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MISSING THE POINT: A Discussion of Strategies for Acupuncture Point Selection

by John McDonald

ABSTRACT: Historically there have been three main Schools of Thought on acupuncture point selection strategies, namely the Select Points According to Syndromes School, the Emphasize the Channels School and the Time-Related Point Selection Methods School. In contemporary acupuncture the Select Points According to Syndromes School is often identified as the dominant school within the TCM paradigm, the contemporary champions of the Emphasize the Channels School are the Japanese-based Meridian Therapy School while the Time-Related Point Selection Methods School is gradually recovering from the ravages of the Cultural Revolution in China, in the West the prominent “Stems and Branches” acupuncturists include Nguyen Van Nghi, Worsley and Van Buren. In addition to the historical methods of selecting points such as according to point categories, according to symptoms, according to seasons, according to Five Element (wu xing) Mother/Son rules, according to the affected channel, etc, there are a number of modern methods of selection such as selecting points according to “point functions” and according to “the spirit of the point”. This article reviews the various commonly used point selection strategies both ancient and modern, and comments upon the advantages and pitfalls of each method. The particular hazards of misleading applications of point functions and “spirit of the point” method are highlighted. Bringing the twin spotlights of historical acupuncture literature and contemporary point research to focus on point selection strategies will hopefully rescue us all from “missing the point”.

ARTICLE:

Historically there have been three main Schools of Thought regarding the most appropriate methods of selecting acupuncture points in clinical practice - the Select Points According to Syndromes School, the Emphasize the Channels School and the Time-Related Point Selection Methods School.

In contemporary acupuncture the **Select Points According to Syndromes School** is the dominant school among acupuncturists who base their diagnosis and treatment on the modern TCM paradigm. In this school Pattern Differentiation (bian zheng) forms the basis of diagnosis, appropriate treatment principles are formulated, then points are selected to match the treatment principles while also specifically addressing the presenting target signs and symptoms. In this process many different and sometimes conflicting traditions are accessed.

The contemporary Japanese-based Meridian Therapy School place much emphasis on channel palpation as part of the point selection process and hence may be regarded as the modern champions of the **Emphasize the Channels School**. In the *Su Wen* (Simple Questions) and *Ling Shu* (Spiritual Pivot) the two parts of the Yellow Emperor's Classic of Internal Medicine, there are many references to treating channels but relatively few references to treating specific points. This led some acupuncture scholars to conclude that channel selection was more important than point selection.

Li Yan wrote in the *Gateway into Medicine (Yi Xue Ru Men)* (1575), Ch.1:
"Ling Shu (Treatise on Miscellaneous Diseases, Ch 26) speaks of selecting channels to treat diseases, but does not speak of points as such. The correct desire for man to follow is to select and use the channels"

Yang Jizhou in the *Great Compendium of Acupuncture & Moxibustion (Zhen Jiu Da Cheng)* (1601) offered this opinion:
Selecting points could lead to failure, selecting channels will not lead to failure.

Xu Lingtai in *Forgotten Traditions of Ancient Chinese Medicine (Yi Xue Yuan Liu Lun)* (1757) wrote in his typically sharp-tongued style:
Ancient man selected channels, modern man only knows how to select points, which also means "one failure" (yi shi - a pun on doctor)

The issue of point specificity has been one focus of modern acupuncture research and to date the evidence that point actions are frequently very specific is overwhelming. While it is true that there are some generalised actions relating to channels, there are many examples of adjacent points on the same channel having some important differences in clinical actions.

The Time-Related Point Selection Methods School suffered greatly from suppression during the Cultural Revolution years in China, and is only recently re-emerging. Research into Time-Related acupuncture techniques was again being published in China by the mid-1980's⁽¹⁾ and in 1987 the Guangzhou College of TCM was offering a floppy disc version of a *Ziwuliuzhu* (Midday Midnight Ebb & Flow - Celestial Stems and Terrestrial Branches "biorhythms") calculator for sale at the World Federation of Acupuncture and Moxibustion Societies (WFAS) inaugural conference in Beijing.

"Stems and Branches" acupuncture was introduced into Australian acupuncture by Dick Van Buren during his 1975 seminar. Van Buren's sources included Jack Worsley, his teacher and the works of Albert Chamfrault and Nguyen Van Nghi who wrote extensively on *Ziwuliuzhu* in French. The two most commonly used forms of time-related acupuncture involve selecting from a pool of points usually either the "Sixty-six Points" (the Five Shu points, also known as Antique points or Command points - Jing-Well, Ying-Spring, Shu-Stream, Jing-River and He-Sea points on the 12 channels plus the six Yuan-Source points on the Yang channels) or a set of eight points which are better known as the Confluent (or Master) points of the Eight Extraordinary vessels. The association between time-related acupuncture and the Confluent points of the Eight Extraordinary vessels is a critically important one to which we will return later.

Hourly Open points is probably the best known example of point selection from among the sixty-six points using calculations based on Celestial Stems and Terrestrial Branches. Using a recurring 10-day cycle and the daily cycle of Terrestrial Branches known to many as the Chinese Clock, a particular set of acupuncture points (usually one or two but occasionally three or four points) is chosen. For example, on 28th December 1999 (a Wood Yang Day) at 11.30pm (within the hour of the Rat) the set point according to an Hourly Open Points chart is Yangfu (GB 38). This implies that the practitioner's focus is more on the cosmological cycles of change than on the patient's presenting condition - one size fits all. At 11.30pm on 28th December 1999 all patients would receive Yangfu (GB 38) regardless of their condition. This method has obvious clinical limitations and is hence often modified. One common modification is to set the patient's appointment time to coincide with the time that the point the practitioner wants to use is an "hourly open point". Again this has practical limitations using a 24-hour clock if the patient's appointment time needs to be between 1 and 3am. A further dilution of this approach is to combine it with Pattern Differentiation as a possible "bonus" point. A practitioner using this method would make a diagnosis based on Pattern Differentiation, determine treatment principles and then when selecting points would look up what points were currently "open" to see whether any of them might be appropriate for this particular patient at this time. For example if a patient was diagnosed as suffering from a Liver Fire headache who presented on an Earth Yang day at the hour of the Monkey (between 3 and 5pm) then the Hourly open point for that time, Xingjian (LIV 2), would be very appropriate. Details of how to calculate Hourly Open points or how to calculate according to the other methods such as Miraculous Turtle Eight Methods (ling gui ba fa) and Soaring Eight Methods (fei teng ba fa) are beyond the scope of this article. The difficulties inherent in these methods however are worthy of our attention. For each of the commonly used time-related methods there are differences of opinion about calculation methods. For example one school when calculating Soaring Eight Methods (fei teng ba fa) adds numerical values allocated to the Celestial Stem for the day, the Terrestrial Branch for the day, the Celestial Stem for the hour, the Terrestrial Branch for the hour and then divides this total figure by 9, using the remainder to calculate the appropriate point. Another school uses exactly the same method but divides by 5. Clearly this will result in completely different points being selected. The question of who is right - those who divide by 9 or those divide by 5 - is very difficult to answer. Designing a research protocol which would adequately assess the clinical efficacy of the 9 method versus the 5 method would be quite a challenge! Another of the limitations with all the time-related methods is that they severely restrict the scope of available points. The Zi wuliuzhu methods generally select from the sixty-six points (hence eliminating the other 300 odd plus non-channel points) while the Miraculous Turtle Eight Methods (ling gui ba fa) and Soaring Eight Methods (Fei teng ba fa) leaves us with only eight points from which to choose, and the clock and the calendar will dictate which one to use anyway.

Selecting Points according to Point Categories

The best discussion of point categories found in English to date is undoubtedly the chapter "Point Categories" in *A Manual of Acupuncture* by Peter Deadman & Mazin

Al-Khafaji⁽²⁾. It is a meticulously researched presentation which ties the general statements down to the specifics of historically verified indications for point usage.

The Five Shu points

The Five Shu points (also known as Antique Points or Command Points or the Sixty-six Points) were discussed in the Su Wen and Ling Shu and elaborated in the Nan Jing (Classic of Difficulties). The main uses outlined included selecting from the Five Shu points according to symptoms⁽³⁾, according to the seasons⁽⁴⁾ or according to Five Phases (Five Elements) correspondences⁽⁵⁾. The use of the Five Shu points in Time-related acupuncture as discussed above was one of the various Five Phases applications.

Symptomatic uses of the Five Shu points

There are two classical references to symptomatic uses of the Five Shu points - one in Ling Shu Chapter 44 and the other in Nan Jing Difficulty 68. They are substantially different in approach.

Jing-Well Points

According to Ling Shu Chapter 44, Jing-Well points on the fingertips and toes are used for “diseases of the Zang” (Yin organs, viscera). There is little evidence in the historical record of point indications of Jing-Well points being used in this way. In modern use the Shu point most commonly associated with diseases of the Zang is the Yuan-Source point, hence Taichong (LV 3) for Liver disorders, Taixi (KI 3) for Kidney pathologies and Shenmen (HT 7) for Heart disorders. The Yuan-Source point is frequently supported by the Back-Shu and Front-Mu point for the appropriate Zang (these points will be discussed later).

Nan Jing Difficulty 68 recommends Jing-Well points for “fullness below the heart”. The expression “xin xia” - literally below the heart - is generally taken to refer to the epigastrium. While abdominal fullness and distension do feature prominently in the indications of Lidui (ST 45) and Yinbai (SP1), this symptom does not appear to relate to any of the other Jing-Well points. Peter Deadman and Mazin Al-Khafaji⁽⁶⁾ explore the possibility that fullness below the heart may be interpreted as stagnation and fullness in the chest region related to Liver Qi stagnation and present substantial evidence for this view, which they attribute to Liao Runhong.

Other common clinical uses of Jing-Well points include:

- clearing heat - bleeding Jing-Well points in fever is a well-established practice, as is the bleeding of Shaoshang (LU 11) for sore throat
- resuscitation - including wind-stroke, coma and respiratory arrest. Yongquan (KI 1) has been traditionally used for resuscitation from drowning and hanging and is a most effective point in modern obstetrics for neo-natal resuscitation
- Shen disturbance including diankuang (psychosis, mania-withdrawal) and sleep disturbance (two Jing-Well points are included among Sun Simiao’s Thirteen Ghost Points to treat psychosis and epilepsy)

Also worthy of note are some of the specific uses of moxibustion on Jing-Well points including Zhiyin (BL 67) for turning a malpositioned foetus, Shaoze (SI 1) for insufficient lactation, Shaoshang (LU 11) for nosebleed or psychosis and Yinbai (SP 1) for insomnia in the context of Qi & Blood Xu.

Ying-Spring Points

Ying-Spring points are recommended in Ling Shu Chapter 44 for “disease which changes the colour of the complexion”. Today the clinical application of this statement is unclear. Various statements made within the Su Wen and Ling Shu refer to changes in the colour of the complexion (five colours of course reflecting the Five Phases) as indicative of a poor prognosis in severe diseases of the Zang.

Nan Jing Difficulty 68 refers to Ying-Spring points being useful for “body heat”. In modern practice to reduce fever we would be more likely to bleed Jing-Well points than to needle Ying-Spring points, however it can certainly be said that Ying-Spring points are very useful in clearing heat from the respective channel or organ. Among the most outstanding examples are Xingjian (LIV 2) to clear Liver Heat/Fire, Yuji (LU 10) for Lung channel heat - sore throat, Neiting (ST 44) for Stomach Fire and Yangming channel heat such as toothache and inflamed gums and Laogong (PC 8) for both Heart Heat (mania) and Stomach Heat (mouth ulcers).

Shu-Stream points

Shu-Stream points are listed in Ling Shu Chapter 44 for “chronic diseases or intermittent diseases” while Nan Jing Difficulty 68 offers “body heavy, joint pain”. One way of interpreting “chronic diseases” is to suggest that this relates to Zang diseases, and in fact there is a reference in Ling Shu Chapter 6 to using Ying-Spring and Shu-Stream points in combination for diseases of the Zang. On the Yin channels the Shu-Stream point is the same as the Yuan-Source point and it is well established that Yuan-Source points on Yin channels are clinically effective in treating their respective Zang. Hence it is purely academic to argue whether this effect derives from Yuan-Source or Shu-Stream points on Yin channels since they are identical points. It is conventional in modern acupuncture to attribute Zang disease treatment to Yuan-Source points. This idea is further reinforced by the lack of Zang-related indications for the Yang channel Shu-Stream points.

The usual interpretation of “body heavy, joint pain” is that this refers to Bi syndrome. In clinical practice this principally means the Yang channel Shu-Stream points given that Bi syndrome is traditionally treated mainly with Yang channels, but among the Yin channel Shu-Stream points Taibai (SP 3) has indications relating to “heavy sensations” due to the Spleen’s actions on Damp which a major aetiological factor in Bi syndrome.

Jing-River points

“Diseases affecting the voice” (Ling Shu Ch 44) and “Dyspnoea, cough and alternating chills and fever” (Nan Jing Diff 68) are the classical symptoms for Jing-River points. This implies two clinical contexts, namely Lung disorders (given that Lung controls the power of the voice, and is involved in dyspnoea and cough) and Shaoyang level febrile disease (alternating chills and fevers being a marker symptom of Shaoyang channel Shanghan). In clinical practice it is not surprising to find that the Jing-River points which do in fact treat loss of voice are all on the Hand channels (Metal and Fire). Although there are some references to febrile disease symptoms in most of the Jing-River points’ indications, the “alternating chills and fever” indication appears only for Yangfu (GB 38), Yanggu (SI 5) and Shangqiu (SP 5). If we spread the net to include all references to “malaria” then Jiexi (ST 41), Kunlun (BL 60), Jianshi (PC 5) could be added. Curiously, while we might have expected Sanjiao

channel, being Hand Shaoyang, to feature prominently, in fact Zhigou (SJ 6) is only indicated for “febrile disease” or “febrile disease without sweating.”

He-Sea points

Ling Shu Chapter 44 gives us a list of symptoms for He-Sea points: “When the channels are filled with blood; stomach diseases; Fu diseases; diseases from irregular eating” while Nan Jing Difficulty 68 records: “Ni Qi (contravection/ counterflow of Qi) and diarrhoea”. Each Yin channel and Foot Yang channel has one He-Sea point but for the Hand Yang channels (LI, SI, SJ) there is a He-Sea point at the elbow plus an additional “Lower He-Sea point” on the leg. These Lower He-Sea points had already been allocated by the time of writing of the Ling Shu and are recorded in Ling Shu Chapter 4:

The Yellow Emperor asked: Do the He-Sea points each have a name?

Qi Bo replied: The Stomach He-Sea is Sanli [Zusanli - ST 36], Large Intestine He-Sea is Juxushanglian [Shangjuxu -ST 37], Small Intestine He-Sea is Juxuxialian [Xiajuxu - ST 39], Sanjiao He-Sea is Weiyang [UB 39], Bladder He-Sea is Weizhong [UB 40], Gall Bladder He-Sea is Yanglingquan [GB 34].

It is interesting to note that by the time of writing of this chapter of the Ling Shu that the poor clinical performance of the Hand Yang channel He-Sea points had apparently already been appreciated, and a need was perceived to allocate new He-Sea points which would be clinically effective, namely the Lower He-Sea points for Small Intestine, Large Intestine and Sanjiao. Since the allocation of the Lower He-Sea points was most probably based on clinical efficacy rather than based on some philosophical construct, it is not surprising to find that they are more clinically relevant than Xiaohai (SI 8), Quchi (LI 11) and Tianjing (SJ 10).

“When the channels are filled with blood” is an obscure reference with no obvious clinical application.

“stomach diseases; diseases from irregular eating; Ni Qi (contravection/ counterflow of Qi) and diarrhoea” all refer to gastrointestinal symptoms such as diarrhoea and vomiting, nausea, indigestion. These indications are almost universal for He-Sea points, particularly if we take the Lower He-Sea into account rather than the Hand Yang channel He-Sea points. The use of Weizhong (BL 40) and Quze (PC 3) for dysentery and vomiting and diarrhoea in huoluan (cholera-like disorder) while perhaps surprising, is clinically well-established.

The use of He-Sea points for “Fu diseases” is a solid tradition. Zusanli (ST 36) for stomach disorders is one of the most exhaustively researched points in the body. Yanglingquan (GB 34) has been shown to be clinically efficacious in expelling gall stones, however the evidence for Weizhong (BL 40) having any effect on the bladder is slight. When the regional actions of the channel system are considered this is hardly surprising since the channels which service the bladder region are principally the Foot Yin channels (SP, LIV, KI), Stomach channel and Renmai. It is only the Bladder channel points which are local, albeit posterior, to the bladder organ which have been shown to be effective notably Panguangshu (BL 28) and Ciliao (BL 32) which were found in a study by Wu Dingzong et al to cause stronger bladder contraction than any other points tested⁽⁷⁾. The actions of the Bladder channel points below the knee tend to be mainly on the legs, back, neck and head, namely the regions serviced by the Bladder channel.

In all fairness Quchi (LI 11) does have some significant uses for the Large Intestine, however few would dispute that Shangjuxu (ST 37) the Lower He-Sea point for the Large Intestine has a more potent effect on Large Intestine disorders. Whether or not Xiaohai (SI 8) or Xiajuxu (ST 39) has a stronger effect on the Small Intestine organ is a moot point, since the original functions allocated to the Small Intestine in the Su Wen related to the separation of impure from pure fluids and transporting them to the bladder. This was shown in later years to be a mistake, and even prompted Qing Dynasty anatomist and medical researcher Wang Qingren to exclaim that this idea was “so funny that one could laugh forever.” In modern TCM theory it is the Kidney which is responsible for transforming fluids as part of its “Qi hua” function (transforming function of Qi), not the Small Intestine which is now, alas, listed among the long-term unemployed. Xiajuxu (ST 39) is certainly effective in relieving pyloric spasms if we choose to borrow the modern definition of small intestine.

Sanjiao theory likewise has been characterized by ambiguity to the extent that several different and often contradictory Sanjiao theories have emerged including the Formless/invisible Sanjiao theory, the Cavity Sanjiao theory, the Stomach Region Sanjiao theory, the Fatty Membrane Sanjiao theory and the Three Segment Sanjiao theory. Weiyang (BL 39) the Lower He-Sea point for the Sanjiao does treat urinary retention, Lin syndrome and urinary incontinence, if we regard Sanjiao’s function as fluid transport.

Another traditional use of He-Sea points is for skin disorders, notably Quchi (LI 11), Weizhong (BL 40) and Quze (PC 3), but also Chize (LU 5), Tianjing (SJ 10) & Ququan (LIV 8). Lower He-Sea points do not seem to share this action.

Seasonal uses of the Five Shu points

(See: Su Wen Ch 61, Ling Shu Ch 2, 19, 44, Nan Jing Diff 74)

Seasonal uses of the Five Shu points are given in five different chapters of Su Wen , Ling Shu and Nan Jing and every version is different. Clearly, for any modern acupuncturist seeking to apply the Five Shu points seasonally is immediately confronted with the choice of which system to use, or whether to develop a new system. For reference, the various seasonal uses of the Five Shu points are shown in Table 1.

Five Phases correspondences

(See: Su Wen Ch 58, Nan Jing Diff 64, 69)

Allocation of the Five Phases (Five Elements) to points was first discussed in the Su Wen but the idea of selecting points to reinforce or reduce according to the Mother/Son rule came from the Nan Jing (Classic of Difficulties). When points are selected using such a philosophically based method the obvious disadvantage is that the established clinical use of the point may not match the theory, and secondly the Mother/Son rule may in some cases contradict other ideas. For example in the case of Taiyuan (LU 9) Earth point on the Metal channel and hence reinforcing, matches comfortably with the Yuan-Source point theory which suggests that Taiyuan (LU 9) should treat the Lung, especially reinforce the Lung. However with Shenmen (HT 7) Earth point on the Fire channel and hence reducing, the Yuan-Source point theory would expect this point to reinforce rather than reduce the Heart. Clinical indications suggest that Shenmen (HT 7) is capable of both reinforcing and reducing the Heart, depending most probably on the needle technique. Applying Mother/Son rule in point

selection without first checking the traditional and modern indications of the point is likely to lead to inappropriate use of points.

Yuan-Source points

(See: Ling Shu Ch 1, 2, Nan Jing Diff 66)

Yuan-Source points are recommended in Ling Shu Chapter 1 to treat diseases of the Five Zang, and this has remained a consistent tradition to modern times. As already observed in the above discussion on Shu-Stream points, on the Yin channels the Yuan-Source and Shu-Stream point is the same point. One popular belief in the early days of Western acupuncture (of unknown origin) was that Yuan-Source points should be used sparingly for needling Yuan-Source points could deplete Yuan Qi. There seems to be little evidence to support this view given that the use of such points as Taixi (KI 3), Taiyuan (LU 9), Shenmen (HT 7) and Taibai (SP 3) to reinforce Xu conditions of their various Zang are thoroughly established. In modern practice the combination of Yuan-Source point, Back-Shu point and Front-Mu point for each Zang is a common foundation for Zang treatments. The use of Yuan-Source points coupled with Luo-Connecting points will be discussed below.

Luo-Connecting points

See: Ling Shu Ch 10, Zhen Jiu Jia Yi Jing, Book 3, Ch 24

Luo points are mentioned in Ling Shu Chapter 10 as the points where the Luo vessels diverge from Principal channel and are recommended for treatment of Shi and Xu symptoms of their respective Luomai. Little is said about therapy in the Zhen Jiu Jia Yi Jing (Systematic Classic of Acupuncture and Moxibustion) written in 282 AD. Each Luo point is named, then appears its location, linked Principal channel, needle depth, number of breaths for the duration of needle retention and number of zhuang of moxa. (A 'zhuang' is moxa dose which is currently thought to be about one cone.) For example:

Lieque [LU 7], Luo [point] of Hand Taiyin, 1 cun and 5 fen above the wrist, diverges to Yangming, needle to a depth of 3 fen, retain for 3 exhalations, moxa 5 zhuang.

Zhen Jiu Jia Yi Jing, Book 3, Ch 24

Probably the best known clinical use of Luo points is the coupling of Yuan and Luo points between paired Yin and Yang channels. Of the twelve pairs, the three most used in modern practice are Hegu (LI 4) & Lieque (LU 7), Taibai (SP 3) & Fenglong (ST 40) and Taichong (LV 3) & Guangming (GB 37). Nguyen Van Nghi warned of the dangers of needling Yuan-Luo couplings in the presence of external Xie Qi (Perverse Energy) as this could allow pathogens to move deeper into the body. If we place this idea against the fact that Hegu (LI 4) and Lieque (LU 7) is one of the most common diaphoretic treatments for Wind-Cold superficial attacks, it would not appear to support this theory.

Xi-Cleft Points

None of the 16 Xi-Cleft Points is even named in the Su Wen, Ling Shu or Nan Jing as a point. They did not yet exist. However by the time of writing of Zhen Jiu Jia Yi Jing all 16 are named and identified as Xi-Cleft Points.

Kongzui [LU 6], Xi [point] of Hand Taiyin, 7 cun above the wrist

Zhen Jiu Jia Yi Jing, Book 3, Ch 24

There is again no statement in the Zhen Jiu Jia Yi Jing on how to apply Xi-Cleft points in therapy. Later tradition holds that Xi-Cleft points treat acute disorders of channel or organ particularly associated with stagnation and pain. Xi-Cleft points are also recommended for diagnostic palpation and when tender indicate a pathology of the associated organ. As a group Xi-Cleft points are frequently used in accordance with these traditions, outstanding examples including Ximen (PC 4) for heart pain, Diji (SP 8) for menstrual pain, Liangqiu (ST 34) for either abdominal pain or breast pain and Kongzui (LU 6) for cough, asthma, haemoptysis and respiratory emergencies.

Deadman & Al-Khafaji suggest that Yin channel Xi-Cleft points treat blood disorders, however the source of this tradition is not identified. Similarly, Ellis et al suggest the combination of Xi-Cleft points with the Eight Meeting Points (ba hui) but again no source is given.

Back-Shu, Front-Mu

In the Yellow Emperor's Classic of Internal Medicine (*Haung Di Nei Jing*) Back-Shu points are listed only for the Five Zang organs and Front-Mu points were not yet specified. In fact many of the acupuncture points which became the Front-Mu points had not yet even been identified. There was also some discrepancy between chapters about whether or not the Back-Shu points could be needled. In Su Wen Chapter 24, Back-Shu points for the Five Zang are named and their location given, along with a comment that one can use either moxa or needle on these points. However Ling Shu Chapter 51 agrees that one can use moxa but specifically forbids needling. In this chapter moxibustion techniques to reinforce Xu and reduce Shi are differentiated indicating that Back-Shu points were regarded as appropriate for both Xu and Shi conditions of the Five Zang. In the Nan Jing there is a reference to the Front-Mu points of the Five Zang but nowhere are they specified.

The Five Zang Mu Points are at the Yin, while the Shu points are at the Yang. Why is this? Answer: Yin disease migrates to Yang, Yang disease migrates to Yin, thus the Mu points are at the Yin and Shu points are at the Yang (Nan Jing Difficulty 67)

It was the Zhen Jiu Jia Yi Jing (Systemic Classic of Acupuncture & Moxibustion) which first identified all of the Front-Mu points except for Pericardium. (See Book 3, Chapter 19). Book 3, Chapter 8 lists Back-Shu Points for Lung, Heart, Diaphragm, Liver, Gall Bladder, Spleen, Stomach, Sanjiao, Kidney, Large Intestine, Small Intestine and Bladder. Needle depth for all Back-Shu points was given as 3 fen, except for Danshu (BL 19) and Sanjiaoshu (BL 22) which were 5 fen. Jueyinshu (BL 14) was not listed as a point until the Supplement to Prescriptions Worth a Thousand Gold (Pieces) (*Qian Jin Yi Fang*) by Sun Simiao in 682 AD, hence it's allocation as Pericardium's Back-Shu point must have been much later, as indeed was the allocation of Pericardium's Front-Mu point.

Throughout the history of acupuncture there has been tension between the Shu-Mu School who emphasized the use of Front-Mu and Back-Shu points especially in treating disorders of the Zang-Fu, and those who emphasized the sixty-six points on the limbs (all between toes and knees, fingers and elbows). There are some historical misconceptions about the lack of access to trunk points due to body modesty in previous centuries in China. Even a cursory look at Chinese history will reveal that this has only been the case for certain social groups during particular periods. Ironically during the era of female foot-binding with the social shift in erotic focus from the female genitals to the tiny bound feet, it would have been considered far

more risqué to needle Sanyinjiao (SP 6) than Guanyuan (Ren 4). Certainly it is true that in times when trunk points were not accessible due to modesty that the Shu-Mu School suffered a much greater disadvantage than the sixty-six points advocates, moreover pulse diagnosis using the radial pulse thrived in such times while abdominal palpation diagnosis declined.

An interesting contemporary reflection of the Shu-Mu School's tension with the sixty-six points protagonists was a research study comparing the efficacy of Zusanli (ST 36) with that of Back-Shu points for Stomach and Spleen Weishu (BL 21) and Pishu (BL 20). The researchers found that the Back-Shu points gave a superior clinical result to Zusanli (ST 36), but given that only someone with a leaning toward the Shu-Mu School would be likely to undertake such a study in the first place, it would be wise to wait for this study to be replicated before getting too excited.

Classically the Front-Mu points were used for diagnostic palpation and for treatment of the Zang-Fu. The Back-Shu points could also be used for diagnosis and treatment of the Zang-Fu but carried the additional reputation of being useful for the orifices associated with each of the Five Zang. When put to the test of historical indications, Shenshu (BL 23) Back-Shu point of the Kidneys does treat ear disorders such as tinnitus and deafness when due to Kidney Xu patterns and Ganshu (BL 18) Back-Shu point of the Liver also treats eye disorders, however Feishu (BL 13) fails to impress for nose treatments. Likewise Xinshu (BL 15) for the tongue and Pishu (BL 20) for the mouth are underwhelming.

In modern Zang-Fu treatments the combination of Back-Shu, Front-Mu and Yuan-Source points for the Zang and Back-Shu, Front-Mu and He-Sea points (or Lower He-Sea points where relevant) for the Fu are still a useful starting point, but of course must be checked against the indications for reliability. Note, for example, how few modern acupuncture texts include Jingmen (GB 25) the Front-Mu point of the Kidneys in any treatment formulae for Kidney organ patterns. On the other hand note how universal are the inclusion of Back-Shu, Front-Mu and Lower He-Sea points for Stomach, Large Intestine and Gall Bladder patterns in modern texts.

Bahui - Eight Meeting Points (Eight Influential Points)

The Eight Meeting Points (*ba hui*) were first introduced in the Nan Jing (Classic of Difficulties).

Nan Jing Difficulty 45: *The Classic speaks of Eight Meeting [points]. What of them? Answer: The Fu gather at Taicang [Zhongwan - Ren 12], the Zang gather at Jilei [Zhangmen - LIV 13], the tendons gather at Yanglingquan [GB 34], the marrow gathers at Juegu [Xuanzhong - GB 39], the blood gathers at Geshu [UB 17], the bones gather at Dazhu [UB 11], the mai [vessels or pulse] gather at Taiyuan [LU 9], the Qi gathers at the Sanjiao external membrane between the nipples [Shanzhong - Ren 17]. Febrile disease [re bing] within [the chest] can be treated with the Meeting Point of Qi [Shanzhong - Ren 17].*

A question which frequently arises with regard to the Eight Meeting points is the relationship between Shanzhong (Ren 17) Meeting point of Qi and Qihai (Ren 6) "Sea of Qi", and similarly between Geshu (BL 17) Meeting point of Blood and Xuehai (SP 10) "Sea of Blood". Professor Luo Baiceng from Hangzhou expressed the view that Shanzhong (Ren 17) was best used for Qi disorders in the chest, while Qihai (Ren 6) was used for Qi disorders in the lower abdomen. Certainly the traditional uses of Shanzhong (Ren 17) mainly relate to the upper jiao while those of Qihai (Ren 6) relate

largely to the lower jiao. An examination of ancient and modern uses of Xuehai (SP 10) show this point to be suitable for gynaecological problems of Blood stagnation (in the uterus), Heat in the Blood (uterine bleeding, heavy periods but also skin rashes) and Blood Xu or Dried Blood conditions especially in gynaecology. Geshu (BL 17) also treats Blood Stagnation but appears more frequently in treatment for Blood Stagnation lumps and tumours anywhere in the body, treats Blood Xu conditions in a broad sense and also treats Skin rashes but is used less frequently than Xuehai (SP 10) for the skin.

The Meeting points for the Zang and Fu reflect an intriguing focus on the Spleen and Stomach as “representing” all the Zang and Fu. What makes this so interesting is that this idea appears in the Nan Jing more than a thousand years before the rise of Li Gao’s Reinforce the Spleen and Stomach School. These two Meeting points are commonly used particularly in the context of reinforcing Xu conditions.

Yanglingquan (GB 34) the Meeting point for tendons is used by some practitioners as a general point to include in all musculoskeletal treatments. Historically, Yanglingquan’s musculoskeletal actions appear to be confined to the course of the Gall Bladder channel, especially the lateral aspect of the lower limbs, hips, sides and ribs.

According to historical research undertaken by Chen Xinnong, Chief Editor of the book “Chinese Acupuncture and Moxibustion” the Meeting Point of bone was not Dazhu (BL 11) in the original text, but Dazhui (DU 14) (8). One application of this Meeting point is for reducing the healing time of properly-set fractures by using moxibustion (cones or stick) on Dazhu (BL 11) and Shenshu (BL 23) on the basis that Kidney rules bone. In the author’s clinical experience this technique has performed impressively, in one case reducing the predicted healing time of a fractured femur from 16 weeks to 9 weeks. This technique has also been effective for treating pain in the bone such as occurs in Bone Bi or the bone pain in old fracture sites which is felt in cold weather.

How to apply the Meeting point of marrow, Xuanzhong (GB 39) appears to be somewhat of a mystery. Chuang Yumin, a Taiwanese acupuncturist suggests that Xuanzhong (GB 39) can increase production of both erythrocytes and leucocytes, an interpretation of “marrow” closely related to the modern physiological function of bone marrow. In the face of scant clinical evidence, other suggestions of applying this point include the treatment of dementia (brain as “sea of marrow”) and concussion. Perhaps future research will shed some light on this area.

Clinical evidence of application of the Meeting Point of Vessels, Taiyuan (LU 9) is also scant. Heat in palms, cold in the palms and absent radial pulse (pulseless syndrome) are all probable applications of the Meeting point of Vessels, but beyond this becomes quite speculative.

Eight Confluent (Master) Points for the Eight Extraordinary Vessels

Strikingly, the Eight Confluent (Master) Points for the Eight Extraordinary Vessels are not mentioned in the Su Wen, Ling Shu, Nan Jing or even the Zhen Jiu Jia Yi Jing (Systematic Classic of Acupuncture and Moxibustion by Huangfu Mi published in 282 AD). In fact the first mention of therapy for the Eight Extraordinary vessels using the Eight Confluent Points appears in 1439 in the Complete Collection of Acupuncture and Moxibustion (*Zhen Jiu Da Quan*) by Xu Feng.

The first complete and systematic treatment description of the extraordinary vessels is found in the Zhen Jiu Da Quan, written in 1439 AD, wherein the eight master or treatment points are clearly described.⁽⁹⁾

However this is not to say that this is the first reference to these eight points appearing as a group or even appearing as four pairs.

Included in Dou Hanqing's Southward Pointer of Acupuncture Classics (*Zhen Jing Zhi Nan*) written around 1295 is a famous poem entitled the "Ode to the Streamer Out of the Dark" (Bertschinger's translation) or "Ode to Elucidate Mystery" - *Biao You Fu*. In the *Biao You Fu* the Eight Confluent points are listed as points which "connect with" the Eight Extraordinary vessels. With regard to therapy, the *Biao You Fu* goes on to say:

Yangqiao, Yangwei, Dumai and Daimai treat shoulders, back, waist and thighs, when the disease is exterior.

Yinqiao, Yinwei, Renmai and Chongmai treat diseases of heart, abdomen and ribs when disease is interior. ⁽¹⁰⁾

Elsewhere in the Southward Pointer of Acupuncture Classics (*Zhen Jing Zhi Nan*), the Eight Confluent Points are arranged in four pairs and indications are given for their use. The following two passages are translated from the eight-volume Encyclopaedia of Traditional Chinese Medicine (*Zhong Yi Da Ci Dian*)

8 vessels eight points method (from *Zhen Jing Zhi Nan*):

Neiguan & Gongsun for diseases of HT, chest & ST

Waiguan & Zulinqi for eye, side of head and cheek

Houxi & Shenmai for neck & scapular region

Lieque & Zhaohai for throat, chest & diaphragm

8 vessels Meeting (jiaohui) points (from *Zhen Jing Zhi Nan*):

Neiguan & Gongsun for diseases of HT, chest & ST

Waiguan & Zulinqi for outer canthus of eye, behind the ear, cheek, neck, shoulder, supraclavicular fossa, chest & diaphragm

Houxi & Shenmai for inner canthus of eye, neck, ear, shoulder & arm, SI & BL

Lieque & Zhaohai for throat, chest & diaphragm

The Southward Pointer of Acupuncture Classics is also famous as the book which introduced one of the earliest forms of Time-related acupuncture, called Miraculous Turtle Eight Methods (*ling gui ba fa*) which was based on the use of eight points - the same points which were later to be called the Eight Confluent Points. Hence the group of eight points which later became the Confluent points was already in use as a set of four pairs of points with identified indications for each pair, and also as a set of eight points in the time-related Miraculous Turtle Eight Methods (*ling gui ba fa*) before they were identified with the Eight Extraordinary Vessels as specific treatment points.

Indeed it seems quite likely that these pre-existing uses of these eight points shaped the way in which each point was allocated to a particular vessel. This could help to explain the "poor fit" of some points to their vessels. The outstanding example of "poor fit" is Gongsun (SP 4). As mentioned above, in the Southward Pointer of Acupuncture Classics, Gongsun (SP 4) and Neiguan (PC 6) are used for disorders of Heart, chest and Stomach. Even when this was revised in the famous Ode of the Dammed River (*Lan Jiang Fu*) [published in 1529 in Glorious Anthology of Acupuncture and Moxibustion (*Zhen Jiu Ju Ying*) by Gao Wu], Gongsun (SP 4) was now given its own indication, namely - disease below the navel. In both traditional and modern use Gongsun (SP 4) has been consistently used mainly for gastrointestinal

disorders: vomiting, diarrhoea, poor digestion, poor appetite, abdominal pain, stomach pain, dysentery, borborygmus, epilepsy, edema, facial swelling. One of the earliest concepts of Chongmai's actions related it to energetic processes which originated in the lower abdomen and then moved upward to cause symptoms in the upper abdomen and chest. "Running piglet" (ben tun), a classical symptom which fits this description is regarded by some scholars to be an example of this early Chongmai concept.

Ellis, Wiseman & Boss describe running piglet as: *A sensation of qi rising from the lower abdomen to the chest and throat accompanied by gripping abdominal pain, thoracic oppression, rapid breathing, dizziness, palpation, and vexation.*⁽¹¹⁾

Gonsun (SP 4) and Neiguan (PC 6) would certainly not be out of place treating Chongmai in the sense of running piglet, however when it comes to the gynaecological identity of Chongmai, Gongsun (SP 4) is a very "poor fit". Deadman and Al-Khafaji put it succinctly:

Despite the fact the Penetrating vessel (Sea of Blood) originates in the uterus in females, it is notable that there are few gynaecological indications in either classical or modern texts for Gongsun (SP 4)⁽¹²⁾

Note also that in both traditional and modern use Gongsun (SP 4) has mainly been used for pain above the navel in the epigastrium, rather than disease below the navel as suggested in the Ode of the Dammed River. For the record, the symptoms listed in the Ode of the Dammed River were:

Neiguan for disease in the chest

Gongsun for disease below the navel

Waiguan for slight fever with headache

Zulinqi for all sudden and distressing symptoms of the eyes

Houxi for Dumai disease; cures diankuang

Shenmai expels cold and heat, all types of headache and terrors, tinnitus, nosebleeds or stuffiness of the chest

Lieque for disease of the head, for phlegm reversing and blocking or a dry throat

Zhaohai for throat painful and swollen, unable to swallow (bleed)

Some of the most ardent devotees of Time-related acupuncture also became the strongest supporters of the use of the Eight Confluent points which were, from their inception, intertwined with Miraculous Turtle Eight Methods and Soaring Eight Methods. Li Yan was not shy in extolling the virtues of the Eight Confluent points: *Among the 360 points on the whole body, 66 points located on the extremities are important, and among these 66 points, the Eight Confluent Points are considered the most important.* [Gateway into Medicine (*Yi Xue Ru Men*) (1575) by Li Yan]

Barely three years later, in 1578, Li Shizhen wrote *Elucidation on the Eight Extraordinary Vessels (Qi Jing Ba Mai Kao)*. Li Shizhen made no mention whatsoever of these Eight "most important" Confluent points in treating disorders of the Eight Extraordinary vessels.

In modern acupuncture there is still quite a broad range of opinion on the clinical value and appropriate application of the Eight Confluent points, not only in the West, but also in China. There are those who see Eight Confluent point couplings as magical and more important than all other points or techniques in acupuncture. Even today those who extol the virtues of Eight Confluent points often share a similar enthusiasm for Time-related acupuncture techniques. Perhaps this is another aspect of having a cosmological focus rather than a pattern-based focus. However in the world-view of pattern-based point selection, it is necessary to check the historical indications of

points before use to discover if they really are likely to meet clinical expectations. Such an approach, for example would lead a practitioner to select Sanyinjiao (SP 6) over Gongsun (SP 4) in gynaecological treatment because Sanyinjiao (SP 6) has a proven clinical record while Gongsun (SP 4) has so far been found to act on gastrointestinal disorders, not menstrual disorders. A most thorough analysis of Ming dynasty and modern theories on the clinical uses of the Eight Extraordinary vessels can be found in Matsumoto & Birch's *Extraordinary Vessels*(13).

Acupuncture Odes and Songs - Centuries of rich clinical legacy

Although the Eight Confluent points may have risen to be the “Eight Most Important Points” in Li Yan’s eyes in 1575, two centuries earlier only one of these eight points made it in the top eleven - Ma Danyang’s Eleven Celestial Stars. First published in Bian Que’s Divine Resonance Acupuncture & Moxibustion Jade Dragon Classic (*Bian Que Shen Ying Zhen Jiu Yu Long Jing*) in 1329, with the addition of a twelfth point in 1439, this song became known as the Song of Ma Danyang’s Twelve Celestial Star Points to Treat Miscellaneous Diseases.

These twelve points are said to treat diseases “like magic”, but among their number only one of the Eight Confluent Points can be found - Lieque (LU 7). Ma Danyang’s Twelve Stars were:

Zusanli (ST 36)	Neiting (ST 44)	Quchi (LI 11)	Hegu (LI 4)
Weizhong (BL 40)	Chengshan (BL 57)	Taichong (LIV 3)	Kunlun (BL 60)
Huantiao (GB 30)	Yanglingquan (GB 34)	Tongli (HT 5)	Lieque (LU 7)

Note the heavy preponderance of Five Shu points; all but Huantiao (GB 30) are among the sixty-six points. Also note the disproportionate number of Yang channel points over Yin and Foot channel points over Hand channels. Seven of the twelve points are on the Foot Yang channels. A full listing of the symptoms of Ma Danyang’s Twelve Stars can be found in either *A Manual of Acupuncture* or in *The Golden Needle and Other Odes of Traditional Acupuncture*. A personal favourite is the striking visual image of using Quchi (LI 11) for “cannot draw a bow”, “cannot comb the hair”. The clinical information contained in these odes and songs has helped to inform point selection in China for centuries, and although much of this material has not yet appeared in English, this is a treasure trove of distilled clinical experience about points.

Regional point actions

Another important Ming Dynasty acupuncture song was the Song of the Four Dominant Points (*Si Gong Xue Ge*). Rendered into vernacular rhyme it went:

<i>Treat abdominally with Zusanli {upper and lower abdomen}</i>	(ST 36)
<i>For waist and back Weizhong’s on track</i>	(BL 40)
<i>To nape and head Lieque is wed</i>	(LU 7)
<i>For mouth and face Hegu is ace</i>	(LI 4)

What is most important about this song is that it expresses the concept of points having influence over a particular region of the body. Other poems modified and extended this idea including additional verses to the Song of the Four Dominant Points, for example:

<i>For ribs and chest Neiguan is best</i>	(PC 6)
<i>For ribs and sides Zhigou presides</i>	(SJ 6)
<i>For aches and pains ashi points reign</i>	(tender points)
<i>Yanglingquan is surely older as a treatment for the shoulder</i>	(GB 34)

For coma state Renzhong is great

(DU 26)

Other additions and variations on regional point actions include the following from the Song of Eleven Points Worth a Thousand Gold (Pieces), which curiously only contains ten points:

Zusanli (ST 36) & Neiting (ST 44) for upper and lower abdomen

Quchi (LI 11) & Hegu (LI 4) for head and face

Weizhong (BL 40) and Kunlun (BL 60) for low back(waist) and back both painful

Houxi (SI 3) and Lieque (LU 7) for chest and nape of neck pain

Huantiao (GB 30) and Yanglingquan (GB 34) for pain in both front of knee and axilla and sides

Gao Wu in his Song to Keep Up Your Sleeve (1529) offers some different approaches to regional point usage:

Zhiyin (BL 67) for head and face

Shaofu (HT 8) for Heart and chest

Ququan (LIV 8) for navel and abdomen

Zhongzhu (SJ 3) for shoulder and back

Houxi (SI 3) for pain in sides, ribs and legs

Fengfu (DU 16) for legs and feet

There are many examples of this type of regional point thinking in modern acupuncture. Fundamentally the observation can be made that the majority of points which act on some other bodily region are among the sixty-six points and are located between the fingertips and elbows, or between the toes and knees. The points closest to the toes and fingers act mainly on the other extremity of the channel. Examples include Gao Wu's use of Zhiyin (BL 67) for head and face, Shaoshang (LU 11) for the throat and Yongquan (KI 1) for dry throat (and vertex headache). The points closest to the knees and elbows act on the closer aspects of the trunk such as Weizhong (BL 40) for low back, Ququan (LIV 8) for the genitals and Yinlingquan (SP 9) for the genitals and lower abdomen. There is also a sense of progression from far to near as we move up the channels from the fingers and toes. Bladder channel provides a good example with Zhiyin (BL 67) for head and face, Kunlun (BL 60) for upper back/ neck, Chengshan (BL 57) for thoracic back and Weizhong (BL 40) for low back. This concept of regional point actions is a powerful one in guiding selection of distal points. So when treating the ears for example it is not surprising to find that the most commonly used distal points for the ears are found on the dorsum of hand and foot, including Hegu (LI 4), Zhongzhu (SJ 3) and Xiashi (GB 43). This idea forms one of the foundations for selecting points according to local, adjacent and distant points method.

Selecting Points according to Point Functions

Although some general references have been made as early as the Su Wen to points having functions (such as reinforcing Zusanli (ST 36) for Cold Stomach but reducing the same point for Hot Stomach), it is clear that point functions as we know them are essentially a post-1950's phenomenon.

Older acupuncture texts generally limited discussion of the clinical application of points to lists of the symptoms treated. Not until the 1950's, when efforts to modernize and standardize the theories of Chinese medicine became social and political imperatives in China, did it become popular to assign functions to the points.⁽¹⁴⁾

The value of point functions is that, used appropriately, they can act as a sort of executive summary of the considerable body of historical indications which each point

has accumulated over the last two millenia. However when these function statements come to be regarded as a “higher truth” about what points “really do”, there is a great danger of missing the point entirely.

When studied with the list of symptoms from which they were derived, the point functions can be useful, but if taken out of context, they are then separated from the hundreds of years of clinical experience that preceded their invention. The functions can then be misleading and even harmful.⁽¹⁵⁾

Damp-Heat provides a good example of the pitfalls of point functions. To say that a particular point “Clears Damp-Heat” can convey any one or more of the following meanings:

- treats jaundice (LIV/GB Damp-Heat)
- treats Lin syndrome/ urinary disorders (BL Damp-Heat)
- treats diarrhoea/ dysentery (Damp-Heat type)
- treats vaginal discharge
- treats oozing skin rash (such as eczema)

Only an examination of the point’s established indications can determine which one of more of these conditions might be effectively treated with a point which “Clears Damp-Heat”. Shangjuxu (ST 37) treats only Damp-Heat diarrhoea, Yanglingquan (GB 34) and Riyue (GB 24) treat only Damp-Heat jaundice however Yinlingquan (SP 9) treats a range of Damp-Heat conditions including diarrhoea/ dysentery, Lin syndrome, jaundice and Damp-Heat genital disorders.

In this light, it is essential that for clinical accuracy, point indications should always be specified before a point function is applied. It is alarming to note the recent publication of acupuncture books which rely solely on point functions and completely omit point indications.

Selecting Points according to the Spirit of the Point

Point names conveyed several sorts of information. Firstly point names suggested their location:

- Sizhukong (SJ 23) (Silken Bamboo Hollow - hence in the hollow at the of the eyebrow which is the shape of a bamboo leaf in ink brush painting on silk)
- Yanglingquan (GB 34) (Yang Tomb Spring - hence a point on a Yang surface - lateral aspect of leg - in a depression (spring) under a prominent mound (tomb, funerary mound)
- Xingjian (LIV 2) (walk between - a point between the toes in the web)
- Shangliao (BL 31), Zhongliao (BL 33), Xialiao (BL 34) (Upper, Middle and Lower foramina - indentation in the bone - namely sacral foramina)
- Yingu (KI 10) (Yin bone - a point under the bone on the Yin aspect of the leg)
- Yuji (LU 10) (Fish Border - a point on the border of the thenar eminence, dubbed “the fish” by the Chinese because of its shape)

their action:

- Yingxiang (LI 20) (Welcome Fragrance - to clear a blocked nose)
- Xinshu (BL 15) (Heart Shu - Back-Shu point of the Heart)
- Zusanli (ST 36) (Leg Three Li - Three Li, or about 1.5 kilometres, was said to be the distance one could walk without tiring after moxibustion of this point)
- Tinggong (SI 19) (Palace of Hearing - for deafness)
- Qihai (Ren 6) (Sea of Qi - for Qi Xu especially in the lower jiao)

- Xuehai (SP 10) (Sea of Blood - for various Blood disorders including Heat in the Blood, Blood stagnation (mainly in the uterus) and Blood Xu)
- Guilai (ST 29) (Return - brings back menses in amenorrhoea)
- Shuifen (Ren 9) (Allocation/division of water - for fluid retention in the abdomen)

point intersections:

- Sanyinjiao (SP 6) (Three Yin Crossing - a crossing of the three Leg Yin channels)
- Baihui (DU 20) (Hundred Meetings - a point where many channels and vessels are said to meet)

relationships between points:

- Zusanli (ST 36) & Shousanli (LI 10) (Leg and Arm Three Li implying a relationship between these two points)
- Waiguan (SJ 5) & Neiguan (PC 6) (Outer Gate and Inner Gate, again implying that these points are related)
- Yinlingquan (SP 9) & Yanglingquan (GB 34) (Yin Tomb Spring and Yang Tomb Spring)

Once the meaning of the point's name has been communicated, it is not then appropriate to try to squeeze some new levels of imagined meaning from the same name. A prime example of this style of esoteric redefinition is a modern Western case history in which the practitioner treated a young woman with dysmenorrhoea with the point Sizhukong (SJ 23) - silken bamboo hollow - the image of silk to remind her of her inner beauty and the image of bamboo to remind her of her resilient strength. The poetry is delightful, regrettably the therapy is not. The name "silken bamboo hollow" is purely and simply about the point's location, not its actions. When Chinese students learn to paint on silk with an ink brush one of their first exercises is to paint the shape of bamboo leaves. This shape is used as an image for the eyebrow, hence the name means the hollow at the end of the eyebrow. A brief examination of the indications of Sizhukong (SJ 23) would suggest that no matter how satisfying the poetic imagery, the chances that this point will effectively treat dysmenorrhoea are very slim. While it is true that Chinese medicine is filled with poetic imagery, it is also true that much of Chinese medicine is very down-to-earth and prosaic. The exercises of divining the true meaning of a point's name and injecting new meaning are quite different. One is discovery of what was originally intended and the other is a creative journey where something quite new is invented. One of the drawbacks of innovation is that until any new theory has been clinically verified as effective, it is of unknown value. This is not to suggest that innovation is inappropriate in acupuncture, however in acupuncture, as in all branches of therapy, the therapist has a responsibility to the patient to deliver an effective treatment. The aesthetic satisfaction of the practitioner must never be allowed to stand in the way of the most effective treatment. Experimentation must always be identified as such and not confused with established practices.

Among the many appealing but inaccurate theories of modern Western acupuncture are numbered the Window of the Sky Points (which have never existed as a group of points but were created by Chamfrault in 1956 out of a combination of bad translation and wishful interpretation)⁽¹⁶⁾ and the theory that the points of the outer Bladder channel line on the back which include the names of the Spiritual Resources, Shen, Hun, Po, Yi, Zhi - have special actions on spiritual and emotional disturbances.

It is interesting that despite their evocative names, the points Pohan BL-42, Shentang BL-44, Hunmen BL-47, Yishe BL-49 and Zhishi BL-52 are notable for the absence of any psycho-emotional indications, with the exception of 'three corpse possession

disorder' for Pohnu BL-42. Deadman, Peter & Al-Khafaji, Mazin (1995) The Treatment of Psycho-Emotional Disturbance by Acupuncture with particular reference to the Du Mai Journal of Chinese Medicine 47: 30-34

Regrettably the facts have a bad habit of getting in the way of a good story.

Other modern Western ideas about points which fail to live up to expectations include the belief that Yingu (KI 10) reinforces Kidney Yin and that Ququan (LIV 8) reinforces Liver Blood. No evidence for either function appears in the indications for these points. Given that point functions are merely generalizations about a point's indications, to speak of a point function which does not describe any known indications is of little value.

Conclusion

In acupuncture there have been and still remain many different schools of thought on acupuncture point selection. Some are just healthy diverse views. Others are based on inaccuracies or flawed approaches such as the use of point functions in isolation or seeking to redefine the meanings of Chinese point names. Using the bedrock of historical information and research information on points, it is however, quite possible to assess many different theories by testing their predictions about what points should do against what they have been demonstrated to do. No doubt there are those who will cry foul, and who will retreat into claims of secret knowledge. Whatever the source of any information about acupuncture points and what they are capable of doing, ultimately it should be possible to put all therapeutic claims to the test of research. So far, much research has been driven by a perceived need to prove to the world that acupuncture works. Now it is time for a much more practitioner-driven direction in research so that practitioners' questions can be answered. Comparative point research has only just begun and has the potential in the future to shed a great deal of light on acupuncture point dynamics. Then perhaps a new Ode to Elucidate Mysteries can be written for the 21st century.

Footnotes:

1. Two examples appear in English abstracts in the Traditional Chinese Medicine Digest 1 (4):

Liang Shizhen et al (1986) *The Time-Selected Acupuncture Therapy for Paralysis: An Observation of 544 Cases* Fujian Journal of Traditional Chinese Medicine 17 (1):13

Liu Bingquan (1986) *Acupuncture Treatment based on Time Selection for Vascular Headache: An Observation of 157 Cases* Journal of Traditional Chinese Medicine 27 (2):36

2. Deadman, Peter & Al-Khafaji, Mazin (1998) *A Manual of Acupuncture* Journal of Chinese Medicine Publications, Hove, East Sussex, England:29-51

3. For symptomatic uses of the Five Shu points see Ling Shu, Chapter 44 & Nan Jing, Difficulty 68

4. For seasonal uses of the Five Shu points see Su Wen, Chapter 61, Ling Shu, Chapters 2, 19 & 44 and Nan Jing, Difficulty 74

5. For Five Phases based uses of the Five Shu points see Su Wen, Chapter 58 and Nan Jing, Difficulty 64

6. Deadman, op.cit.: 32-33
7. Wu Dingzong et al (1984) *Effect of Acupuncture on Urinary Bladder Contraction* Second National Symposium on Acupuncture and Moxibustion and Acupuncture Anesthesia Abstracts: 537-538
8. personal communication from Dr Li, Deputy Academic Dean at South Baylo University, Anaheim, California (Feb 1996)
9. Matsumoto, Kiiiko & Birch, Stephen (1986) *Extraordinary Vessels Paradigm* Publications, Brookline, Massachusetts
10. Bertschinger, Richard (trans.)(1991) *The Golden Needle Ode and Other Odes of Traditional Acupuncture* Churchill Livingstone, Melbourne
11. Ellis, Andrew, Wiseman, Nigel & Boss, Ken (1988) *Fundamentals of Chinese Acupuncture* Paridigm Publications, Brookline, Massachusetts
12. Deadman et al, op.cit.: 46
13. Matsumoto & Birch: op.cit.
14. Ellis et al: op.cit.: 59
15. ibid.
16. McDonald, John (1999) *Curtains for Windows of the Sky* Pacific Journal of Oriental Medicine

SEASONAL USES OF THE FIVE SHU POINTS

	SPRING	SUMMER	LATE SUMMER	AUTUMN	WINTER
<i>SU WEN Ch 61</i>	-	-	-	Jing-River Shu-Stream	Jing-Well Ying-Spring
<i>LING SHU Ch 2</i>	Ying-Spring	Shu-Stream	-	He-Sea	Jing-Well
<i>LING SHU Ch 19</i>	-	-	-	-	Jing-Well Ying-Spring
<i>LING SHU Ch 44</i>	Ying-Spring	Shu-Stream	Jing-River	He-Sea	Jing-Well
<i>NAN JING Diff 74</i>	Jing-Well	Ying-Spring	Shu-Stream	Jing-River	He-Sea