WHO STANDARD ACUPUNCTURE POINT LOCATIONS

IN THE WESTERN PACIFIC REGION

World Health Organization

Western Pacific Region

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FOREWORD

Along with herbal medicine, acupuncture has been used for more than 2500 years as one of the main pillars of traditional medicine in the Western Pacific Region. Accordingly, the WHO Regional Committee for the Western Pacific adopted resolutions supporting the proper use of acupuncture and herbal medicine in 1985 and 1987.

With the aim of standardization in the field of acupuncture, the WHO Regional Office for the Western Pacific organized a Working Group for the Standardization of Acupuncture Nomenclature in 1981 and, after 10 years of effort, a consensus was reached on the proposed standard international acupuncture nomenclature. In 1991, *A Proposed Standard International Acupuncture Nomenclature* was published by WHO Headquarters and a revised edition of *Standard Acupuncture Nomenclature* was published by the WHO Regional Office for the Western Pacific.

It was reported, however, that there was controversy among Member States regarding approximately one-fourth of regular acupuncture point locations, raising doubts and uncertainty regarding the efficacy and safety of acupuncture treatment. It is not known when this disparity in location of acupuncture points first arose but, in recent decades, there has been a growing international demand for standardization of acupuncture point locations for education, research and clinical practice. However, since each Member State has its own initiatives and traditions, international standardization of acupuncture point locations has proved extremely difficult.

As an initial step in standardizing acupuncture point locations, the WHO Western Pacific Regional Office convened the first Informal Consultation on the Development of WHO Standard of Acupuncture Point Locations in October 2003. Experts from China, Japan and the Republic of Korea attended that consultation, and 10 further serial meetings were organized subsequently by the Regional Office. In the beginning, it appeared it would be almost impossible to harmonize the activities of the various participants. However, with the passing of time and the development of mutual understanding and trust, the experts managed to reach a consensus on most of the controversial acupuncture point locations, one by one. It took three years to achieve a set of internationally unified acupuncture point locations, an effort that has provided a firm and solid basis in the field of acupuncture.

Recently, modern scientific apparatus, such as functional magnetic resonance imaging (f-MRI) and positron emission tomography (PET) has been utilized for acupuncture research. However, that research has not focused on developing standard acupuncture point locations. Therefore, the experts taking part in the consultations agreed on the development of principles and methods by combining document analysis, experts' clinical experiences and factual measurements. Their efforts and the resulting outcomes will further enhance scientific research on acupuncture point locations.

I would like to highlight that the experts involved in this project will be remembered, not just for standardizing acupuncture point locations, but also for building team spirit among international scholars in the field of traditional medicine.

Shigeru Omi, MD, Ph.D.
Regional Director

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GENERAL GUIDELINES FOR ACUPUNCTURE POINT LOCATIONS

PREFACE

Acupuncture has been practised for more than 2500 years in the Western Pacific Region and has become a global therapeutic method in recent decades. However, it was reported that acupuncturists differed by up to 25% in the acupuncture points they used, raising doubts and uncertainty regarding the efficacy and safety of acupuncture treatment, as well as causing difficulties in the fields of acupuncture research and education. Member States therefore increasely began to demand standardization in acupuncture point locations. Responding to this request, the WHO Western Pacific Regional Office initiated a project to reach consensus on acupuncture point locations and thus convened 11 serial meetings, resulting in these guidelines.

The standard for acupuncture point names used in the guidelines is based on WHO 90/8579-Atar-8000, *A Proposed Standard for International Acupuncture Nomenclature*. However, while standardized measurement systems for length and width generally require adoption of an international unit system, it is impossible to use any absolute standard value to determine the location of acupuncture points on the human body due to the vast differences in peoples' sizes and heights. Only by using the Equal Proportional Measurement method, also known as the Proportional Bone (Skeletal) Measurement method, can the proper location of acupuncture points be established for all population groups and individuals. This method was adopted by WHO as the standard measuring unit for acupuncture points at an international conference held in Seoul, Republic of Korea, in 1987. This measuring unit has therefore been adopted in these guidelines for location of acupuncture points.

I. Scope

This Standard stipulates the methodology for locating acupuncture points on the surface of the human body, as well as the locations of 361 acupuncture points. The Standard is applicable for teaching, research, clinical service, publication and academic exchanges involving acupuncture.

II. Terms and definitions

The following terms and definitions are used in this Standard.

1. Standard measuring units:

   Proportional bone (skeletal) cun (B-cun)
   This method divides the height of the human body into 75 equal units. Using joints on the surface of the body as the primary landmarks, the length and width of every body part is measured by such proportions. The specific method is: divide the height of the human body into 75 equal units, then estimate the length and width of a certain part of the body according to such units. One unit is equal to one cun. For further information on the commonly used proportional bone (skeletal) cun of a whole body, refer to the related section on page 11.

   Finger cun (F-cun)
   This method is based on the finger cun of the person to be measured for acupuncture point locations. For information on the commonly used method of measurement, refer to the section on Locating Method by “finger-cun measurement” on page 13.

   Fingerbreadth (F-breadth)
   This method utilizes the width of the distal phalanx of the middle finger. This should be distinguished from the middle finger cun. This method is rarely used e.g. for locating ST6 and ST40.

2. Standard position and terms of direction:

   The standard position and the terms for the orientation of the human body used in traditional acupuncture point location are not the same as those used in modern anatomy. For example, according to the traditional method, the palmar side of the upper limbs, or the flexional side, is called the medial aspect. This medial aspect is the distribution area of the acupuncture points of the three Yin hand meridians. The dorsal side of the upper limbs, or the extensional side, is called the lateral aspect. This lateral aspect is the distribution area of the acupuncture points of the three Yang hand meridians. The side of the lower limbs closer to the midline is called the medial aspect, which is the distribution area of the acupuncture points of the three Yin foot meridians. The side of the lower limbs away from the midline is called the lateral

aspect. The posterior portion of the lower limbs is called the posterior aspect, and this apsect, along with the lateral aspect, is the distribution area of the acupuncture points of the three Yang foot meridians. The anterior and posterior median lines of the head, face and trunk are the respective distribution areas of the Conception Vessel and the Governor Vessel. These median lines are the baselines for locating acupuncture points on either side of each pair of the two meridians.

The modern anatomical position is adopted by this Standard to describe acupuncture point locations: the body stands upright, eyes look forward, feet together with toes pointing forward and upper limbs hanging by the sides with palms facing forward. For the location of certain specific points, other positions are recommended, such as the knee-chest position (BL35), lying on the side with the thigh flexed (GB30), etc.

Terms of direction (Figures 1 and 2)

The terms of direction follow standard anatomical terminology.

- Medial and lateral: closer to the median sagittal plane is medial; further away from the median sagittal plane is lateral. On the forearm, the same concepts are replaced with ulnar and radial, and on the legs, with tibial and fibular.
- Superior and inferior: closer to the upper (head) extremity of the body is superior; closer to the lower (feet) extremity of the body is inferior. Superior and inferior may also be used to relate the location of acupuncture points to other points or anatomical landmarks. In this case they refer to directly above or below on a straight line.
- Anterior and posterior: closer to the ventral surface of the human body is anterior; closer to the dorsal surface is posterior.
- Proximal and distal: closer to the trunk is proximal; further away from the trunk is distal.

3. Landmarks on the body surface for locating acupuncture points:

Head	
① Midpoint of the anterior hairline (Fig 3, 5)	The midpoint of the anterior hairline
② Midpoint of the posterior hairline (Fig 4, 5)	The midpoint of the posterior hairline
③ Corner of the forehead (Fig 3, 5)	The lateral corner of the anterior hairline on the forehead
④ The glabella (Fig 3)	The midpoint between the eyebrows

⑤ The auricular apex (Fig 3, 4, 5)	The highest point of the auricle when the ear is folded forwards.
Upper limbs	
⑥ The centre of the axillary fossa (Fig 6)	The centre of the axillary fossa
⑦ The anterior axillary fold (crease) (Fig 7)	The anterior end of the axillary fold
⑧ The posterior axillary fold (Fig 7)	The posterior end of the axillary fold
⑨ The cubital crease (Fig 7, 8)	The crease of elbow when it is flexed 90 degrees.
⑩ The palmar wrist crease (Fig 7, 8)	The crease on the line connecting the distal ends of the styloid processes of the ulna and radius when the wrist is flexed. When more than one crease is present, the most distal is used.
⑪ The dorsal wrist crease (Fig 7)	The crease on the line connecting the distal ends of the styloid processes of the ulna and radius when the wrist is extended. When more than one crease is present, the most distal is used.
⑫ The border between the red and white flesh (Fig 9, 14)	The junction of the palmar and dorsal skin / the junction of the plantar and dorsal skin where there is a change in the texture and colour.
⑬ The corner at the root of the nail (Fig 10)	The angle formed by the medial / lateral border of the nail and the base of the nail bed.
Lower limbs	
⑭ The gluteal fold (Fig 11)	The fold between the buttock and the thigh on the posterior side of lower limbs
⑮ The popliteal crease (Fig 11)	The crease of the popliteal fossa
⑯ The prominence of the lateral malleolus (Fig 12, 13)	The most prominent point of the lateral malleolus
⑰ The prominence of the medial malleolus (Fig 12, 13)	The most prominent point of the medial malleolus

4. Regions of body

The regions of human body used in the description of acupuncture point locations are based mainly on the latest version of *International Anatomical Terminology*, issued by the Federative Committee on Anatomical Terminology (FCAT) in 1998. Some regions in the *International Anatomical Terminology* are too difficult a fit for location of acupuncture points. Here regions of the body are divided into the head, neck, back, chest, abdomen, limbs and perineum. The smaller subdivisions of the body are as follows:

Regions		**Borderline**
Head	Head	Line connecting the superior margin of orbit, the upper border of the zygomatic arch, the upper border of the external ear, the tip of the mastoid process, the upper border of the neck, and the external occipital protuberance
	Face	Line connecting the superior margin of orbit, the upper border of the zygomatic arch, the upper border of the external ear, the tip of the mastoid process, and the lower border of the mandible
Neck	Anterior region of the neck	Superior: inferior borderline of the head and face Inferior: clavicle Posterior: anterior margin of the trapezius muscle
	Posterior region of the neck	Superior: inferior borderline of head Inferior: line across the spinous process of the seventh cervical vertebra (C7) and the acromion Anterior: anterior margin of the trapezius muscle

Back	Upper back region	Superior: line across the spinous process of the seventh cervical vertebra (C7) and the acromion Lateral: vertical line across the end of the posterior axillary fold Inferior: curved line across the spinous process of the 12th thoracic vertebra (T12) and the end of the 12th rib
	Scapular region	The borderline regions, including the scapular region, groin region, shoulder girdle, axilla and buttock region, cannot be clearly described using the terms in surface anatomy. It would be better to follow the conventional conceptions of those regions.
	Lumbar region	Superior: curved line across the spinous process of the 12th thoracic vertebra (T12) and the end of the 12th rib Lateral: vertical line across the end of the posterior axillary fold Inferior: line across spinous process of the fifth lumbar vertebra (L5) and iliac crest
	Sacral region	Superior: line across spinous process of the fifth lumbar vertebra (L5) and iliac crest Lateral: lateral border of the sacrum Inferior: coccyx
Chest	Anterior thoracic region	Superior: clavicle Inferior: curved line across the sternoxyphoid symphisis, rib arch and inferior margin of the 11th and 12th ribs Lateral: vertical line across the end of anterior axillary fold

	Lateral thoracic region	Superior: line across the anterior axillary fold and posterior axillary fold Inferior: line connecting the rib arch and the inferior margin of the 11th and 12th ribs Anterior: vertical line across the end of the anterior axillary fold Posterior: vertical line across the end of the posterior axillary fold
Abdomen	Upper abdomen	Superior: curved line across the sternoxyphoid symphisis, rib arch and inferior margin of the rib Inferior: transverse line across the umbilicus Lateral: vertical line across the end of the anterior axillary fold
	Lower abdomen	Superior: transverse line across the umbilicus Inferior: upper margin of the symphisis pubis Lateral: fold of the groin, vertical line across the end of the anterior axillary fold
	Lateral abdomen	Superior: inferior borderline of the lateral thoracic region Inferior: iliac crest Anterior: vertical line across the end of the anterior axillary fold Posterior: vertical line across the end of the posterior axillary fold
	Groin region	See the scapular region

Upper limbs	Shoulder girdle	See the scapular region
	Axilla region	See the scapular region
	Arm	Anterior, posterior, medial and lateral aspects of the arm
	Elbow	Anterior, posterior, medial and lateral aspects of the elbow
	Forearm	Anterior, posterior, medial and lateral aspects of the forearm
	Hand	Dorsum and palm of the hand
Lower limbs	Buttock region	See the scapular region
	Thigh	Anterior, posterior, medial and lateral aspects of the thigh
	Knee	Anterior, posterior, medial and lateral aspects of the knee
	Leg	Anterior, posterior, medial and lateral aspects of the leg
	Foot	Dorsum and sole of foot, medial and lateral aspects of the foot
	Ankle	Anterior, medial and lateral aspects of the ankle
	Toes	
Perineal region		See the scapular region

Points which are on the borderline belong to the upper region.
Umbilicus belongs to upper abdomen, gluteal fold belongs to buttock region.

5. Reference acupuncture points

   The nature and function of a reference acupuncture point are the same as those of an anatomical landmark.

   Reference acupuncture points:

   LU5: On the anterior aspect of the elbow, at the cubital crease, in the depression lateral to the biceps brachii tendon. (Fig 15)

LU9: On the anterolateral aspect of the wrist, between the radial styloid process and the scaphoid bone, in the depression ulnar to the abductor pollicis longus tendon. (Fig 15)

LI5: On the posterolateral aspect of the wrist, at the radial side of the dorsal wrist crease, distal to the radial styloid process, in the depression of the anatomical snuffbox. (Fig 16)

LI11: On the lateral aspect of the elbow, at the midpoint of the line connecting LU5 with the lateral epicondyle of the humerus. (Fig 16)

LI15: On the shoulder girdle, in the depression between the anterior end of lateral border of the acromion and the greater tubercle of the humerus. (Fig 15)

ST8: On the head, 0.5 B-cun directly superior to the anterior hairline at the corner of the forehead, 4.5 B-cun lateral to the anterior median line. (Fig 16)

ST30: In the groin region, at the same level as the superior border of the pubic symphysis, 2 B-cun lateral to the anterior median line, over the femoral artery. (Fig 15)

ST34: On the anterolateral aspect of the thigh, between the vastus lateralis muscle and the lateral border of the rectus femoris tendon, 2 B-cun superior to the base of the patella. (Fig 15)

ST35: On the anterior aspect of the knee, in the depression lateral to the patellar ligament. (Fig 15)

ST41: On the anterior aspect of the ankle, in the depression at the centre of the front surface of the ankle joint, between the tendons of extensor hallucis longus and extensor digitorum longus. (Fig 15)

SP9: On the tibial aspect of the leg, in the depression between the inferior border of the medial condyle of the tibia and the medial border of the tibia. (Fig 15)

SP12: In the groin region, at the inguinal crease, lateral to the femoral artery. (Fig 15)

BL60: On the posterolateral aspect of the ankle, in the depression between the prominence of the lateral malleolus and the calcaneal tendon. (Fig 16)

KI3: On the posteromedial aspect of the ankle, in the depression between the prominence of the medial malleolus and the calcaneal tendon. (Fig 16)

TE17: In the anterior region of the neck, posterior to the ear lobe, in the depression anterior to the inferior end of the mastoid process. (Fig 16)

TE20: On the head, just superior to the auricular apex. (Fig 16)

GB7: On the head, at the junction of the vertical line of the posterior border of the temple hairline and the horizontal line of the apex of the auricle. (Fig 16)

GB9: On the head, directly superior to the posterior border of the auricular root, 2 B-cun superior to the hairline. (Fig 16)

GB12: In the anterior region of the neck, in the depression posteroinferior to the mastoid process. (Fig 16)

GB20: In the anterior region of the neck, inferior to the occipital bone, in the depression between the origins of sternocleidomastoid and the trapezius muscles. (Fig 16)

GV20: On the head, 5 B-cun superior to the anterior hairline on the anterior median line. (Fig 15, 16)

III. Principles and methods for locating acupuncture points on the surface of the body

1. Principles for locating acupuncture points on the surface of the body:

To locate an acupuncture point, a combined approach using literature analysis, clinical practice and actual and proportional measurement is used. In selecting literature for analysis, special importance is attached to ancient and modern literature about acupuncture point locations that has a 'national standard' nature, such as *Huangdi Mingtang Jing, Zhenjiu Jiayi Jing, Beiji Qianjin Fang* and *Tongren Shuxue Zhenjiu Tujing*. When descriptions of acupuncture point locations in ancient literature are not clear, the following four principles are used to determine the proper location:

- Priority is given to the anatomical landmark method when it does not conform to finger-cun measurement.
- Full consideration should be given to all relevant information in the original literature about the acupuncture point and its location area, sequence and name.
- When determining the location of an acupuncture point, it is important to check its location in relation to the location of other relevant points.
- Relevant acupuncture point charts or models in the original literature should be referred to in order to better understand the location of the acupuncture point.

2. Methods for locating acupuncture points on the surface of the body:

Three methods are used for locating acupuncture points:

- The anatomical landmark method;
- The proportional bone (skeletal) measurement method; and
- The finger-cun measurement method

In practice, it is often neccessary to combine all three methods when locating an acupuncture point. The methods primarily used are the anatomical landmark and proportional bone (skeletal) measurement. The finger-cun measurement can be used when it is difficult to locate the acupuncture point with the above two methods.

<u>The anatomical landmark method:</u>

This method utilizes anatomical landmarks on the surface of the body to locate acupuncture points. Anatomical landmarks may be classified into two types: fixed

landmarks and movable landmarks.

Fixed landmarks refer to protuberances or depressions formed by the joints and muscles; contours of the eyes, ears, nose and mouth; fingernails and toenails; the nipples; the navel and so on. For example, the location of GB34 is described as "anterior and distal to the head of the fibula".

Movable landmarks refer to the gaps, depressions, wrinkles and peaks which appear along with the movement of joints, muscles, tendons and skin. For example, SI19 is located in the depression formed just anterior to the centre of the tragus when the mouth is opened slightly.

Locations of commonly used anatomical landmarks on the surface of the body for locating acupuncture points include:

a) The 2nd rib: the rib at the same level as the sternal angle; it can be palpated inferior to the clavicle. (Fig 17)
b) The 4th intercostal space: at the same level as the nipples in males. (Fig 17)
c) The spinous process of the 7th cervical vertebra: the most prominent spinous process on the posterior median line of the neck, which moves with the turning of the head. (Fig 18)
d) The spinous process of the 3rd thoracic vertebra: the intersection of the posterior median line and the line connecting the medial ends of the two spines of the scapulae, when the subject stands upright with arms by the sides. (Fig 18)
e) The spinous process of the 7th thoracic vertebra: the intersection of the posterior median line and the line connecting the two inferior angles of the scapulae when the subject stands upright with arms by the sides. (Fig 18)
f) The spinous process of the 12th thoracic vertebra: on the posterior midline, at the same level as the midpoint of the line connecting the inferior angle of the scapula with the highest point of the iliac crest when the subject stand upright with arms by the sides. (Fig 18)
g) The spinous process of the 4th lumbar vertebra: the intersection of the posterior median line and the line connecting the highest points of the two iliac crests. (Fig 18)
h) The spinous process of the 2nd sacral vertebra: the intersection of the line connecting the inferior borders of the two posterior superior iliac spines and the posterior median line. (Fig 18)
i) The sacral hiatus: at the same level as the two sacral cornu superior to the coccyx, on the posterior median line. (Fig 18)

<u>The proportional bone (skeletal) measurement method:</u>

The proportional bone (skeletal) measurement method is also used to locate acupuncture points on the body. This method uses landmarks on the body surface,

primarily joints, to measure the length and width of various parts of the body. Acupuncture point location is based on the measurements of various parts of the body from the book *Lingshu* chapter on *Gudu*, combined with the proportional measurements created by later scholars. (The method is to divide the length between two points of particular joints into equal portions. Each portion is equivalent to one cun, and ten portions equal one chi). The primary proportional bone (skeletal) measurements of the whole body can be seen in the following table.

Proportional Bone (Skeletal) Measurements (Figures 19, 20 and 21)

Head and face	**Source**
From the midpoint of the anterior hairline to the midpoint of the posterior hairline：12 B-cun	*Lingshu*
From the glabella to the midpoint of the anterior hairline：3 B-cun	*Shenghui Fang*
Between the bilateral corners of the anterior hairline on the forehead：9 B-cun	*Zhenjiu Jiayi Jing*
Between the bilateral mastoid processes：9 B-cun	*Lingshu*
Chest, abdomen and hypochondrium	
From the suprasternal notch to the midpoint of the xiphisternal junction：9 B-cun	*Lingshu*
From the midpoint of the xiphisternal synchondrosis to the centre of the umbilicus：8 B-cun	*Lingshu*
From the centre of the umbilicus to the superior border of the pubic symphysis：5 B-cun	*Zhenjiu Jiayi Jing*
Between the two nipples：8 B-cun	*Zhenjiu Jiayi Jing*
Back and lumbar region	
Between the bilateral medial borders of the scapula: 6 B-cun	*Zhenjiu Jiayi Jing*
Upper limbs	
From the anterior or posterior axillary fold to the cubital crease：9 B-cun	*Zhenjiu Jiayi Jing & Xunjing Kaoxue Bian*
From the cubital crease to the wrist crease：12 B-cun	*Lingshu*

Lower limbs	
From the superior border of the pubic symphysis to the base of the patella：18 B-cun	*Lingshu*
From the apex of the patella (the centre of the popliteal fossa) to the prominence of the medial malleolus：15 B-cun Note: From the inferior border of the medial condyle of the tibia (SP9) to the prominence of the medial malleolus is 13 B-cun. From the inferior border of the medial condyle of the tibia to the apex of the patella is converted into 2 B-cun.	*Lingshu*
From the lateral prominence of the greater trochanter to the popliteal crease: 19 B-cun	*Lingshu*
From the gluteal fold to the popliteal crease：14 B-cun	*Tongren Shuxue Zhenjiu Tujing*
From the popliteal crease to the prominence of the lateral malleolus：16 B-cun	*Lingshu*
From the prominence of medial malleolus to the sole：3 B-cun	*Lingshu*

The finger-cun measurement method:

The finger-cun measurement method refers to the proportional measurement method for locating acupuncture points based on the size of the fingers of the person to be mearsured. This method is mainly used on the lower limbs. When locating an acupuncture point, the practitioner, in addition to using the proportional bone (skeletal) measurement method, may use the finger-cun measurement of the patient being measured in order to verify the standard location of the acupuncture point.

Middle-finger cun: The distance between the ends of the two radial creases of the interphalangeal joints of the middle finger is taken as 1 F-cun when the thumb and the middle finger are flexed to form a circle. (Fig 22)

Thumb measurement: the width of the interphalangeal joint of the thumb is taken as 1 F-cun. (Fig 23)

Finger width measurement: when the index, middle, ring and little fingers of the subject are extended and closed together, the width of the four fingers on the dorsal

crease of the proximal interphalangeal joint of the middle finger is taken as 3 F-cun. (Fig 24)

IV. Description of acupuncture point locations

In acupuncture point location, a vertical and horizontal coordinate method is adopted as much as possible. Using two intersecting lines to make a crossing point, first, the distance on the y-coordinate (Y axis) is determined to draw the horizontal line on the body, then the distance on the x-coordinate (X axis) is determined to draw the vertical line on the body. The latest edition of *International Anatomical Terminology* is utilized to describe the relevant anatomical parts of acupuncture point locations.

The description for acupuncture point locations does not include methods for locating the acupuncture points. Notes will be added, when required, to explain the specific body postures that are required to locate certain acupuncture points, as well as the techniques for locating body surface landmarks, proportional bone (skeletal) measurements, and the relationship with adjacent acupuncture points.

The focus of explanations for location of acupuncture points is on general body positions. Only those special body positions required for certain acupuncture points have specific notes under relevant items to explain their locations.

Notes offer supplementary explanations on the following related key points for location of acupuncture points.

- A special body position required for acupuncture point location.
- The proportional bone (skeletal) measurement.
- Explanations of the method of locating certain anatomical landmarks.
- The relationship with adjacent acupuncture points or landmark acupuncture points.
- Explanations of the differences in surface landmarks between different genders and individuals.

V. Controversial acupuncture point locations

Through several meetings with Member States organized by the WHO Regional Office for the Western Pacific to review the 92 controversial acupuncture point locations, 86 were standardized. However, the experts could only make a tentative decision on the six remaining points. It was agreed that further scientific research, such as multi-centred clinical trials, should be conducted on the six remaining controversial acupuncture point locations.

The six controversial acupuncture points are LI19, LI20, PC8, PC9, GB30 and GV26. Their alternative acupuncture point locations are described under “Remarks” in this document.

Fig 1

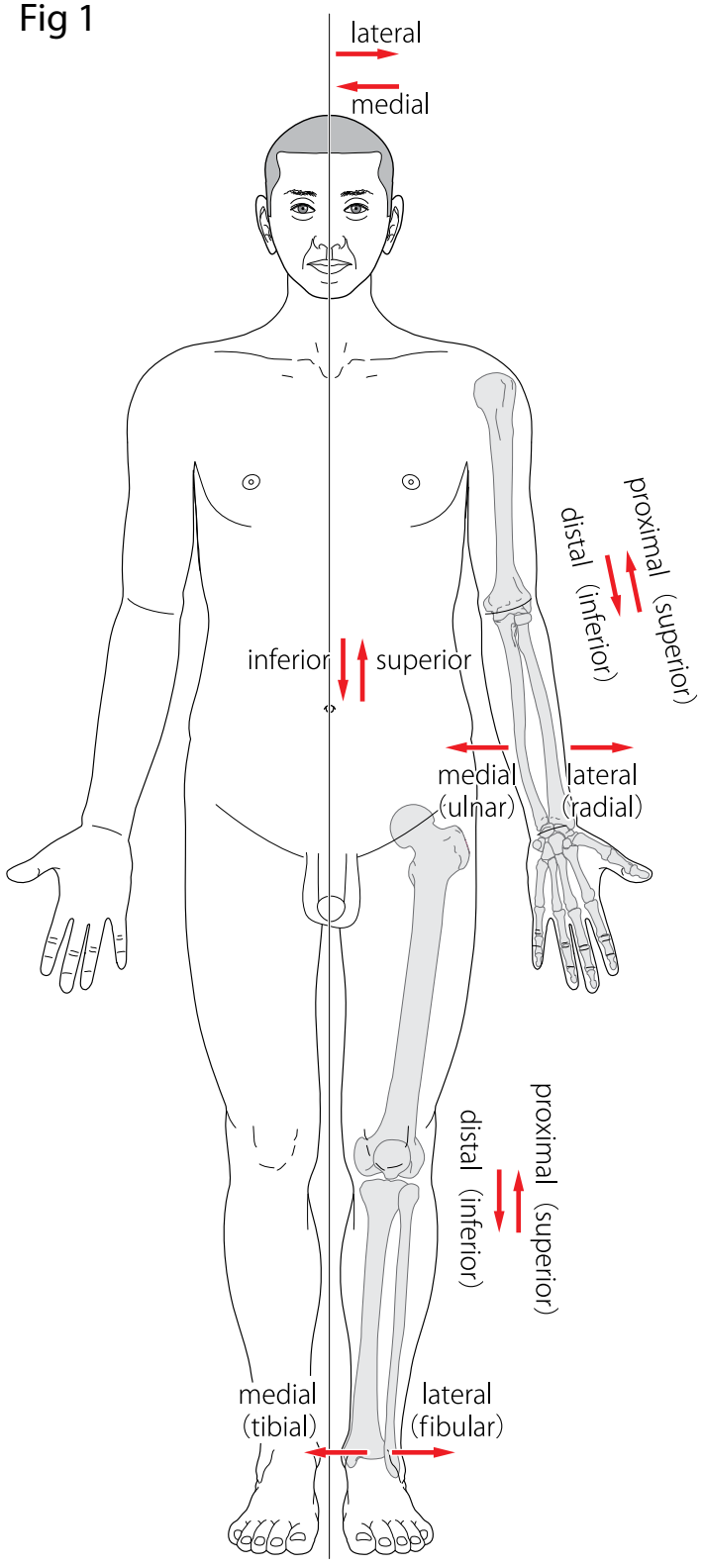

lateral
medial
proximal (superior)
distal (inferior)
inferior
superior
medial (ulnar)
lateral (radial)
proximal (superior)
distal (inferior)
medial (tibial)
lateral (fibular)

Fig 2

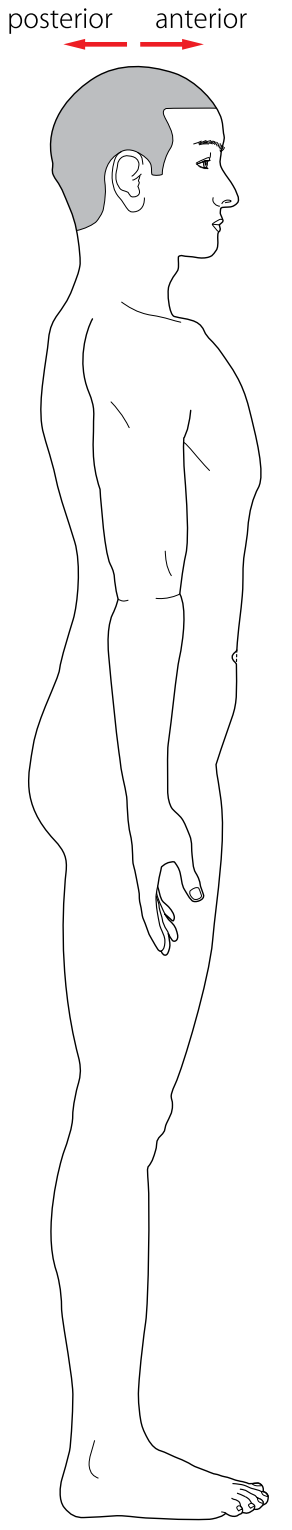

posterior
anterior

Fig 3

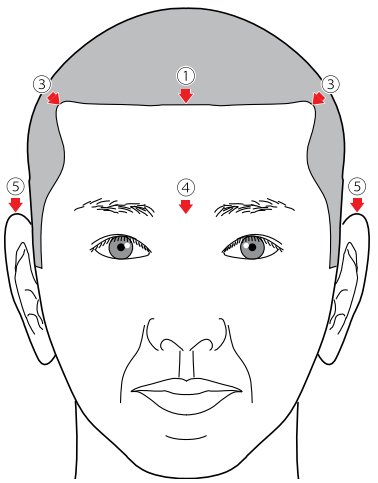


Fig 5

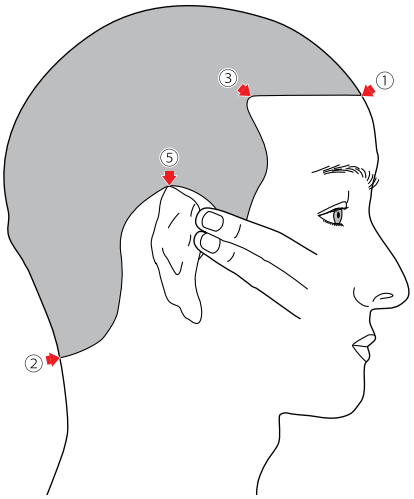


Fig 4

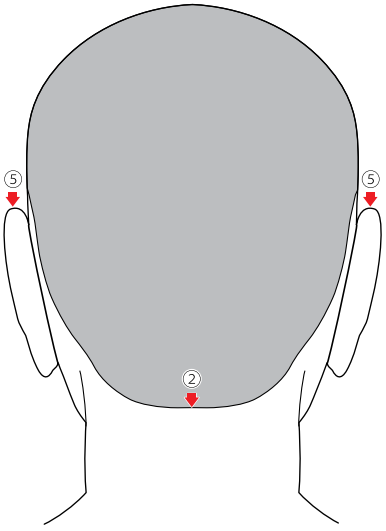


Fig 6

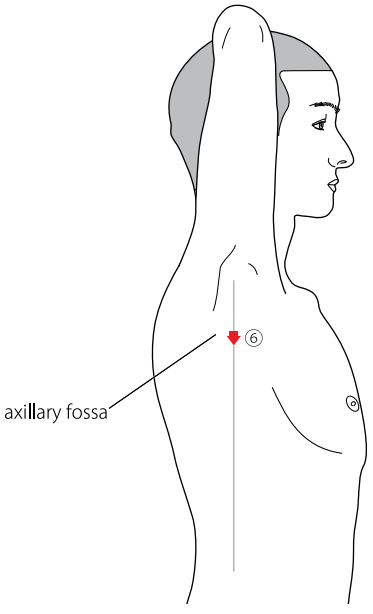


Fig 7

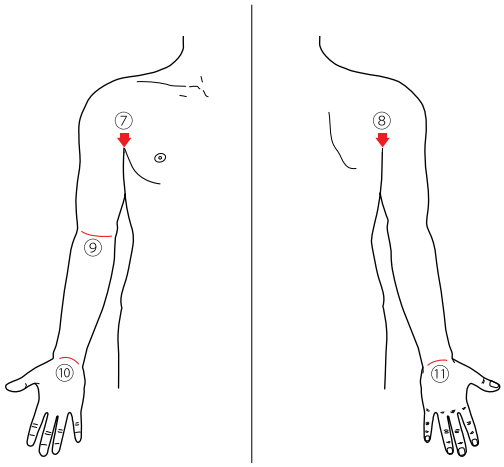


Fig 9

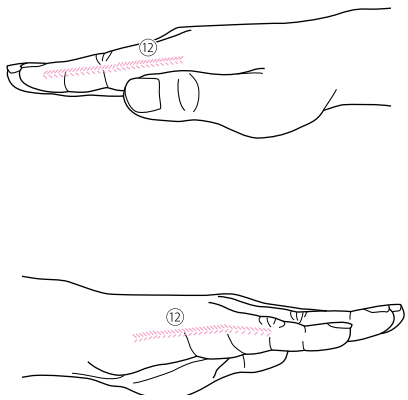


Fig 8

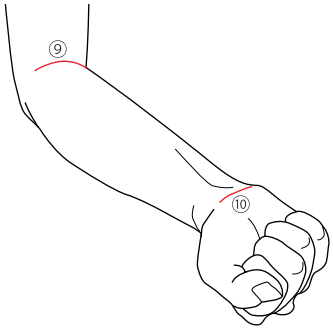


Fig 10

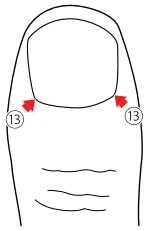


Fig 11

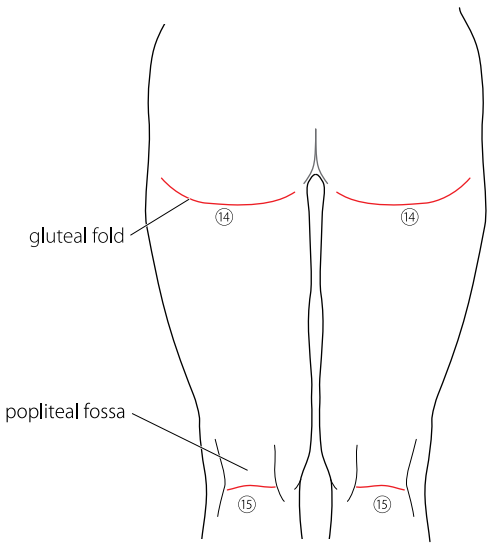


Fig 12

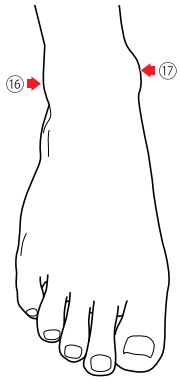


Fig 13

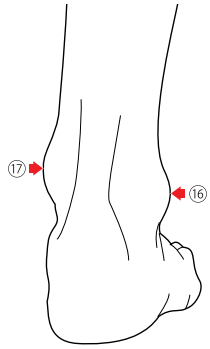


Fig 14

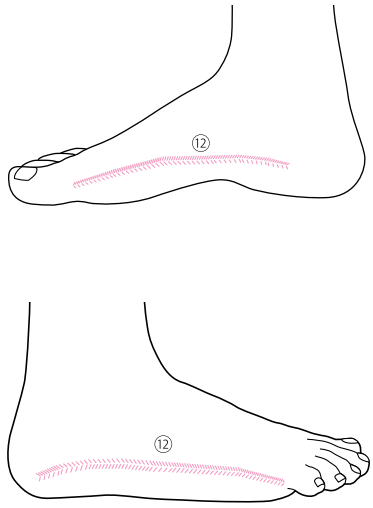


Fig 15

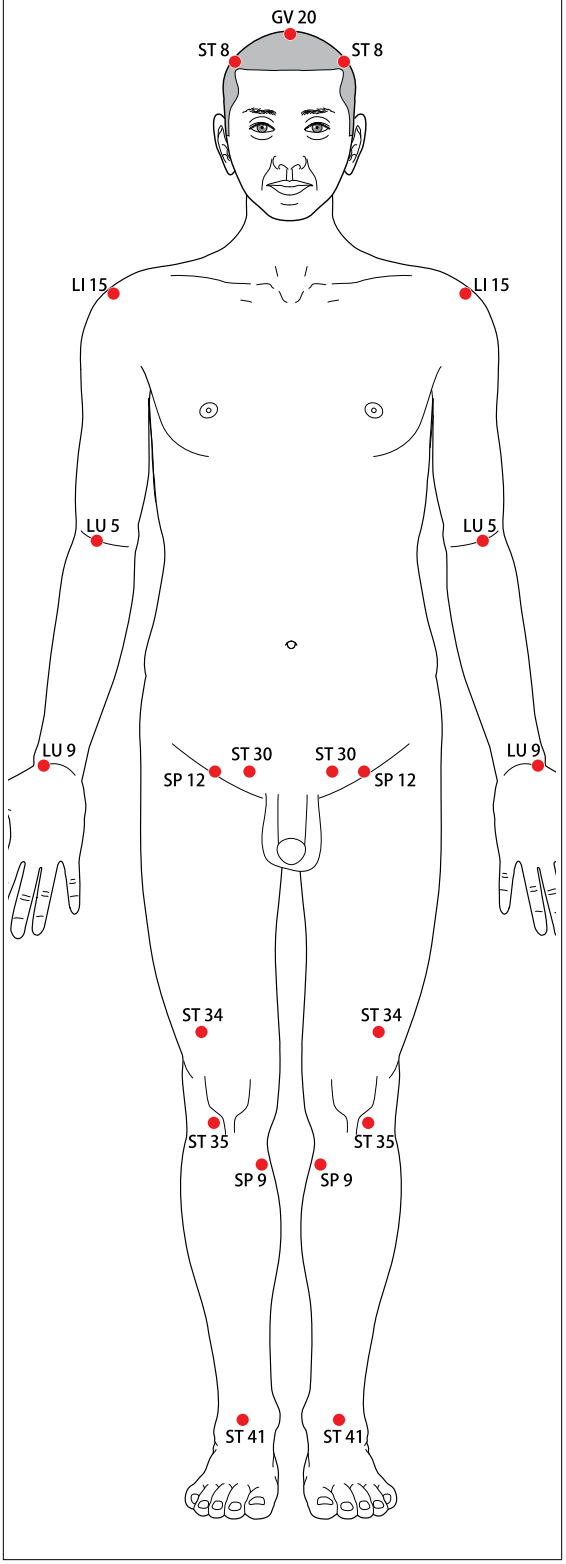

GV 20
ST 8
ST 8
LI 15
LI 15
LU 5
LU 5
LU 9
ST 30
ST 30
SP 12
SP 12
LU 9
ST 34
ST 34
ST 35
ST 35
SP 9
SP 9
ST 41
ST 41

Fig 16

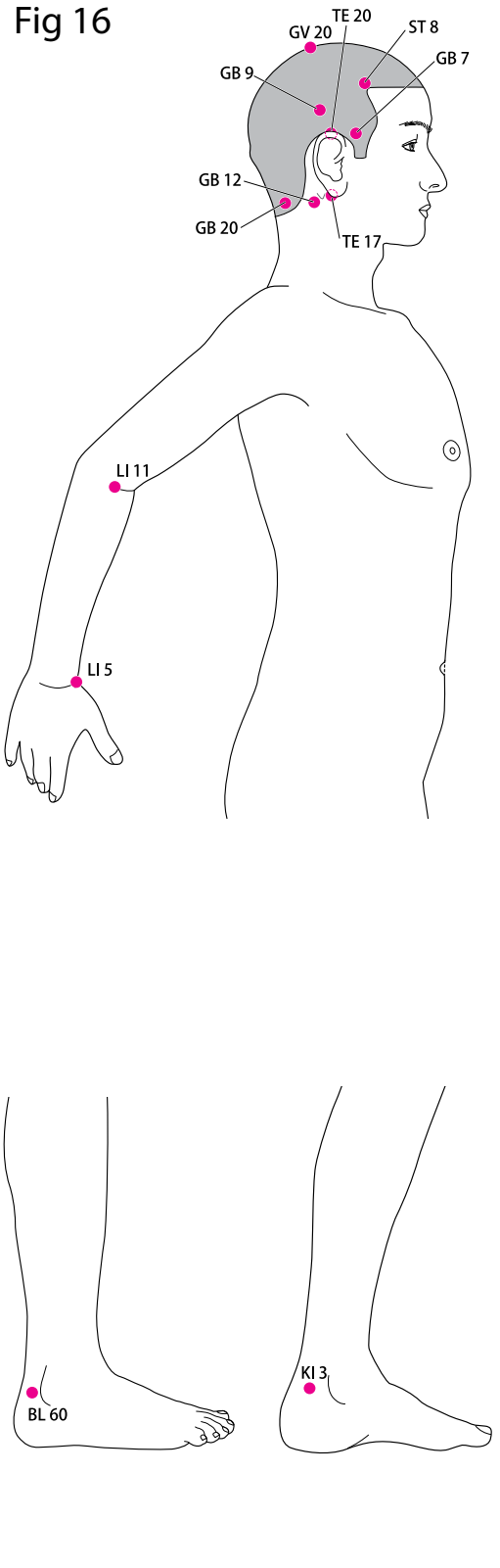

TE 20
GV 20
ST 8
GB 9
GB 7
GB 12
GB 20
TE 17
LI 11
LI 5
BL 60
KI 3

Fig 17

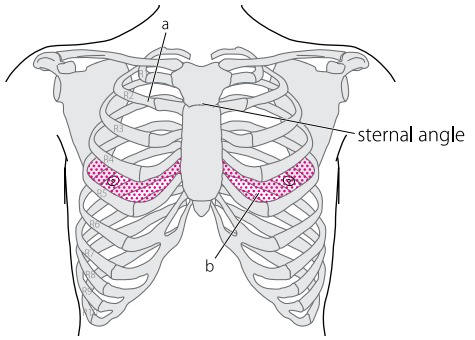


Fig 19

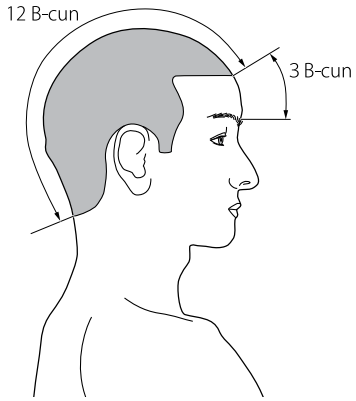


Fig 18

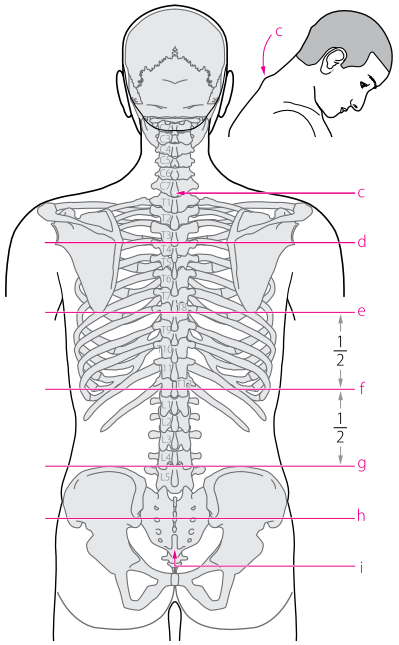


Fig 20

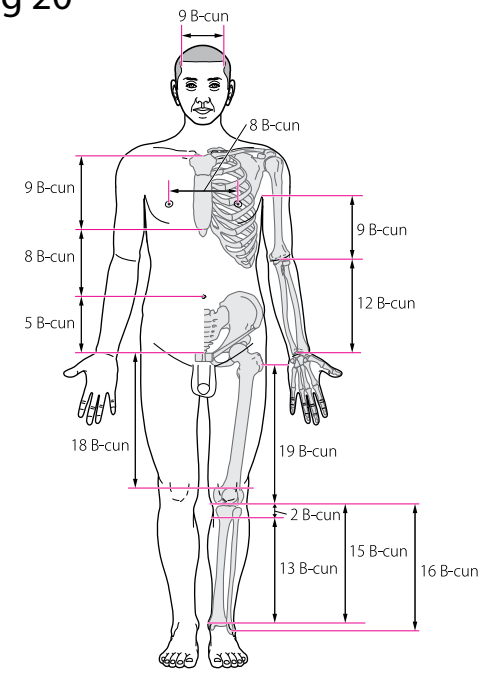


Fig 21

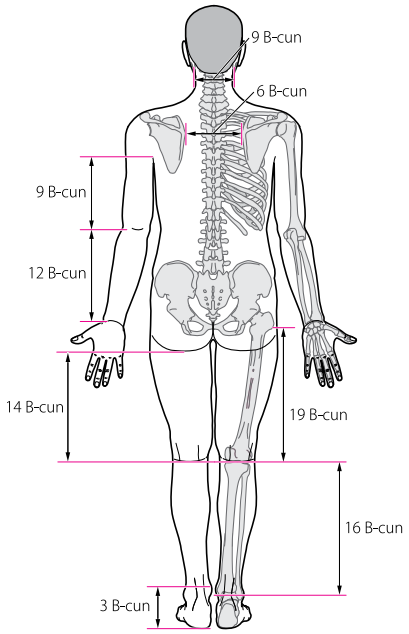


Fig 23

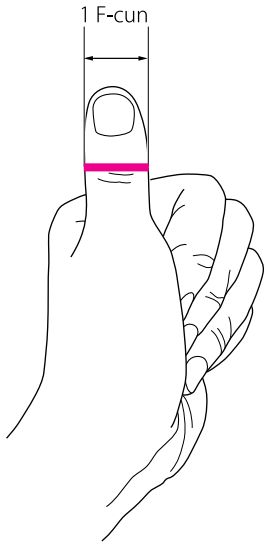


Fig 22

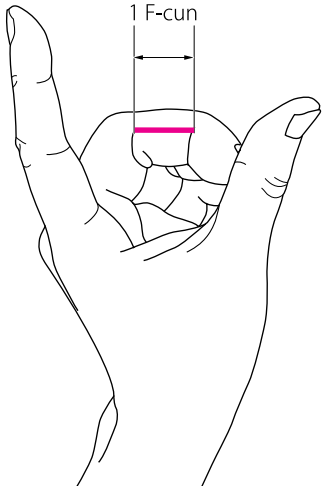
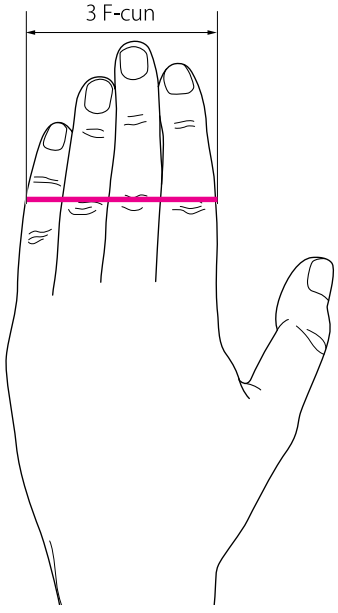
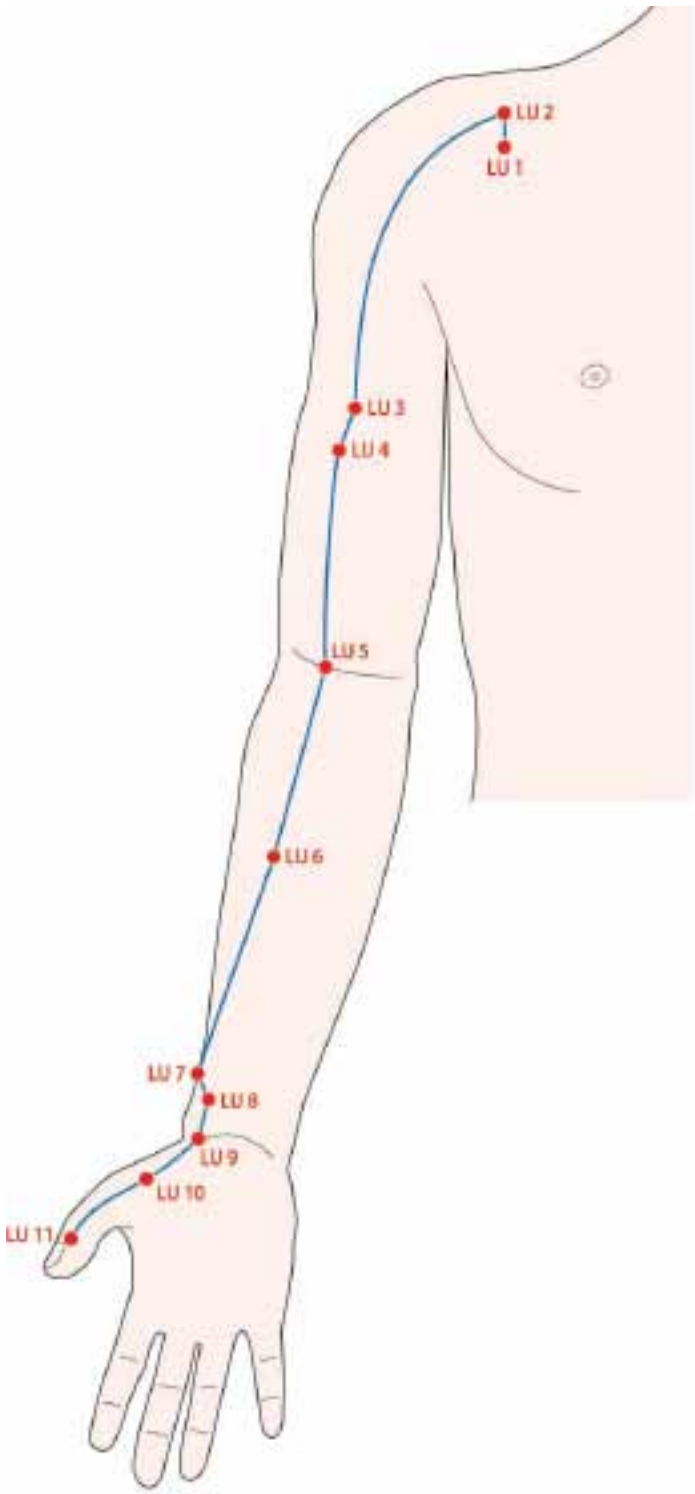


Fig 24



WHO STANDARD ACUPUNCTURE POINT LOCATIONS

LUNG MERIDIAN
手太陰(阴)肺經(经, 経)

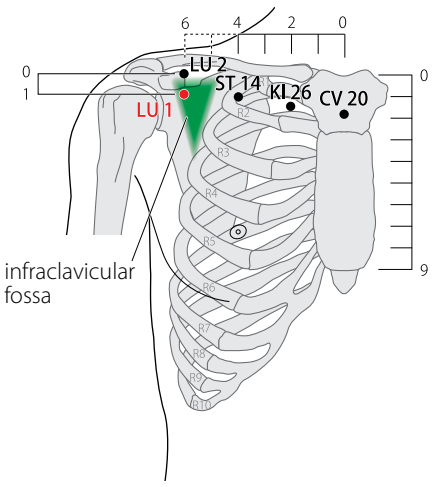


LU1: Zhongfu 中府

On the anterior thoracic region, at the same level as the first intercostal space, lateral to the infraclavicular fossa, 6 B-cun lateral to the anterior median line.

Note 1: After locating LU2, LU1 is located 1 B-cun inferior to LU2.

Note 2: ST14, KI26, CV20 and LU1 are located on the transverse line along the first intercostal space.



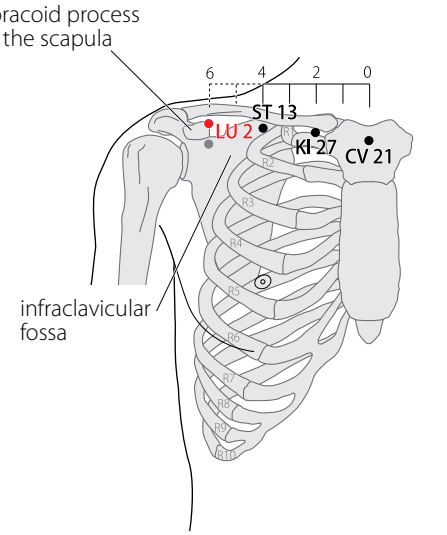
LU1

LU2: Yunmen 雲(云)門(门)

On the anterior thoracic region, in the depression of the infraclavicular fossa, medial to the coracoid process of the scapula, 6 B-cun lateral to the anterior median line.

Note 1: After identifying the deltopectoral triangle when the arm is flexed and slightly abducted against resistance, LU2 is in the centre of the deltopectoral triangle.

Note 2: ST13, KI27, CV21 and LU2 are located on the transverse line along the inferior border of the clavicle.

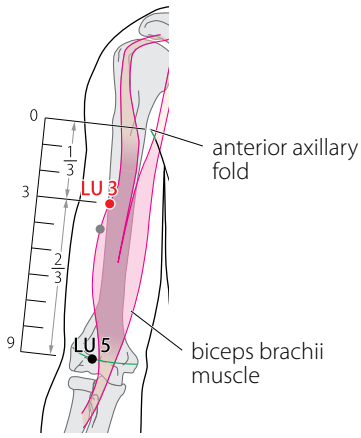


LU2

LU3: Tianfu 天府

On the anterolateral aspect of the arm, just lateral to the border of the biceps brachii muscle, 3 B-cun inferior to the anterior axillary fold.

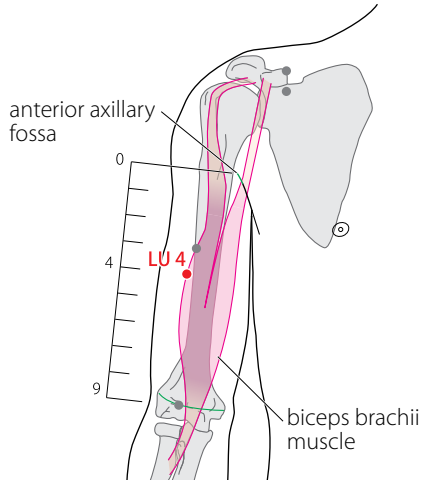
Note: Longitudinally, LU3 is located at the same level as the junction of the upper one third and lower two thirds of the line connecting the level with anterior axillary fold to LU5.



LU3

LU4: Xiabai 俠(俠)白

On the anterolateral aspect of the arm, just lateral to the border of the biceps brachii muscle, 4 B-cun inferior to the anterior axillary fold.

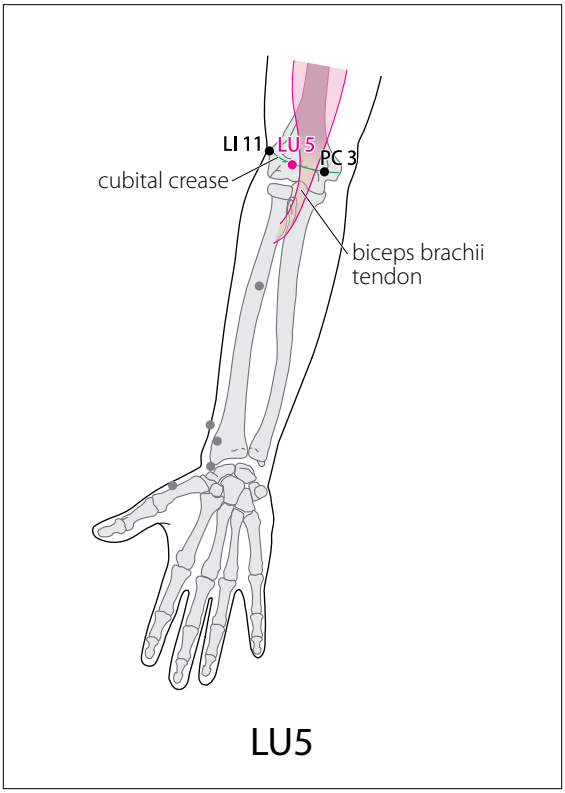


LU4

LU5: Chize 尺澤(泽, 沢)

On the anterior aspect of the elbow, at the cubital crease, in the depression lateral to the biceps brachii tendon.

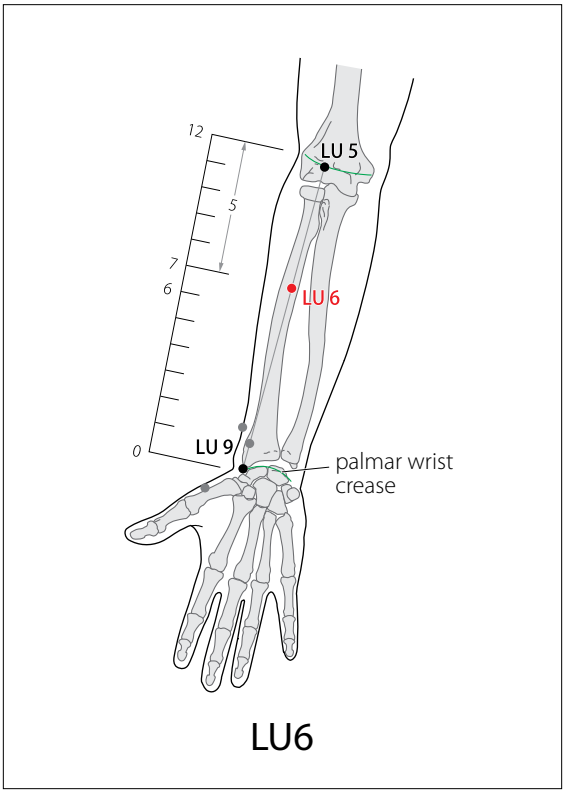
Note: With the elbow flexed, LU5 is located at the cubital crease, between LI11 and PC3, separated from PC3 by the biceps brachii tendon.



LU6: Kongzui 孔最

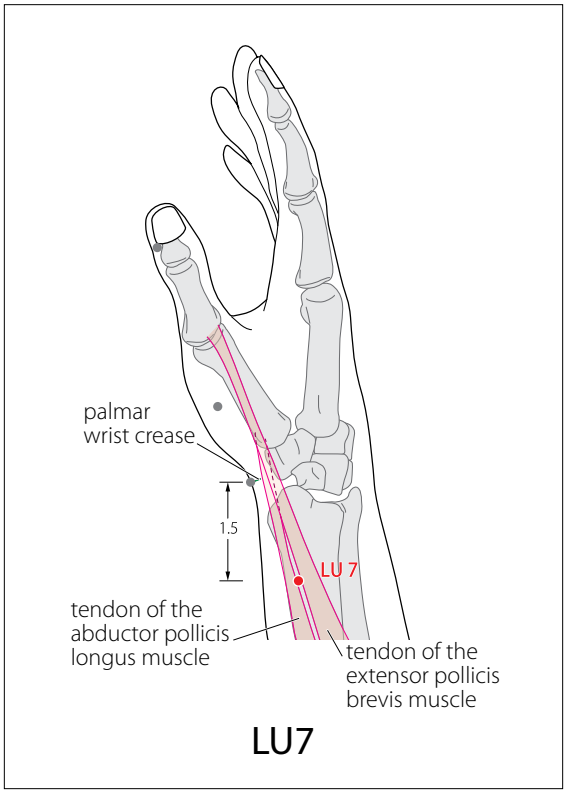
On the anterolateral aspect of the forearm, on the line connecting LU5 with LU9, 7 B-cun superior to the palmar wrist crease.

Note: LU6 is 5 B-cun inferior to LU5, 1 B-cun superior to the midpoint of the line connecting LU5 with LU9.



LU7: Lieque 列缺

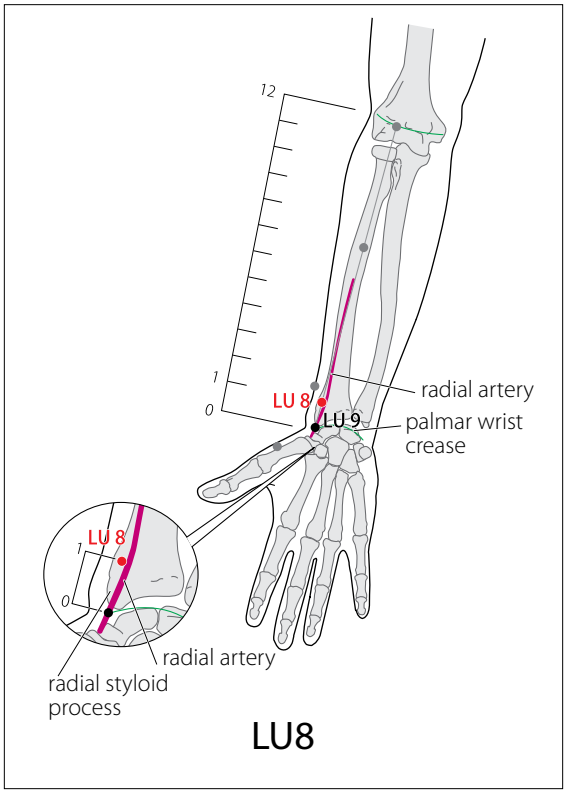
On the radial aspect of the forearm, between the tendons of the abductor pollicis longus and the extensor pollicis brevis muscles, in the groove for the abductor pollicis longus tendon, 1.5 B-cun superior to the palmar wrist crease.



LU8: Jingqu 經(经, 経)渠

On the anterolateral aspect of the forearm, between the radial styloid process and the radial artery, 1 B-cun superior to the palmar wrist crease.

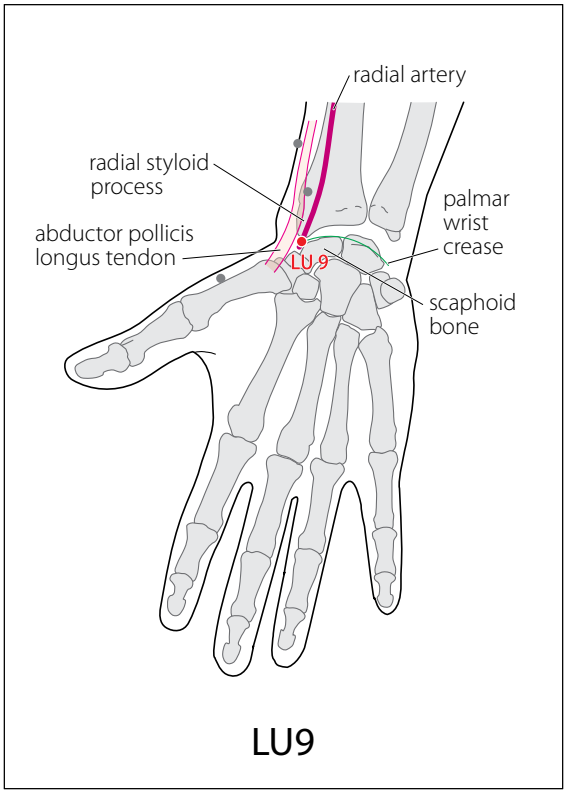
Note: 1 B-cun superior to LU9.



LU9: Taiyuan 太淵(渊)

On the anterolateral aspect of the wrist, between the radial styloid process and the scaphoid bone, in the depression ulnar to the abductor pollicis longus tendon.

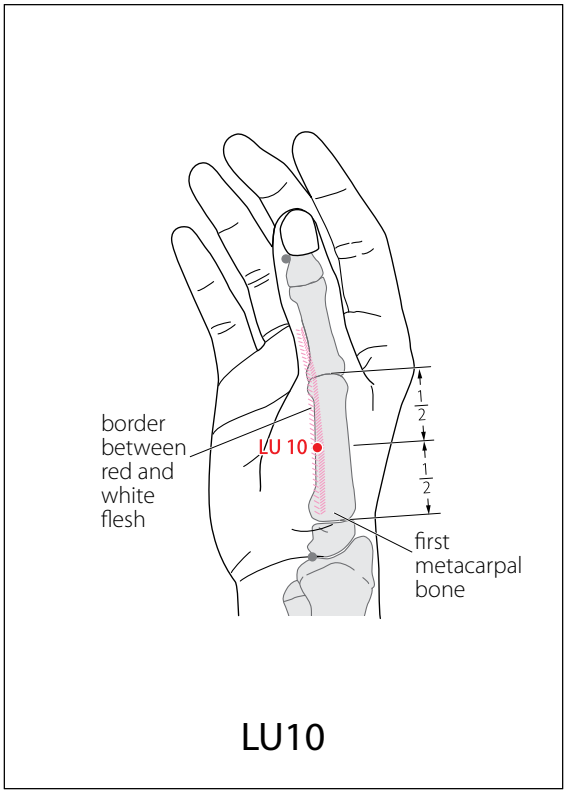
Note: On the radial side of the palmar wrist crease, over the radial artery.



LU9

LU10: Yuji 魚(鱼)際(际)

On the palm, radial to the midpoint of the first metacarpal bone, at the border between the red and white flesh.



LU10