric/digestive disorders, indigestion, spastic colitis, and sometimes effective for mamillary problems.

St-23: Add "intestinal" to word "hernia", and "ulcers" to the list.

St-25: This point is called the "Celestial Pivot" in acupuncture energetics for above its horizontal level is considered to be the energy of heaven in man, and below its horizontal level the energy of earth in man. Classically this point also represents the "dwelling of the soul" energetically speaking, and for that reason practitioners of certain schools of acupuncture thought consider it forbidden to needles, and refuse to puncture it [strong moxibustion is allowable though]. Although we do not consider it forbidden to needling, it is advisable not to overstimulate this point as it can cause considerable pain for the patient. For menstrual irregularities this point is often used along with Ki-5 (Shuei-Ch'uan). A good basic formula for dysentery with stomachache is to use this point in combination with St-36, and if that is still not effective add EH-6 (Nei-Kuan) and Sp-6 as supplementary points.

St-26: Could this be McBurney's test point for acute appendicitis?

St-28: One of the important points for regulation of the body's "water balance". Add edema and constipation to the list in the book. Some acupuncturists indicate this point for rheumatoid problems in musculature of back and in the kidney region.

St-29: Add the following to the list of 'Indications' given in the textbook for this point: Penis pains; disorders of scrotum; sterility [moxa recommended for the latter here].

St-30: Even though not a point of major or minor therapeutic significance as far as our Indications Sheets, this is a point you will use quite often in your practice. It is at the level of the upper edge of the pubic symphysis, and usually about one pouce above the inguinal (groin) fold (in a pronounced hollow at the location given in the textbook). It is classically forbidden to needles however with the improvements in needles since that time it can be needled superficially [3 Fen to a maximum of 5 Fen perpendicularly] and the moxibustion time stated for this point is up to three minutes. Do delete the 'Puncture' information given in the textbook and substitute that given in the preceding sentence. It must be pointed out that some authorities place this point on the lower border of the pubic bone and there is undoubtedly a point (uncharted) with similar effect there as well.

Add the following to the list of 'Indications' given in the textbook for this point: Penis pains, erectile dysfunctions, testicle pain, impotence; vomiting of blood [use 'Bleed' technique on this point ---usually produces an immediate abatement]; digestive disturbances, loss of appetite; strong outbreaks of sweating (add St-36 here). It is often indicated for assisting and easing the childbirth (delivery) pro-

cess and for the management of low back pain in women that gets worse at night. Soulie De Morant (famous French acupuncturist) indicates this point as one for "kidney gravel and bladder stones".

St-31: See China Cultural Corp. Chart #1 for the pathway of this meridian from St-30 to St-31 which is not shown in the textbook. Beyond what is given in the textbook for location (standing position) information, this point is in a depression on the lateral side of the sartorius muscle when the thigh is flexed towards the abdomen. It is on a horizontal level of about four pouce below the inguinal (groin) fold or groove in the standing position. Some authorities stipulate that this point is forbidden to moxibustion, however we do not consider it as such. NOTE: Many authorities and acupuncture charts place this point between the two prominent muscle masses at the apex (lower corner) of the femoral (Scarpa's) triangle, and thus on or near the medial border of the sartorius muscle where it meets the abductor longus muscle. This is exactly where some other authorities place the Liver Twelve point and therefore in the literature some say that St-31 corresponds to their Liver Twelve. Undoubtedly there is another point, similar in action to our St-31 at that location, however it is definitely too far medial to be the generally accepted St-31 location. Don't worry too much about all this as even the more traditional schools of acupuncture thought in China are divided between that location for St-31 and the one we advocate. Other authors place this point at thirteen pouce or cun above the flexure of the knee (popliteal crease) in a depression near the apex formed between the muscles sartorius and tensor fasciae latae (at the horizontal level of the lower border of the great trochanter) which probably places this point a bit too far superior from ours.

St-32: Notice that the textbook qualifies the name of this point [Futu] with the word "Femur" so that it is not confused with the other Futu point, namely LI-18 (which the textbook calls Neck-Futu). The instructions for finding this point with your middle finger as given in the text apply only when the patient is seated with knees bent (feet preferably not touching the ground). Remember too, that the superior border of the patella (knee joint) is two divisions above the point ST-35 (representing the lower border of the knee) as shown on China Cultural Corp. #1 chart's upper leg divisioning system, so that ST-32 is six divisions above the superior border of the knee in that chart. It would be about seven pouce above the knee crease or fold, which on China Cultural Corp. Chart #1 would be about one pouce above the ST-35 level shown. The point is six pouce below St-31 on the lateral border of the femur bone and almost directly above the lateral part of the knee, on a pronounced muscle mass formed when in a kneeling or squatting position. **THIS POINT IS FORBIDDEN TO MOXIBUSTION!**

In a kneeling or squatting position the Chinese literature says that the flesh at this level of the thigh resembles a 'crouched or cowering rabbit'. The Chinese meaning for this point is "Crouched Rabbit", because it is located on a prominent muscular mass that is formed when the patient is kneeling or squatting, that resembles the back of a crouched rabbit. Interesting or not, the Chinese meanings for the acupuncture points do serve to help remember either location or function of the acupuncture points.

St-33: Knee should be bent to locate this point. Add the following to the 'Indications' given in the textbook for this point: Heart pain and trembling hands [use along with He-3]; great weakness in the legs [use along with GB-31]; some indicate this point for diabetes.

St-34: Knee should be somewhat bent to locate this point. It is usually very sensitive to pressure in most stomach pains and ailments. Add the following to the 'Indications' in the textbook: hematemesis (vomiting of blood) [use along with He-7]; hematuria (blood in the urine) [use along with He-7 and Go-4 (Ming-Men)].

St-35: This point is often called the 'lateral knee eye' or 'lateral foramen of the patella' --- see note in textbook page 215, under Extra Point #32 of which St-35 constitutes a part of. Eliminate the words "0.5 - 1.0 inch obliquely and medially" under 'Puncture' information in textbook and see 'Needle' information under St-35 in the Indications Sheets at the end of this Lesson. CAUTION: If needle is punctured too deeply, causing the synovial fluid to flow out of the articular capsule of the knee joint, the patient may as a result become crippled! If the site of this point is very resistant, tense and hard, it must not be punctured immediately, states traditional advice regarding this point, but first clean the area and warm it somewhat, and after that puncture it slightly.....this will enable the response to be most rapid thereafter.

St-36: With knee bent locate the depression of St-35 accurately and then come down 3 pousse [four finger breadths --- see Fig. 30, page 94 of textbook] from it onto the anterior crest of the tibia. Then, measure outwards (laterally) about one finger breadth (less than one pousse) from that leading front edge of the tibia to the point St-36, which is in a distinct hollow there. The point is between the tibia itself and the muscle tibialis anterior [although some authorities claim it is between that muscle and the muscle extensor digitorum longus, which however would put it further away from the tibia]. Another quite accurate way to locate this point with the patient seated and knees bent (preferably feet dangling --- not resting on the ground) is to ask the patient to place his hand over his knee with the center of his palm over the highest point of the knee cap, fingers pointing downwards but still resting naturally. St-36 can usually be found in the depression slightly lateral to the tip of the patient's middle finger.

Some authorities say to measure down three pousse below the tip of the patella (knee cap) or simply from the patella, but as you can see that would put this point higher than where we locate it (although this sometimes works when the knee is not bent, ie. with the leg straight). Others take the measurement from the lateral edge of the tubercle of the tibia, but that is not very reliable either. If you always start at St-35 as explained above, you cannot make a mistake locating this point, simply because St-35 is easy to find and exactly define in the first place.

NOTE: There are a number of different, yet proper locations for St-36 depending on what type of disorders one wishes to handle (and how one was originally trained), ie., the "classical" location (predominately for psychological problems), the "Hong Kong" location (best for abdominal problems), the "traditional Korean" location (considerably more distal and lateral to ours, a blend of psychological and

physiological actions), etc. The one we suggest is a good one to start with initially because of its general all-round action, and the fact that it is the one that most acupuncturists learn and utilize.

The transliterated name 'Zusanli' or 'Tsu-San-Li' means roughly "Walk Three Miles" although 'Tsu' [ie. foot] and 'Li' [ie. a Chinese measure of distance] do have a lot of possible interpretations. The "Walk Three Miles" relates to the fact that the point was punctured or massaged to increase the distances one is able to walk or march. Using it then, the person was better able to walk an additional three miles, longer distances, or to a further village, etc. Moxibustioned, it is said to ensure good health, peace of mind and a long life [a nickname for it is 'Heavenly Equanimity']. Some authors claim this point is forbidden to moxibustion and/or needles in children under the age of seven, and others that it is forbidden to moxibustion right up to age thirty. We however can find no classical confirmation of this except that it is relatively forbidden to both needles and moxibustion for a woman during pregnancy. Still it might be a good idea not to moxibustion this point in children as there must be some empirical reason from more modern times for a number of authorities contra-indicating it so.

Because of its tremendous therapeutic scope, St-36 is probably the "Greatest" acupuncture point of all, and undoubtedly the most used (and abused) acupuncture point in clinical practice. We say abused because nowadays it is often over used and misused by being added into almost every treatment formula (combination) when not really required, on a "just in case" or "it can't hurt" basis. Energetically, this point CAN be counter-productive or even detrimental to a given treatment plan's success if used with a point combination where not specifically indicated. Used singularly (or possibly along with LI-4 [Ho-Ku]) it does make an excellent 'placebo/tonic' point for someone who "just wants to experience the needles", but the general rule is not to use any acupuncture point unless you have a specific purpose for its use or inclusion in the therapeutical formula.

NOTE: About two pousse below St-36 (and sometimes slightly more lateral) is a special (Extra) point called "Lanwei" or "the Appendix Point", which some acupuncturists wish to add to the Stomach meridian as another one of its 'official' acupuncture points. Western physicians who are into traditional acupuncture use it as a diagnostic confirmation in possible cases of appendicitis, particularly for dissimulative children and insensible patients. In suspected instances of appendicitis, if this point is clearly painful to pressure they consider it as strong additional evidence for their diagnosis. It is usually more sensitive on the right side than the left, nevertheless in cases of appendicitis it is clearly verifiable on both sides. In Lesson 23 we will see that the Chinese successfully use this point to treat acute attacks of appendicitis (a procedure which would greatly disturb most Western trained physicians other than in a case of extreme emergency).

St-37: To locate points St-37 to St-40 you may wish to divide the lower leg into sixteen divisions (pousse, cun) as on page 92 - 93 of your textbook. Points 37, 38 and 39 are all on the lateral side of the tibia, in between the tibia and the fibula. St-37 is three pousse below St-36, between the tibia and the muscle tibialis anterior. To locate this point it helps to have the patient raise his foot off the ground somewhat (thereby activating certain muscles) and to make his big toe

flex upwards when you needle the point. Note that some authorities consider this point, as well as the next two, to be on the posterior border of the muscle tibialis anterior, which puts them more lateral than our placements. Add to list of 'Indications' given in the textbook the following: Hemiplegia; abdominal distention and large intestine problems.

St-38: On the front (anterior) side of the leg at the approximate midpoint of a line joining St-35 and the tip of the lateral malleolus, about one finger breadth (not pouce or cun) lateral to the anterior crest of the tibia. Eight pouce above the lateral malleolus, or two pouce below St-37, or eight pouce below St-35. To locate this point it helps to have the patient raise his foot off the ground somewhat and to make his big toe flex upwards when you needle this point. The fifty-seventh point of the Bladder meridian (Bl-57) is located at the same horizontal level as this point, only at the back of the leg, and thus directly opposite to St-38. There is an additional technique involving deeper insertion at this St-38 point that you should be aware of, which in effect 'tunnels' almost through to the Bl-57 point, and this method is especially effective for back or lumbar aches and pains. The 'tunneling' line joining St-38 and Bl-57, and thus the technique itself, is called 'Tiao-Shan' [a combination of the transliterated name for St-38 (Tiaokou or T'iao-Kou) and Bl-57 (Chengshan or Ch'eng-Shan)]. The needle technique is: With patient sitting upright, knees bent and feet dangling (off the floor), the needle is inserted at St-38, perpendicularly straight through between the two bones towards Bl-57, and rotated (twirled) deeper in until the needle tip almost reaches beneath the skin at Bl-57 ---for a total depth of two to three pouce.

St-39: One pouce below St-38, or nine pouce below St-35, just on the lateral edge of the tibia. It sometimes helps in locating this point if the patient raises his foot off the ground somewhat. Note how the meridian pathway now makes a sharp angle upwards and laterally to join the next point on this meridian, as shown in the textbook and on China Cultural Corp. Chart #1.

St-40: On the outer (lateral) side of the leg at the approximate midpoint of a line joining St-35 and the tip of the lateral malleolus, on the anterior border of the fibula. This point can also be described as being eight pouce (cun) above the lateral malleolus and less than two pouce lateral to the anterior crest of the tibia, in a depression on the lateral side of the muscle tibialis anterior [some say on the border of the muscle peroneus]. It is at the same horizontal level as St-38, and is one of the instinctive 'scratch' points on the leg.

There is considerable vertical variation in the placement of this point. Many authorities place this point either higher or lower than we do, from up to two pouce higher (around the horizontal level of St-37) to one pouce lower (at the horizontal level of St-39). Our location is the one shown in all newer Chinese charts and the one most often used by traditionally trained acupuncturists, who would place it about a pouce higher only if they could not obtain sufficient response at the regular St-40 point location. All the argument over its vertical placement is rather moot because even with such great variance the point is still in the 'Tibial Branch' of the Stomach meridian, which leaves St-36 and runs through St-40 and on to the middle toe [see textbook top of page 40 regarding the 'Tibial Branch' and the dotted

line there in Fig. 10]. Thus the exact placement of St-40 may not be important or critical enough to warrant any major disagreement among acupuncturists, or cause any reduction in its therapeutical effectiveness.

St-41: On the instep or 'arch' of the foot, in a distinct depression just in front of the ankle joint --- be sure to see textbook description and Fig. 54, page 119. The needle is generally inserted pointing towards the heel. For facial edema this point is usually used along with St-44. For swelling and pains in the region of the ankle-joint this point is usually used together with Sp-5 and GB-40.

St-42: In addition to the textbook's location (see also Fig. 54), bone structure-wise it is located between the cuneiforms of second and third toes, thus China Cultural Corp. Chart #1 shows it slightly too far distal and medial. Old medical texts consider this point forbidden to needles, however it can be safely utilized with more modern fine gauge needles (ie. 32 or 34). Palpate and define the artery (dorsal artery of the foot) carefully, avoid the artery when needling by inserting to the side of it [traditionally, a hemorrhage thereof is considered dangerous], do not needle too deep and withdraw the needle slowly. Moxa time there is 3 to 8 minutes. Add the following to the list of 'Indications' given for this point in the textbook: Anorexia; facial paresis; and abdominal distention.

According to the Yellow Emperor's Classic of Internal Medicine (Nei Ching) this point serves as the arterial test point for examining the condition or state of the body's YIN energy [see also St-9]. This is yet another place where a pulse is usually taken for diagnostic purposes besides the radial artery pulse(s).

St-44: Bone structure-wise, in a depression at the proximal ends of the proximal phalanges, between the second and third toes, with the big toe considered as number one for counting purposes. It is approximately five pouce distal from St-42 and two pouce distal from St-43. For colic and stomach-ache it is usually used along with St-36; for cold hands, usually along with LI-11 (Ch'u-Ch'ih); for cold hands and feet, along with GB-34; for intestinal disorders with GB-41; and for stomach rumblings and facial swelling (edema) with LI-4 (Ho-Ku). Please remember that these hints given about some point "usually" being used along with one or more other points for a given disorder does not necessarily imply a complete therapeutic formula or combination, but rather is intended to demonstrate typical energetical point associations and relationships. Caveat!

St-45: Relatively forbidden for women during pregnancy. Use triangular (prismatic) needle bleeding technique only if necessary on this point.

POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

[Paragraph at top of Page 7, Lesson 19, applies here as well.]

St-2 "Ssu-Pai" (Four White)

INDICATIONS: Facial paralysis, pains and spasms; trigeminal neuralgia; eye diseases; eyelid problems; rhinitis; headache.

NEEDLE: (1) 2 to 3 Fen [90]
(2) 1 to 2 Pouce [15] towards St-6

MOXA: 3 to 8 minutes

CAUTION: Deep insertion forbidden; avoid injuring eyeball.

St-4 "Ti-Ts'ang" (Terrestrial Granary)

INDICATIONS: Facial paralysis and paresis; Bell's palsy; trigeminal neuralgia; increased salivation; spasms of muscles of mouth, lips and eyes; trismus (lockjaw); mutism.

NEEDLE: (1) 3 to 5 Fen [45]
(2) 1 to 2 Pouce [15] towards St-6

MOXA: 3 to 8 minutes

St-6 "Chia-Ch'e" (Cheek Chariot)

INDICATIONS: Toothache; facial paralysis; trigeminal neuralgia; Bell's palsy; lockjaw; parotitis; mumps; spasm of masseter muscle; neck pain and stiffness; swollen cheeks and lower jaw; stammering and stuttering; aphonia.

NEEDLE: (1) 3 to 4 Fen [90]
(2) 1 to 2 Pouce [15] towards St-4

MOXA: 3 to 8 minutes

St-7 "Hsia-Kuan" (Lower Pass)

INDICATIONS: Facial paralysis, paresis and distortion; trigeminal neuralgia; toothache; mandibular arthritis; lockjaw; deafness; tinnitus.

NEEDLE: 3 Fen to 8 Fen [90]

MOXA: FORBIDDEN

St-8 "T'ou-Wei" (Head Support)

INDICATIONS: Migraine; headache; forehead aches; pain in eyes (ophthalmalgia); deficiency in visual acuity; excessive lacrimation; trigeminal neuralgia.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

St-8 "T'ou-Wei" CONTINUED (See previous page)

NEEDLE: 3 to 7 Fen [15] generally towards back of head, but also needled towards front of head or in downwards or upwards (top of head) direction.

MOXA: FORBIDDEN

St-18 "Ju-Ken" (Breast Bone)

INDICATIONS: Mastitis (inflammation of breast); deficient lactation; chest pain; cough with expectoration; thirst.

NEEDLE: (1) 3 to 8 Fen [45]
(2) 5 Fen to 1 Pouce 5 Fen [15] transversely.

MOXA: 5 to 15 minutes

St-25 "T'ien-Shu" (Celestial Pivot)

INDICATIONS: Acute and chronic gastritis and enteritis; dysentery; constipation; intestinal paralysis and spasm; diarrhea; general intestinal disorders and stomach pains; abdominal distention; borborygmus (intestinal rumblings); gynecological disorders and irregular menstruation; edema; ascites; nausea and vomiting; sterility; dysmenorrhea.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [90]

MOXA: 5 to 20 minutes

CAUTION: Do not over stimulate this point (causes pain).

St-35 "Tu-Pi" (Nose of Calf)

INDICATIONS: Arthritis, inflammation, and neuralgia of knee joint; paralysis of lower legs (often with St-36).

NEEDLE: 3 Fen to 1 Pouce [45] medially

MOXA: 3 to 12 minutes

St-36 "Tsu-San-Li" (Walking Three Miles)

INDICATIONS: Gastralgia, gastritis, general stomach illness and abdominal pains; nausea, vomiting; abdominal distention and flatulence; constipation; dysentery; enteritis, gastroenteritis and diseases of digestive tract; main point for general body tonification; fatigue, lack of essential energy, hypertension; diarrhea; dyspepsia; anorexia; anuria; anemia; menstrual disorders and pain (dysmenorrhea); appendicitis; headache, migraine; dizziness; insomnia; eye disorders; lower limb pain, paralysis; knee pain; general nervous system disorders, psychological disturbances; epilepsy; hemiplegia; heart and circulation problems; cholera.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

St-36 "Tsu-San-Li" CONTINUED (See previous page)

NEEDLE: 5 Fen to 2 Pouce

MOXA: 5 to 25 minutes (generally moxa very effective).

St-40 "Fung-Lung" (Rich and Prosperous)

INDICATIONS: Cough; excessive sputum; dizziness and vertigo; mental disorders, ie. schizophrenia; epilepsy; pain and paralysis of lower limb; abdominal pain; headache; sore and swollen throat; asthma; dyspnea; dysphagia; constipation; hemiplegia; anuria.

NEEDLE: 5 Fen to 2 Pouce [90]

MOXA: 5 to 15 minutes

St-41 "Chieh-Hsi" (Dissolving Brook)

INDICATIONS: Paralysis of lower extremities; disorders of malleolus joint and surrounding soft tissue; swelling, pain, rheumatism and arthritis of ankle, foot, lower leg and knee; headache; facial edema; constipation; epilepsy; vertigo.

NEEDLE: 3 to 7 Fen

MOXA: 5 to 15 minutes

St-44 "Nei-T'ing" (Inner Court)

INDICATIONS: Gastralgia; headache; tonsillitis; toothache; epistaxis; nocturnal enuresis; abdominal distention, pains and rumblings (borborygmus); facial edema; general intestinal disorders, ie. diarrhea; dysmenorrhea; trigeminal neuralgia; cold extremities; sore throat; urticaria.

NEEDLE: 3 to 7 Fen

MOXA: 3 to 8 minutes

St-45 "Li-Tuei" (Strict Exchange)

INDICATIONS: Febrile (fever) diseases; insomnia and dream disturbed sleep; epistaxis; toothache; tonsillitis; headaches; rhinitis; stomach hyperacidity; 'madness'; fainting, shock, etc.; hepatitis.

NEEDLE: 1 to 3 Fen [45] [Bleed only if necessary!]

MOXA: 1 to 5 minutes

THE TENDINO-MUSCULAR MERIDIAN OF THE STOMACH.

- 1) This meridian begins at the external ungual corners of the 2nd, 3rd, and 4th toes,
- 2) they converge at the dorsum of the foot where it divides into two branches,
- 3) the external branch follows the external surface of the tibia (lateral to the extensor digitorum longus muscle),
- 4) reaches the lateral side of the knee,
- 5) climbs vertically to the hip, to the point GB-30 (Huan-T'iao),
- 6) goes directly to the floating ribs and outlines them,
- 7) to insert on the vertebral column (middle of the thoracic spine),
- 8) the internal branch which leaves from the dorsum of the foot runs along the tibia medial to the "external branch",
- 9) reaches the knee, below the patella,
- 10) a short vessel leaves the patella towards the external tuberosity of the tibia to connect with the principal meridian of the Gall Bladder,
- 11) the vertical course of the "internal branch" climbs vertically and travels through the anterior femoral region,
- 12) reaches the triangle of Scarpa below the groin,
- 13) converges towards the genitals at the point Co-2 and Co-3 (Ch'ü-Ku and Chung-Chi),
- 14) inserts into the abdominal muscles,
- 15) climbs vertically to the supraclavicular hollow,
- 16) goes to the neck (around the sternocleidomastoid muscle) and reaches the inferior angle of the mandible where three branches split,
- 17) one branch encircles the mouth (via St-4),
- 18) a second branch is inserted into the cheek, climbs to the infraorbital border (connecting to the principal meridian of the Bladder),
- 19) descends and is inserted at the nasolabial sulcus,
- 20) the third branch leaving the cheek climbs to end directly in front of the ear.

Troubles of this Meridian:

- Contracture of the 2nd toe and of the leg.
- Contracture and stiffness of the instep.
- Contracture of the region called "crouching rabbit".
- Swelling underneath the groin.
- Orchitis.
- Contracture and stiffness of the muscles of the abdomen.
- Radiating pains up to the supraclavicular hollow and to the cheek.
- Sudden deformation of the mouth.

In serious cases, the eye can be attacked. When caused by Heat, the eye cannot be opened. In the opposite case (Yin Perverse energy) it cannot be closed.

When the Cold (Yin Perverse energy) attacks the cheek, the muscles become taut and their contracture reaches those of the mouth. When Heat is the cause, the muscles become slack. In both cases, there is deformation of the mouth.

THE TRANSVERSAL LO VESSEL OF THE STOMACH.

This vessel starts at the Lo point of the Stomach meridian, St-40 (Fung-Lung) and traverses the leg to reach the Iunn point of the Spleen meridian, Sp-3 (Tai-Pai).

THE LONGITUDINAL LO VESSEL OF THE STOMACH.

This vessel begins at the Lo point of the Stomach, St-40 (Fung-Lung) from which a short vessel passes immediately to the meridian of the Spleen on the leg. Another vessel climbs vertically and follows the anterior surface of the femur, climbs the chest to the supraclavicular fossa, climbs the neck and the side of the head to reach the point Go-20 (Pai-Hui) where it descends to the forehead, the cheek, the jaw, and inserts at the throat. In effect, there is a plexus on the top of the skull and another forms a plexus around the larynx.

Symptomatology and Treatment:

Fullness: Madness; stimulate the corresponding Lo point, St-40.
Emptiness: Slackening of the joint of the leg and contraction of the muscles of the leg; stimulate the opposite Lo point Sp-4 (Kung-Sun) and the corresponding Iunn point St-42 (Ch'ung-Yang).

THE DISTINCT MERIDIAN OF THE STOMACH.

- 1) The principal meridian of the Stomach reaches the crease of the groin at the point St-30 (Ch'i-Ch'ung),
- 2) from there a vessel penetrates into the abdomen,
- 3) enters into the stomach (bowel) and separates into branches to the spleen (organ),
- 4) from there goes to the heart,
- 5) climbs to the throat,
- 6) reappears at the mouth,
- 7) through the bridge of the nose, reaches the forehead,
- 8) descends to the eyes and flows into the principal meridian of the Stomach through the point Bl-1 (Ching-Ming).

c. *The Stomach Channel of Foot-Yangming*

Course: This channel starts from Pt. Yingxiang (L.I. 20) lateral to ala nasi, then it ascends to the root of the nose meeting the Urinary Bladder Channel at Pt. Jingming (U.B. 1). Descending along the lateral side of the nose (Chengqi, St. 1), it enters into the upper gum. Emerging and curving around the lips, it meets the symmetrical channel at the middle of the mental labial groove (Chengjiang, Ren 24). Coming out at Pt. Daying (St. 5) and running along the angle of the jaw (Jiache, St. 6), it goes upward in front of the ear and passes through Shangguan (G.B.

3) of the Gall Bladder Channel of Foot-Shaoyang, then following the hairline it reaches the forehead (Touwei, St. 8). (See Fig. 10.)

The Facial Branch sprouts in front of Daying (St. 5), running downward to Renying (St. 9). From there it goes along the throat to the supraclavicular fossa, descending through the diaphragm to enter its pertaining organ, the stomach, and communicate with the spleen.

The main channel runs straight downward from the supraclavicular fossa along the mammillary line, then medially descends along the sides of the umbilicus and enters the lower abdomen (Qichong, St. 30).

The Stomach Branch starts from the pylorus, descends inside the abdomen and joins the original channel at Qichong (St. 30). Running downward, passing Biguan (St. 31) further through Femur-Futu (St. 32) right to the knee, it runs along the antero-lateral aspect of the tibia directly to the dorsum of the foot from where it reaches the lateral side of the tip of the second toe (Lidui, St. 45).

The Tibial Branch deviates at Pt. Zusanli (St. 36) 3 cun below the patella and terminates at the lateral side of the middle toe.

The Branch from the Dorsum of Foot splits at Pt. Chongyang (St. 42) and terminates at the medial side of the great toe (Yinbai, Sp. 1). There it connects with the Spleen Channel of Foot-Taiyin. (See Fig. 10.)

Pathological Symptoms: Abdominal distention, borborygmus, gastralgia, edema, vomiting, facial paralysis, sore throat, epistaxis, pain along the route of this channel such as in the chest and knee, febrile diseases, mania, etc.

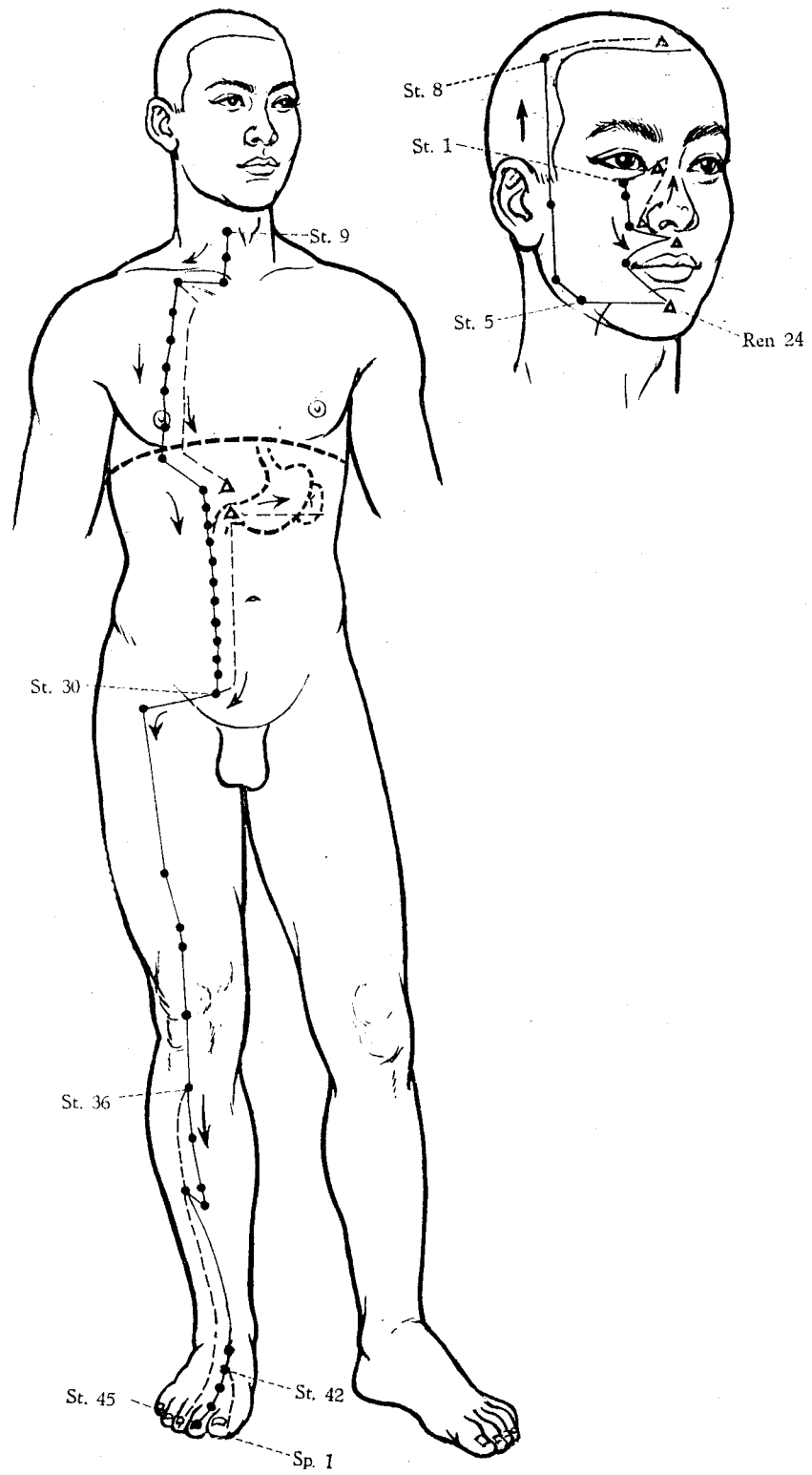


Fig. 10. The Stomach Channel of Foot-Yangming

(3) THE STOMACH CHANNEL OF FOOT-YANGMING

— 45 Points —

1. Chengqi (St. 1):

Location: Between the eyeball and the midpoint of the infra-orbital ridge. (See Fig. 45.)

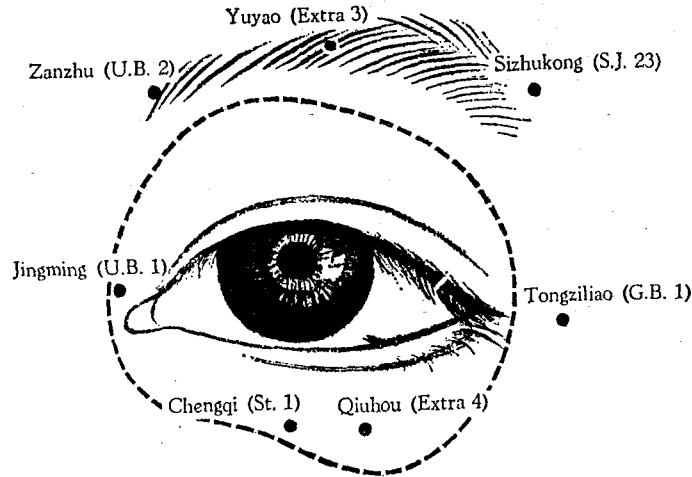


Fig. 45

Indications: Conjunctivitis, thermal burns, myopia, optic atrophy, etc.

Puncture: 0.3-1.0 inch perpendicularly. Ask patient to look upward, the needle is inserted along the lower border of the orbital ridge. (See Fig. 46.)

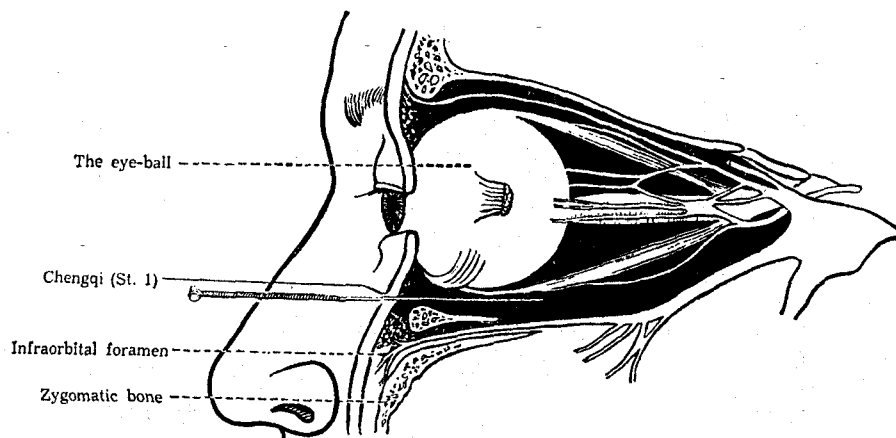


Fig. 46

2. Sibai (St. 2):

Location: 0.7 cun below Chengqi (St. 1), in the depression at the infra-orbital foramen. (See Fig. 47.)

Indications: Facial paralysis, eye diseases, twitching of eyelids, headache.

Puncture: Perpendicularly 0.2-0.3 inch or 1.0-2.0 inches horizontally towards Jiache (St. 6).

3. Juliao (St. 3):

Location: Directly below Sibai (St. 2), at the level of the lower end of the ala nasi, lateral to the naso-labial groove.

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

Puncture: Obliquely 0.3-0.5 inch.

4. Dicang (St. 4):

Location: 0.4 cun lateral to corner of mouth. (See Fig. 47.)

Indications: Facial paralysis, trigeminal neuralgia, salivation.

Puncture: Obliquely 0.5 inch, or 1.0-2.0 inches horizontally towards Jiache (St. 6).

5. Daying (St. 5):

Location: Anterior to the angle of jaw, at the lower border of m. masseter where the artery of the mandible groove can be palpated.

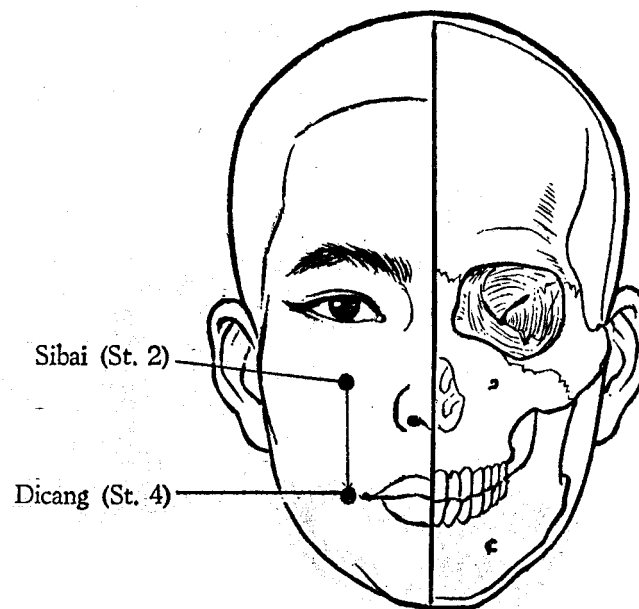


Fig. 47

Indications: Toothache, parotitis, facial paralysis.

Puncture: Perpendicularly or obliquely 0.5-1.0 inch.

6. Jiache (St. 6):

Location: Anterior and superior to the angle of jaw at the prominence of the masseter muscle when the jaw is shut tight as shown in Fig. 48.

Indications: Toothache, facial paralysis, parotitis, spasm of masseter muscle.

Puncture: Perpendicularly 0.3 inch or horizontally 1.0-2.0 inches towards Dicang (St. 4).

7. Xiaguan (St. 7):

Location: In the depression at the lower border of the zygomatic arch, anterior to the condyloid process of the mandible. Locate the point with patient's mouth closed. (See Fig. 48.)

Indications: Facial paralysis, trigeminal neuralgia, toothache, mandibular arthritis.

Puncture: Perpendicularly 0.5-1.0 inch.

8. Touwei (St. 8):

Location: 0.5 cun within the anterior hairline at the corner of the forehead. (See Fig. 44.)

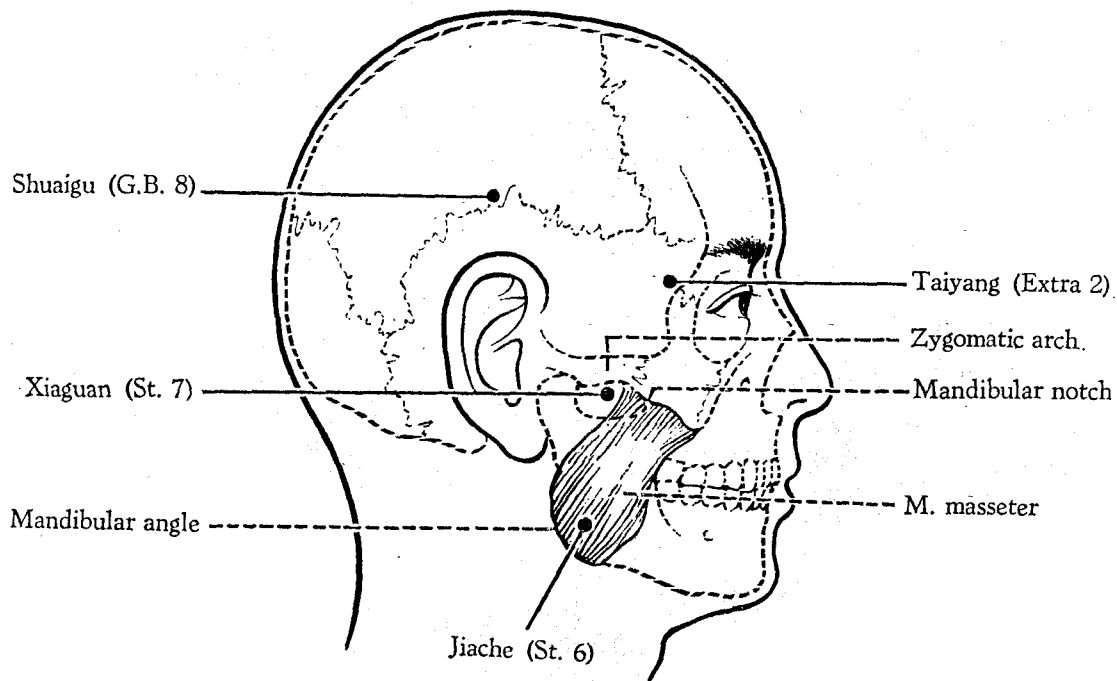


Fig. 48

Indications: Migraine, ophthalmalgia, lacrimation.

Puncture: Horizontally subcutaneously, posteriorly or anteriorly 0.3-0.5 inch.

9. Renying (St. 9):

Location: Posterior to the common carotid artery on the anterior border of m. sterno-cleido-mastoideus, lateral to the thyroid cartilage. (See Fig. 68.)

Indications: Hypertension, asthma, sore throat, aphasia.

Puncture: Perpendicularly 0.5-1.0 inch, avoiding carotid artery.

10. Shuitu (St. 10):

Location: On the anterior border of m. sterno-cleido-mastoideus, midway between Renying (St. 9) and Qishe (St. 11).

Indications: Sore throat, asthma.

Puncture: Obliquely, medially 0.5-1.0 inch.

11. Qishe (St. 11):

Location: Directly below Renying (St. 9) on the superior border of the clavicle.

Indications: Sore throat, dyspnea, stiff neck.

Puncture: Perpendicularly 0.3-0.5 inch.

12. Quepen (St. 12):

Location: In the middle of the supraclavicular fossa, on the mammillary line.

Indications: Sore throat, asthma, pleuritis, costal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch, avoiding artery.

13. Qihu (St. 13):

Location: Below the midpoint of the clavicle, 4 cun lateral to Xuanji (Ren 21).

Indications: Asthma, bronchitis, chest and back pain, hiccough, dyspnea.

Puncture: Obliquely 0.5-0.8 inch.

14. Kufang (St. 14):

Location: In the 1st intercostal space, 4 cun lateral to Huagai (Ren 20).

Indications: Bronchitis, distention and pain in the chest and hypochondriac region.

Puncture: Obliquely 0.5-0.8 inch.

15. Wuyi (St. 15):

Location: In the 2nd intercostal space, 4 cun lateral to Chest-Zigong (Ren 19).

Indications: Bronchitis, distention and pain in chest and costal region, asthma.

Puncture: Obliquely 0.5-0.8 inch.

16. Yingchuang (St. 16):

Location: In the 3rd intercostal space, 4 cun lateral to Yutang (Ren 18).

Indications: Cough, asthma, pain in the hypochondriac region, borborygmus, diarrhea, mastitis.

Puncture: Obliquely 0.5-0.8 inch.

17. Ruzhong (St. 17):

Location: In the centre of the nipple, in the 4th costal interspace, mid-line of the clavicle.

Note: This point only serves as a marking for transverse measurement in locating the points on the chest and abdomen. The distance between the two nipples is 8 cun.

It is contra-indicated to acupuncture or moxibustion.

18. Rugen (St. 18):

Location: Directly below the nipple in the depression of the mammillary groove, in the 5th intercostal space (See Fig. 49.)

Indications: Mastitis, deficient lactation, chest pain.

Puncture: Obliquely 0.5-0.8 inch.

19. Burong (St. 19):

Location: 6 cun above the umbilicus, 2 cun lateral to Jujue (Ren 14).

Indications: Gastrectasis, intercostal neuralgia.

Puncture: Perpendicularly 0.5-0.8 inch.

20. Chengman (St. 20):

Location: 5 cun above the umbilicus, 2 cun lateral to Shangwan (Ren 13).

Indications: Acute and chronic gastritis, gastralgia, pain and spasm of the m. rectus abdominis.

Puncture: Perpendicularly 0.5-1.0 inch.

21. Liangmen (St. 21):

Location: 4 cun above umbilicus, 2 cun lateral to Zhongwan (Ren 12). (See Fig. 49.)

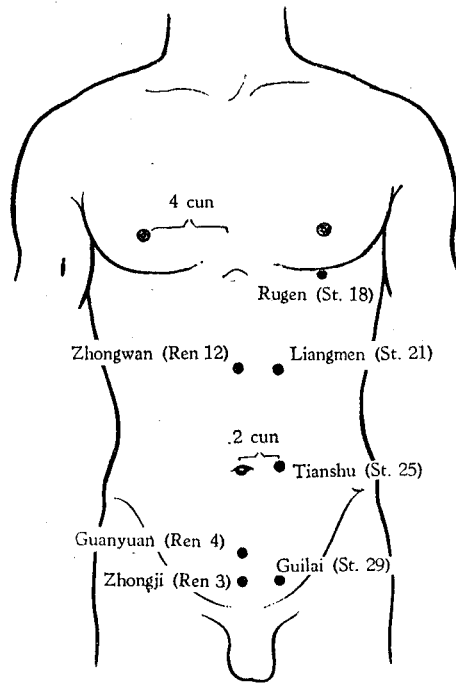


Fig. 49

Indications: Gastric or duodenal ulcer, acute and chronic gastritis, gastric neurosis, etc.

Puncture: Perpendicularly 0.5-1.0 inch.

22. Guanmen (St. 22):

Location: 3 cun above umbilicus; 2 cun lateral to Jianli (Ren 11).

Indications: Abdominal pain or distention, anorexia, borborygmus, diarrhea, edema.

Puncture: Perpendicularly 0.5-1.0 inch.

23. Taiyi (St. 23):

Location: 2 cun above umbilicus; 2 cun lateral to Xiawan (Ren 10).

Indications: Gastralgia, hernia, enuresis, mental disorder.

Puncture: Perpendicularly 0.5-1.0 inch.

24. Huaroumen (St. 24):

Location: 1 cun above umbilicus; 2 cun lateral to Shuifen (Ren 9).

Indications: Nausea and vomiting, gastralgia, mental disorder.

Puncture: Perpendicularly 0.5-1.0 inch.

25. Tianshu (St. 25):

Location: 2 cun lateral to umbilicus. (See Fig. 49.)

Indications: Acute and chronic gastro-enteritis, dysentery, constipation, intestinal paralysis, diarrhea in children and infants, paralysis of m. abdominis, appendicitis, acute intestinal obstruction.

Puncture: Perpendicularly 0.5-1.0 inch.

26. Wailing (St. 26):

Location: 1 cun below umbilicus; 2 cun lateral to Abdomen-Yinjiao (Ren 7).

Indications: Abdominal pain, menorrhagia.

Puncture: Perpendicularly 0.5-1.0 inch.

27. Daju (St. 27):

Location: 2 cun below umbilicus; 2 cun lateral to Shimen (Ren 5).

Indications: Cystitis, abdominal pain, dysentery, spermatorrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

28. Shuidao (St. 28):

Location: 3 cun below umbilicus; 2 cun lateral to Guanyuan (Ren 4).

Indications: Nephritis, cystitis, retention of urine, testitis.

Puncture: Perpendicularly 0.5-1.0 inch.

29. Guilai (St. 29):

Location: 4 cun below Tianshu (St. 25); 2 cun lateral to Zhongji (Ren 3). (See Fig. 49.)

Indications: Amenorrhea, menorrhagia, prolapse of uterus, acute epididymitis, chronic pelvic inflammation, hernia.

Puncture: Perpendicularly 0.5-1.0 inch.

30. Qichong (St. 30):

Location: 5 cun below umbilicus; 2 cun lateral to Qugu (Ren 2).

Indications: Urogenital diseases, hernia.

Puncture: Perpendicularly 0.5-1.0 inch.

31. Biguan (St. 31):

Location: Directly below the anterior superior iliac spine, in a line level with the lower border of the pubic symphysis. (See Fig. 50.)

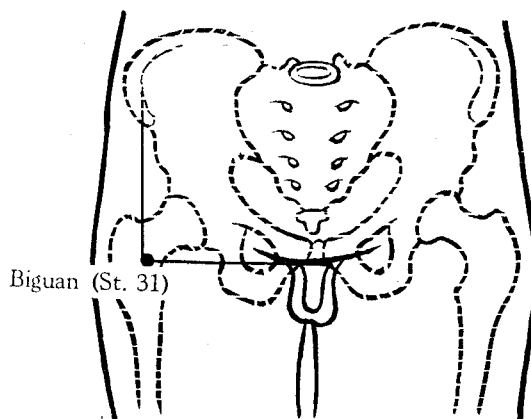


Fig. 50

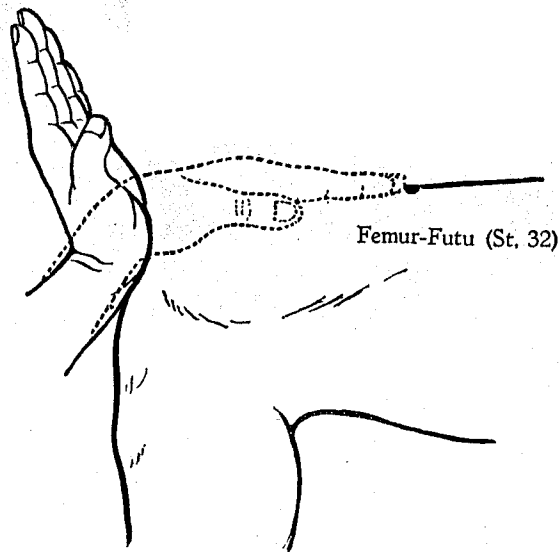


Fig. 51

Indications: Paralysis of lower extremities, hemiplegia, rheumatism.

Puncture: Perpendicularly 1.0-1.5 inches.

32. Femur-Futu (St. 32):

Location: 6 cun above the superior border of the patella (see Fig. 51), or, cover knee-cap with hand, the middle of 1st wrist crease on middle of knee, fingers close together. The point is where the middle finger rests.

Indications: Pain, paralysis of lower extremities, hemiplegia.

Puncture: 1.0-1.5 inches along the lateral border of the femur.

33. Yinshi (St. 33):

Location: In a depression 3 cun above the supero-lateral border of the patella.

Indications: Aching or paralysis of the knee joint and leg.

Puncture: Perpendicularly 1.0-1.5 inches.

34. Liangqiu (St. 34):

Location: In the depression 2 cun above the supero-lateral border of the patella, directly above Dubi (St. 35). (See Fig. 52.)

Indications: Gastralgia, diarrhea, mastitis, disorders of knee joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.0 inch.

35. Dubi (St. 35):

Location: Ask the patient to bend the knee. The point is in the depression just below the patella, lateral to the patellar ligament. This point is the lateral foramen of the patella. (See Fig. 52.)

Indications: Arthritis of the knee joint.

Puncture: 0.5-1.0 inch obliquely and medially, or puncture along the posterior aspect of the ligament towards medial-Xiyan (Extra 32).

36. Zusanli (St. 36):

Location: 3 cun below Dubi (St. 35), one finger breadth from the anterior crest of the tibia. (See Fig. 53.)

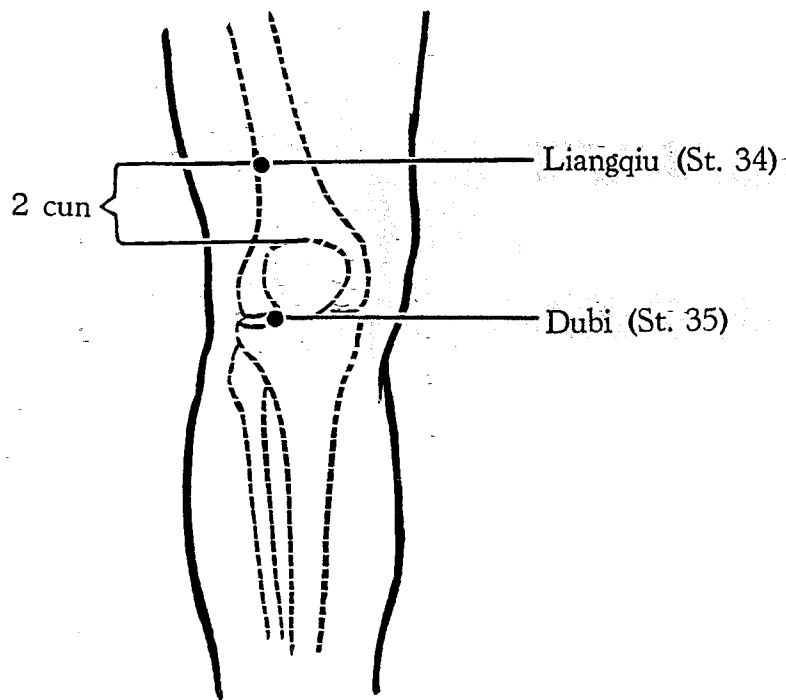


Fig. 52

Indications: Gastralgia, nausea and vomiting, abdominal distention, constipation, bacillary dysentery, enteritis and diseases of the digestive tract. Also for general tonic purposes.

Puncture: Perpendicularly 1.0-1.5 inches.

37. Shangjuxu (St. 37):

Location: 6 cun below Dubi (St. 35); one finger breadth from the anterior crest of the tibia. (See Fig. 53.)

Indications: Abdominal pain, diarrhea, appendicitis, paralysis of lower extremities.

Puncture: Same as Zusanli (St. 36).

38. Tiaokou (St. 38):

Location: 8 cun below the knee; 2 cun below Shangjuxu (St. 37). (See Fig. 53.)

Indications: Paralysis or aching of lower extremities, gastric and abdominal pain, peri-arthritis of shoulder.

Puncture: Perpendicularly 1.0-1.5 inches.

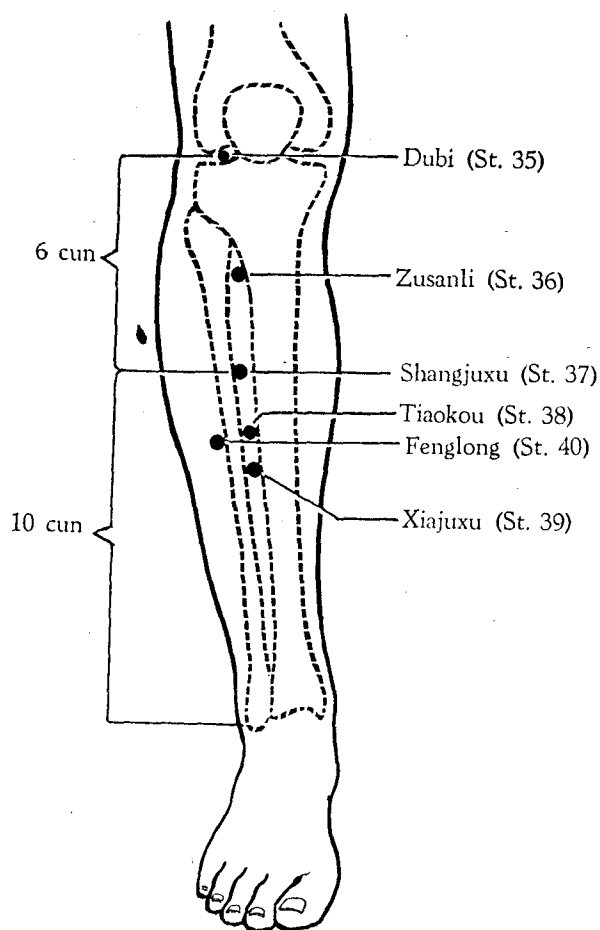


Fig. 53

39. Xiajuxu (St. 39):

Location: 3 cun directly below Shangjuxu (St. 37). (See Fig. 53.)

Indications: Paralysis of lower extremities, abdominal pain.

Puncture: Perpendicularly 1.0 inch.

40. Fenglong (St. 40):

Location: 8 cun below the knee; one finger breadth lateral to Tiaokou (St. 38). (See Fig. 53.)

Indications: Cough, excessive sputum, dizziness and vertigo, schizophrenia, epilepsy, paralysis and numbness of lower extremities, hemiplegia, dyspepsia.

Puncture: Perpendicularly 1.0-1.5 inches.

41. Jixi (St. 41):

Location: On the midpoint of dorsum of foot at the transverse malleolus crease, between the tendons of m. extensor digitorum longus and hallucis longus. (See Fig. 54.)

Indications: Paralysis of lower extremities, disorders of the malleolus joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.3-0.5 inch.

42. Chongyang (St. 42):

Location: 1.5 cun distal to Jixi (St. 41), at the highest spot of dorsum of foot, artery can be palpated.

Indications: Pain in dorsum of foot, paralysis of lower extremities, toothache, gingivitis, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch, avoiding artery.

43. Xiangu (St. 43):

Location: In the depression distal to the junction of the 2nd and 3rd metatarsal bones.

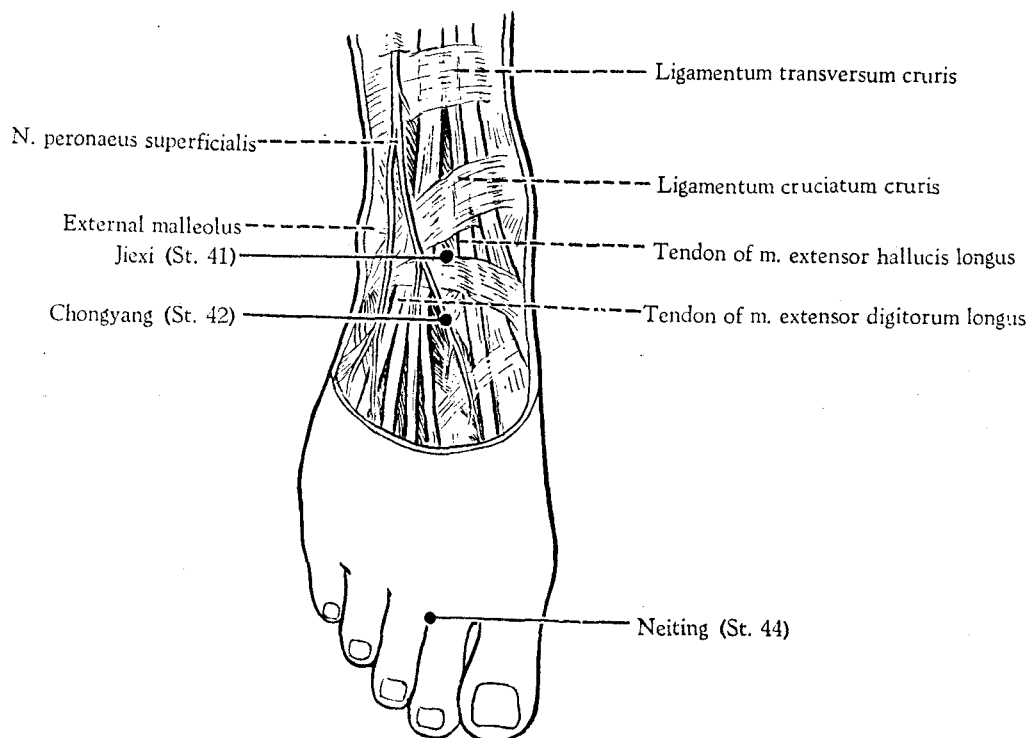


Fig. 54

Indications: Facial swelling, edema, borborygmus, abdominal pain, pain and swelling of dorsum of foot, tonsillitis, dysentery.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Neiting (St. 44):

Location: 0.5 cun proximal to the web margin between the 2nd and 3rd toes. (See Fig. 54.)

Indications: Gastralgia, headache, tonsillitis, dysentery, toothache.

Puncture: Perpendicularly 0.3-0.5 inch.

45. Lidui (St. 45):

Location: On the lateral side of the tip of the 2nd toe, 0.1 cun posterior to the corner of nail.

Indications: Febrile diseases, dream-disturbed sleep, epilepsy.

Puncture: Obliquely 0.1 inch.