WEEK 1

Day 1

A BRIEF HISTORY OF TUI NA

Tui na, also known as *an mo* in ancient times, refers to Chinese medical massage. It has a long history going back several thousand years.

A great deal of records in *an mo*, *dao yin* (mind-guided movements), *tu na* (breathing exercises) were found in silk books and inscribed bamboo and wooden slips unearthed from Ma Wang Dui Tombs in Changsha. These ancient medical records indicated that *an mo* had been widely practiced clinically in the Spring and Autumn periods (771 BCE–476 BCE) and the Warring States period (475 BCE–221 BCE) or even earlier in Chinese history.

The use of *an mo* to treat diseases originated in central China. According to *The Yellow Emperor's Inner Classic* (*Huáng Dì Nèi Jīng*, 黄帝内经), also known as *Inner Classic* (*Nèi Jīng*, 内经), the earliest classic masterpiece written more than 2,000 years ago, "the central land [of China] was flat and moist. The massive people living here ate diverse food and did not work very much. Therefore, flaccid paralysis (*wei*, 痿) and fainting (*jue*, 厥) were often prevalent. The appropriate treatment is *daoyin* (mind-guided movements) and *an qiao* (massage using hands and feet). Therefore, that was where *an qiao* originated." "Central land" is where the Luo Yang area of Henan Province is located today.

Bian Que, a famous physician in the Spring, Autumn, and Warring States periods, had successfully rescued a patient suffering from cadaverous syncope. As recorded in *Rites of Zhou — Miscellaneous Cases* (*Zhōu Lǐ Shū Àn*, 周礼疏案), one of the three ancient ritual books in classic Confucianism, "Bian Que was transiting in the State of Guo while the

prince of Guo was having an episode of cadaverous syncope. [He] asked his student Zi Ming to prepare decoction, Zi Yi to feel the *shen* of pulse, and Zi You to perform *an mo*". With the combination of several methods, he successfully cured the disease of the prince of Guo.

In both the Qin and Han dynasties, *dao yin*, *tu na* and *gao mo* (massage with medicinal paste) were classified as preventive methods for health. Zhang Zhong-jing of Eastern Han Dynasty (25 CE–220 CE) wrote *Essentials from the Golden Cabinet* (*Jīn Guì Yào Lüè*, 金匮要略) based on many years of experience in medical practices. He thought "if a person carefully preserved his health, he would not allow pathogenic wind to attack the channels and collaterals. [Or he] would start the treatment when it just started to affect meridians and collaterals but not wait until it passed to the viscera and bowels. [He] would receive *dao yin*, *tu na*, acupuncture and moxibustion, and *gao mo* to avoid blockage of the nine orifices as soon as he sensed heaviness on his four limbs".

During the Sui and Tang eras (581 CE–907 CE), the classification of different subjects in Chinese medicine gradually improved as the result of advancement in productivity and civilization. *An mo* became a formal subject as part of the national education in medicine. The department specializing in *an mo* was established with *an mo* physicians and high-ranking doctors. As recorded in *Revised History of Tang Dynasty — Annals of Different Types of Officials* (*Xīn Táng Shū– Bǎi Guān Zhì*, 新唐书 • 百官志), "[it included] one *an mo* doctor and four massage therapists to teach the methods of *dao yin* as a way to treat diseases with the highest title equivalent to the ninth rank official." In other words, the ancient modality of *dao yin* had become part of the curriculum in formal medical training.

Between the Song and Jin periods (960–1234), the application of tui na expanded further. An infamous physician in the Song Dynasty named Pang An-shi employed tui na to expedite labor, and the record stated that "a pregnant woman in an ordinary family was about to deliver a baby. However, the baby was not delivered seven days after the expected date, with all modalities failing to speed up the labor . . . [Dr. Pang] asked her family to warm up her waist and abdomen with warm herbal decoction, and he did *an mo* around the area. The woman felt slight abdominal pain,

and delivered a baby boy while moaning." This was perhaps the world's earliest recorded medical case of using the tui na maneuver to aid labor during childbirth.

During the historic periods of the Ming and Qing dynasties (1368–1912), Chinese medicine made considerable strides, with tui na maturing at the same time. One major breakthrough was in pediatric tui na, while both orthopedic and wellness tui na developed into rich knowledge systems of their own. Many books on massage were published. One such book was *Acrane Techniques of Pediatric An Mo* (*Xiǎo Ér Àn Mó Jīng*, 小儿按摩经), the earliest specialty book in tui na. There were some 30 books published including *Encyclopedia of Pediatric Tui Na, Formulas, Pulse-taking and Rescuing Infants* (*Xiǎo Ér Tuī Ná Fāng Mài Huó Yīng Mì Zhǐ Quán Shū*, 小儿推拿方脉活婴秘旨全书) and *Secret Tips in Pediatric Tui Na* (*Xiǎo Ér Tuī Ná Mì Jué*, 小儿推拿秘诀), as the term "tui na" replaced *an mo*. The name change reflected the development of massage therapy and its recognition among the general public, which was a landmark in the history of Chinese medical massage.

The government of Emperor Qian Long in the Qing Dynasty composed a pandect named *Golden Mirror of the Medical Tradition — Key Points to the Hearty Methods of Bone Alignment (Yī Zōng Jīn Jiàn — Zhèng Gǔ Xīn Fǎ Yào Zhǐ*, 医宗金鉴 • 正骨心法要旨). A volume in this body of work was the systemic summarization in orthopedic massage and imperial experience in tui na around the country. It summarized the eight orthopedic methods: touching, connecting, supporting, lifting, pressing, rubbing, pushing, and grasping. As we can see, the publication of specialty books in tui na peaked in the Ming and Qing periods. Most of the classic tui na works existing now were produced during that period of time.

After the People's Republic of China was founded, tui na entered into another period of rapid development. In 1956, tui na formally became a major subject in the national educational system. A well-planned and formal academic education started as training programs, clinical departments, and specialty schools were established in Shanghai, and famous experts were invited to teach there. In the 1950's, outpatient Chinese medical massage facilities were divided

into pediatric, internal, gynecologic, and locomotor departments. There were also departments in external medicine, otorhinolaryngology, ophthalmology, and stomatology.

Tui na schools carried out great efforts in investigating, studying, and organizing historical material and records to promote the modality. The therapeutic mechanisms and effects of tui na were investigated from a theoretical standpoint. The technical requirements of tui na manipulation maneuvers were also specified: maneuvers that are durable, strong, even, gentle, deep, and thorough.

In 1974, tui na came into its own when Shanghai College of Chinese Medicine first established the major disciplines of acupuncture, tui na, and orthopedic science. Between the end of the 1970's and the beginning of the 1980's, acupuncture and tui na were taught in combination in all TCM colleges. In 1987 the State Education Committee of China issued the *National List of Undergraduate Majors in Medicine for Higher Education,* which officially listed tui na as a major subject. From then on, most TCM colleges had separate departments in acupuncture and tui na. Shanghai University of Traditional Chinese Medicine was the first institution that offered a master's degree in tui na, marking the fact that tui na had formally entered the track of higher education.

Based on these achievements, research in tui na went even deeper and broader. Some performed tui na maneuvers to observe its effect prior to the surgery of removing the nucleus gelatinosus when the surgical area was completely exposed. Some applied computer technology to analyze tui na manipulation from a three-dimensional aspect. Some studied the biological mechanism of oblique pulling maneuvers in order to improve the correct use of strength while applying this maneuver. ECG studies were able to show that tui na could alter the S-T waves and left heart function of patients with coronary heart disease, while other studies were trying to prove tui na's efficacy in improving immunity by increasing the count of leukocytes. Lastly, studies on algogenic substances such as serum endorphin and 5-HT were carried out to try and discover the reason behind the antalgic effect of tui na.

In short, the ancient medical modality of tui na has proven that it is uniquely efficacious. With its integration into modern medical science, it will definitely make a greater contribution to the healthcare industry.

Day 2

FUNDAMENTAL KNOWLEDGE OF TUI NA

Subject 1 — The Mechanism behind the Effects of Tui Na Therapy

Basic Questions — Discussion of Pain (*Sù Wèn — Jǔ Tòng Lùn*, 素问・举痛论) states that "[when the pathogenic] cold qi invades the meridian [where] back *shu* points locate, it results in sluggish pulse and causes blood deficit. Blood deficit would result in pain transferring to the heart through its *shu* point and triggering the [chest] pain. By pressing the [affected] area, the warm qi arrives, so it would cease the pain." This paragraph in the classic book explained that when external cold qi invades certain acupoints on the back of the human body, it will block the meridians and collaterals, causing retardation of the qi (vital energy) and blood flow. The stagnation further causes the pain and even induces pain in the chest. Tui na will unblock the meridians and collaterals, free the qi and blood flows, and warm up the area. Thus, pain can be relieved by eliminating the obstruction, and cold pain can be reduced with warmth. In other words, tui na regulates the balance among *zang-fu* organs and tissues through points on meridians and collaterals to prevent and treat ailments by accelerating the metabolism and healing tissue damage. In the following paragraphs, we will discuss the different mechanisms of tui na as a medical modality.

The Effect on Skin Tissues

The skin, whose function is to regulate body temperature and protect the various structures beneath it from trauma, is the area of the body that directly accepts tui na treatment.

Tuina manipulations can promote secretion of sebaceous and sweat glands, remove necrotic epithelial cells, improve skin metabolism, soften scars, and increase the defensive ability of the skin. At the same time, they enhance the shininess and elasticity of the skin and delay its aging process.

Rubbing, kneading, scrubbing and patting-striking are able to dilate capillaries and increase skin temperature. A tui na physician applying excellent manipulation skill would not only increase temperature on the skin surface, but also that of the deeper structure, so that the maneuver could soften tense skin and relax adherence of subcutaneous tissue.

The Effect on Muscles

After intense exercise, a lot of lactic acid, an intermediate metabolic product, is produced and deposited in muscles, leading to cramps, pain and fatigue. Tui na can be used to treat muscle fatigue, improve the metabolism of lactic acid, and alleviate the pain. Therefore, athletes often accept preventive tui na to eliminate fatigue so as to quickly be in sportsman mode prior to competitions.

Tui na is capable of increasing the tensility and elasticity of the muscles and tendons to improve their constriction and strength, so that it is often used to treat muscle atrophy owing to disuse or sequelae of infantile poliomyelitis. It can also relieve the adherence of muscles and tendons to their surrounding tissues.

Enhancing the Recovery of Joint Injuries

When the joints of the bone are injured, the local circulation of blood and lymphatic fluid slows down due to inactivity of the affected muscles and joints. It results in edema of the tissue and adhesive liquids are formed due to serous fibrin exudates, leading to tissue adherence that causes dysfunction of joints and muscularatrophy. Appropriate tui na treatment speeds up the blood and lymphatic circulation to reduce swelling, relax adherence, and improve the range of motion of dysfunctional joints gradually to or close to its normal level. Thus, tui na is beneficial for the recovery of injured joints.

Adjusting Anatomic Displacement

Tui na maneuvers can adjust anatomic abnormalities such as joint malposition and tendon dislocation. For example, pediatric dislocation of

capitulum radii causes a forced position due to the impaired arm; with proper maneuvers, the bone can be adjusted and snapped back in place. With regard to unbearable pain from synovial membrane incarceration of the lumbar intervertebral joints, tui na maneuvers can have instant effect as well. In addition, it can change the relationship between the protruded nucleus pulposus and affected nerve root in patients with a herniated disc, so that waist and leg pain can be alleviated.

Improving Blood Circulation

Some workers in a dye chemical factory had fatigue and decreased total blood indices because of exposure to poisonous chemical substances. After tui na treatment, such as pressing and kneading the Four-Gate Points and *zú sān lǐ* (ST 36), and pinching along the spine, the total blood picture among the workers improved considerably. Studies showed that tui na can significantly increase the number of capillary vessels and blood circulation, promote the rebuilding of the vascular network of tissue lesions, recover elasticity of vessel walls, improve the transporting function of vessels, and decrease peripheral resistance of blood circulation. Since tui na manipulations are capable of improving the blood and circulatory systems, it is a great supplementary therapy in clinical practice for treating hypertension, coronary heart disease, and cerebrovascular insufficiency.

Promoting Digestion

Some experiments have shown that stomach peristalsis could be increased by performing tui na on *pí shū* (BL 20) and *wèi shū* (BL 21) for one to two minutes, and decreased with *zú sān lǐ* (ST 36). It is worth mentioning that *zú sān lǐ* regulates the digestive system in both ways: stimulating and inhibiting. When stomach peristalsis is overly excited, applying tui na on *zú sān lǐ* can reduce it; otherwise, it can increase it. Other experiments proved that tui na reduces the secretion of gastrin and increases the absorptive function of the small intestine. Consequently, it has great treatment effect on digestive dysfunctions.

Regulating the Nervous System

Tui na decreases the excitability of peripheral sensory nerve endings, so that it is often used to relieve pain caused by disorders such as neuritis and neuralgia. Gentle maneuvers are able to stimulate motor nerves to improve the excitability of the muscles while stronger manipulations are applied in treating muscle spasms and enhancing the recovery process of impeded functions. Abdominal tui na stimulates the secretion of digestive glands, improves digestion and absorption, and regulates peristalsis of the bowels through autonomic nerves.

Tui na on back *shū* points affects the regulatory function of the spinal cord and the brain via neural reflexes, resulting in alteration in the functions of corresponding organs. Examples are the impact of *fèi shū* (BL 13) on the respiratory system, *pí shū* (BL 20) and *wèi shū* (BL 21) on the digestive system, and *bā liào* (BL 31 to 34, eight *liào*) on the genitourinary system.

Improving Mood

Gentle and soft manipulations can help patients to relax, calm down, or reduce negative psychological reactions to diseases, as well as alleviate depression and anxiety. Along with the accumulative effect of the treatment, the confidence of the patients can gradually increase to actively cooperating with the treatment. Therefore, tui na is an effective therapy for not only organic disorders, but also psychological imbalances.

To sum up, tui na is certainly a handy and practical therapeutic method with dependable efficacy. It is extremely important, however, to master the correct manipulation techniques, acupoints, anatomic location, and appropriate clinical application of each technique. If one wants to reach a high proficiency, one must study hard, rehearse diligently, think about it repeatedly, and practice it over a certain period of time until he or she gets the grasp of the techniques.

Everyday Exercise

Express your understanding of how tui na treats diseases.

Day 3

Subject 2 — Meridians, Collaterals, and Acupuncture Points

The meridian and collateral theory is one of the fundamental theories in Chinese medicine, and is a system formed through continual clinical practices, summarization, accumulation, distillation, and drawing conclusions. It has significant meaning in guiding clinical efforts.

Meridians and collaterals connect the upper and lower body, the exterior and the interior, and different *zang-fu* organs. They also smoothen the transportation of qi and blood. *Inner Classic* declaims that the 12 regular meridians "pertain to interior *zang-fu* [organs] and relate exterior limbs and artus", with physiological functions of "moving qi and blood, nourishing yin and yang, moistening sinews and bones and benefiting joints." It also deems that when pathogenic qi attacks the human body, it "must offend the skin first. [If it] lingers but is not removed, [it will] invade the minute collaterals. [If it] lags but is not dispelled, [it will] penetrate to the meridians and vessels, transmit to the interior organs, and disseminate to the intestines and the stomach." This is the pathologic process of how pathogenic qi spreads to the five *zang* and six *fu* organs via the meridians and collaterals, with the skin as the starting point. Certainly, pathologic changes of internal organs in turn can be reflected at the superficial level through the connected meridians and collaterals. For example, the ascendant hyperactivity of liver *yang* has symptoms of red eyes and headache while a distended chest and palpitations reflect heart diseases. When the spleen systems is diseased, the patient is bothered by "dampness" — he or she suffers from fatigue and a sense of heaviness, while a problematic kidney system causes soreness and weakness of the waist and lower extremities.

The meridian and collateral theory is the guiding principle for tui na modality in treating diseases in TCM, especially for internal and gynecological illnesses. In tui na, acupuncture points (also known as "acupoints") are determined near its circulating pathway of pathological changes, or on the affected meridians, collaterals, and *zang-fu* organs; and the stimulation of maneuvers, qi, and blood along a meridian or its collateral is adjusted

to achieve the treatment outcome. Examples are treating *taiyang* headache with *fēng chí* (GB 20), *yangming* headache with *hé gǔ* (LI 4), epigastric pain with *zú sān lǐ* (ST 36), and chest pain with *nèi guān* (PC 6). As we can see, meridians, collaterals and their associated acupoints together serve as important guides in the clinical application of tui na treatment.

The system of meridians and collaterals consists of two parts: the meridian vessels and collateral vessels. Meridian vessels (or meridians) are relatively thicker vessels with a wider longitudinal distribution. Collateral vessels (or collaterals) are the relatively smaller branches that are either superficially or deeply distributed, serving as the network between the meridians. Meridians include the 12 regular meridians, eight extraordinary vessels, 12 divergent vessels, 12 meridian sinews, and 12 cutaneous segments. Collaterals include divergent collaterals, superficial collaterals, and minute collaterals. The 12 regular meridians, collectively the main meridians, and the eight extraordinary vessels, collectively the extraordinary vessels combined, make the major part of the meridian and collateral system. The 12 meridians plus *du mai* and *ren mai* are collectively known as the 14 meridians.

Acupoints are where the qi of *zang-fu* organs, meridians, and collaterals infuses and gathers toward the surface of the body. The majority of acupoints are along the pathway of meridians and collaterals, and are fairly sensitive when pricked, pressed or poked, with therapeutic results. Therefore, we cannot discuss meridians and collaterals on their own without mentioning acupoints. Meridians and collaterals are based on acupoints and serve as their conduits. Take railroads as the analogy — if the meridians and collaterals are like the rails, acupoints can be seen as the stations. There are three categories of acupoints: 14 meridian points, extraordinary points, and *ā shì xué*.

The 14 meridian points (or simply, "meridian points") are located along the 14 meridians, and make up the major proportion of all acupoints. Acupoints on a certain meridian have mutual indications for diseases of their corresponding meridian. Extraordinary acupoints (or simply, "extra points") have fixed names and locations, but are not part of the meridian system. They each have a unique treatment effect on certain diseases. *Ā shì xué*, also known as the "heavenly response points," do not have fixed

names or locations, but are rather determined as tender or sensitive spots when touched, and are used to treat illnesses accordingly.

Twelve Regular Meridians

1. *Naming and classification* The 12 regular meridians are named and classified in accordance with the yin or yang nature of the *zang* or *fu* organ, and the circulating path on the body that each of them pertains to, so that there are three hand yin, three hand yang, three foot yin and three foot yang meridians. All yin meridians pertain to the *zang* organs that circulate on the medial aspect of the limbs while all yang meridians pertain to the *fu* bowels that travel along the lateral side of the limbs. See details in Tables 1 and 2.
2. *Circulating directions and connections* The three hand yin meridians start from the chest and run to the hands while the three hand yang meridians run toward the head from the hands. The three foot yang meridians take off from the head and travel to the feet while the three foot yin meridians start from the feet and return to the abdomen or the chest. Thus, they form a circulation pathway with "yin connecting to yang, as a circle without an end."

Table 1 Classification of the Yin meridians connecting the five *Zang* organs

Three hand yin meridians (medial aspect of the upper limbs)	Three foot yin meridians (medial aspect of the lower limbs)
Hand *Taiyin* Lung meridian	Foot *Taiyin* Spleen meridian
Hand *Jueyin* Pericardium meridian	Foot *Jueyin* Liver meridian
Hand *Shaoyin* Heart meridian	Foot *Shaoyin* Kidney meridian

Table 2 Classification of the yang meridians connecting the six *fu* bowels

Three hand yang meridians (lateral side of the upper limbs)	Three foot yang meridians (lateral side of the lower limbs)
Hand *yangming* large intestine meridian	Foot *yangming* stomach meridian
Hand *shaoyang sanjiao* meridian	Foot *shaoyang* gallbladder meridian
Hand *taiyang* small intestine meridian	Foot *taiyang* bladder meridian

Yang controls the exterior, and yin governs the interior. Related yin and yang meridians link to each other via the collaterals to form the following interior-exterior pairs:

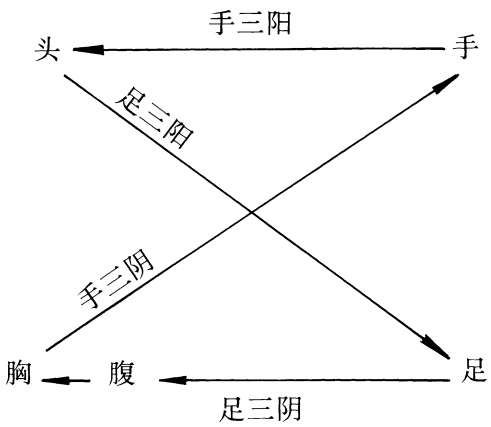
- The interior hand *taiyin* Lung pairs with the exterior hand *yangming* large intestine meridian
- The interior hand *jueyin* pericardium pairs with the exterior hand *shaoyangsanjiao* meridian
- The interior hand *shaoyin* heart pairs with the exterior hand *taiyang* small intestine meridian
- The interior foot *taiyin*s pleen pairs with the exterior foot *yangming* stomach meridian
- The interior foot *jueyin* liver pairs with the exterior foot *shaoyang* gallbladder meridian
- The interior foot *shaoyin* kidney pairs with the exterior foot *taiyan* gall bladder meridian

Figure 1 shows the circulation direction and connections of the 12 regular meridians.

Qi and blood in the 12 regular meridians circulate with no end. The path starts from hand *taiyin* Lung meridian all the way to the foot *jueyin* liver meridian, circulates back to the lung meridian as one complete cycle of infusion, and starts over again. Figure 2 shows the flow sequence of the 12 regular meridians.

Eight Extraordinary Vessels

The eight extraordinary vessels are the collective name for *du mai* (governing vessel), *ren mai* (conception vessel), *chong mai* (penetrating vessel), *dai mai* (girdling vessel), *yinwei mai* (yin linking vessel), *yangwei mai* (yang linking vessel), *yinqiao mai* (yin motility vessel), and *yangqiao mai* (yang motility vessel). *Ren mai* pertains to yin while *du mai* pertains to yang meridians. They both originate from *huì yīn* (RN 1, the perineum, 会阴) and run through the front and back midlines of the torso respectively. All *zang* meridians of yin nature connect and converge with *ren mai*, and all *fu* meridians of yang nature cross and merge with *du mai*.



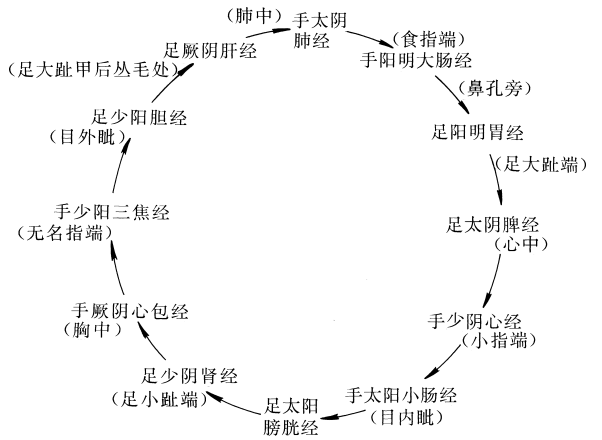
头	-	head
手三阳	-	three hand yang
手	-	hand
足三阳	-	three foot yang
手三阴	-	three hand yin
胸	-	chest
腹	-	abdomen
足三阴	-	three foot yin
足	-	foot

Figure 1 Circulation direction and connections of the 12 regular meridians

Because of the fact that *ren mai* and *du mai* are closely related to the 12 regular meridians, they are commonly called the 14 meridians and vessels.

Everyday Exercises

1. What are the so-called meridian and collateral system and fourteen meridians and vessels?
2. What is an acupoint? How many categories of acupoints are there?
3. Memorize the full name, direction, sequence, and connection pattern of the 12 regular meridians.



手太阴肺经	-	Hand *Taiyin* Lung Meridian
（食指端）	-	tip of the index fingers
手阳明大肠经	-	Hand *Yangming* Large Intestine Meridian
（鼻孔旁）	-	beside the nostrils
足阳明胃经	-	Foot *Yangming* Stomach Meridian
（足大趾端）	-	tip of the big toes
足太阴脾经	-	Foot *Taiyin* Spleen Meridian
（心中）	-	inside of the heart
手少阴心经	-	Hand *Shaoyin* Heart Meridian
（小指端）	-	tip of the little fingers
手太阳小肠经	-	Hand *Taiyang* Small Intestine Meridian
（目内眦）	-	inner canthus
足太阳膀胱经	-	Foot *Taiyang* Bladder Meridian
足少阴肾经	-	Foot *Shaoyin* Kidney Meridian
（足小趾端）	-	tip of the little toes
手厥阴心包经	-	Hand *Jueyin* Pericardium Meridian
（胸中）	-	center of the chest
手少阳三焦经	-	Hand *Shaoyang Sanjiao* Meridian
（无名指端）	-	tip of the ring fingers
足少阳胆经	-	Foot *Shaoyang* Gallbladder Meridian
（目外眦）	-	outer canthus
足厥阴肝经	-	Foot *Jueyin* Liver Meridian
（足大趾甲后丛毛处）	-	the hairy area behind the nails of the big toes
（肺中）	-	inside the lungs

Figure 2 Flow sequence of the 12 regular meridians

Day 4

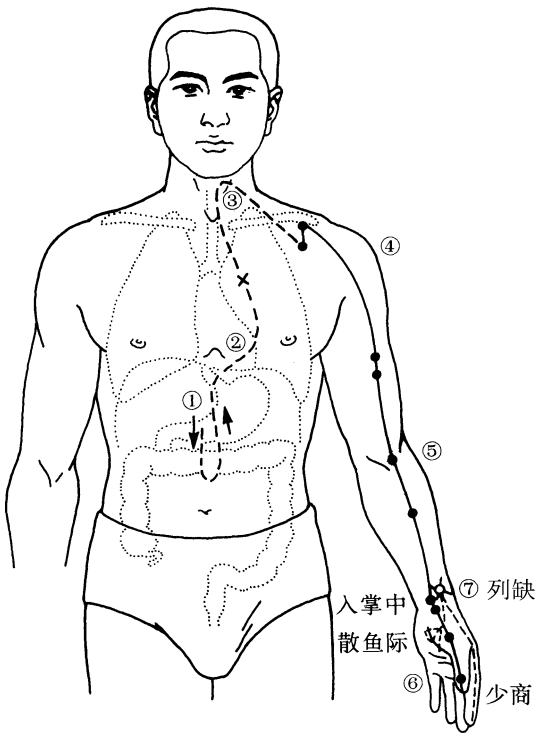
CIRCULATION PATHWAYS OF THE 14 MERIDIANS AND VESSELS

Hand *Taiyin* Lung Meridian

"The lung hand *taiyin* vessel originates from the middle *jiao*, goes down to link up with the large intestine, returns to the entrance of the stomach, travels upwards through the diaphragm to pertain to the lung; [then,] it passes by its connecting components (i.e., trachea and throat), traverses from the axillary, follows the inner side of the upper arm in front of the *shaoyin* heart, goes down to the elbow, runs through the inner side of the bone of the lower arm, and reaches [where] the *cun* pulse palpates. [From this point,] it directs its way to the thenar eminence and exits at the tip of the thumb. Its branch comes out of the wrist to reach the tip of the index finger via its inner side."(See Figure 3.)

Hand *Yangming* Large Intestine Meridian

"The large intestine hand *yangming* vessel originates from the tip of the index finger, runs along its dorsal side, comes out between the two bones [where] *hé gǔ* (LI 4) is located, enters in between the two tendons and follows the dorsum of the lower arm to the lateral elbow; [then,] it reaches the lateral side of the upper forelimb, continues its way to the shoulder, exits from the front of the acromion. It travels to the seventh cervical vertebra to the crossing point [of *dà zhuī* (DU 14)], goes down to *quē pén* (ST 12) and connects the lung, passes through the diaphragm and pertains to the large intestine; its branch starts from *quē pén*, goes along the neck, penetrates from the cheek, reaches the lower teeth, returns to circle around the mouth, crosses at *rén zhōng* (also known as *shuǐ gōu*, DU 26); the left meridian directs to the right while the right one goes to the left, and ends next to the naris."(See Figure 4.)

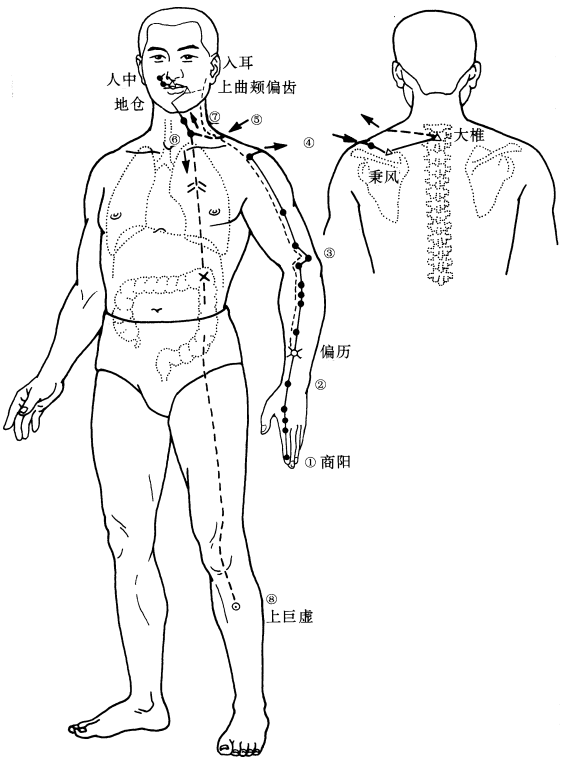


列缺	-	*liè quē* (LU 7)
少商	-	*shào shāng* (LU 11)
入掌中	-	reaches the palm
散鱼际	-	spreads out at the thenar eminence

Figure 3 The circulation pathway of the hand *Taiyin* lung meridian

Foot *Yangming* Stomach Meridian

"The stomach foot *yangming* vessel originates from both sides of the nose, crosses with the [foot] *taiyang* vessel, turns downwards along the outer side of the nose, enters the upper teeth, goes around the mouth, circles around the lips, and meets at *chéng jiāng* (RN 24); [then,] it returns and follows the edge of the lower mandible, comes out from *dà yíng* (ST 5) to *jiá chē* (ST 6), goes up in front of the ears, passes *kè zhǔ rén* (i.e., *shàng guān*, GB 3), follows the hairline and reaches the forehead; [one of] its branch begins from *dà yíng* (STS), goes down to *rén yíng* (ST 9),



人中	-	*shuǐ gōu* (DU 26)
地仓	-	*dì cāng* (ST 4)
入耳	-	enters the ear
上曲颊偏齿	-	curves around the cheek to reach the teeth
偏历	-	*piān lì* (LI 6)
商阳	-	*shāng yáng* (LI 1)
上巨虚	-	*shàng jù xū* (ST 37)
秉风	-	*bǐng fēng* (SI 12)
大椎	-	*dàzhuī* (DU 14)

Figure 4 The circulation pathway of the hand *Yangming* large intestine meridian

follows the throat, enters *quē pén* (ST 12), runs down via the diaphragm, pertains to the stomach and links up with the spleen; the straight one starts from *quē pén*, goes down to the breasts, continues along the side of the navel and enters the *qì jiē* (i.e., *qì chōng*, ST 30); another one starts from the upper entrance of the stomach, makes its way down to the abdomen to

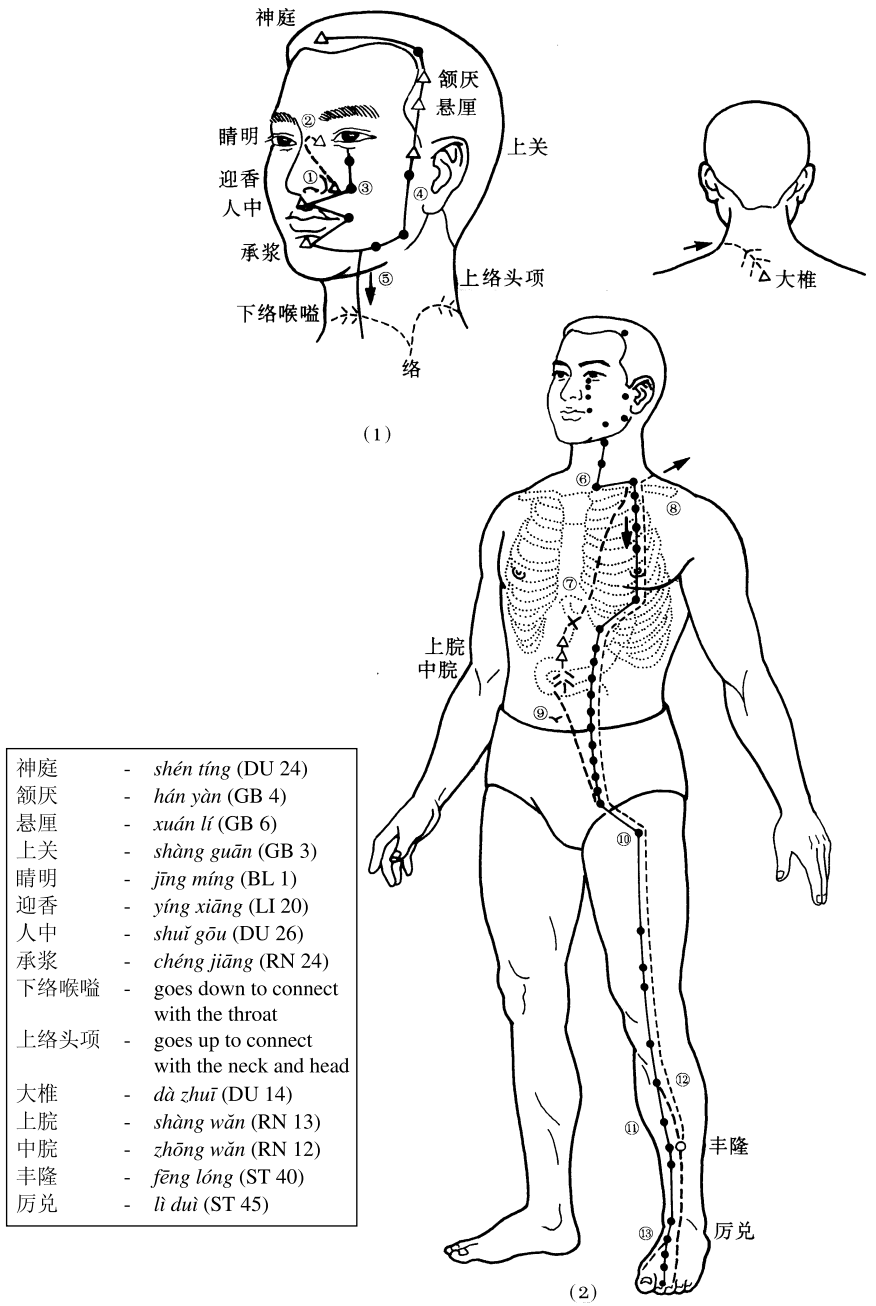
meet with the previous one, goes down to *bì guān* (ST 31), passes *fú tù* (ST 32), continues downwards to the patella, follows the lateral side of the shin to the back of the foot, enters the inner aperture of the middle toe and exits to the tip of the second toe; another branch separates from three *cun* below the lower edge of the patella and goes down to the outer side of the middle toe; the last branch diverges from the back of the feet, and enters the gap of the big toe to its tip."(See Figure 5.)

Foot *Taiyin* Spleen Meridian

"The spleen foot *taiyin* vessel originates from the tip of the big toe, travels along the junction of the red and white skin on the medial aspect of the foot, passes the posterior side of the metatarsus prominence and goes upwards along the front edge of the medial mallelus; [then,] it continues on the medial aspect of the shank, travels along the posterior border of the tibia, crosses the [foot] *jueyin* and goes in front of it. Then, it passes the medial side of the knee and thigh, enters the abdomen, pertains to the spleen, networks with the stomach, crosses the diaphragm, passes along the pharynx, connects with the root of the tongue and spreads out underneath it. Afterwards, its branch comes out of the stomach, goes up to cross the diaphragm and infuses into the heart."(See Figure 6.)

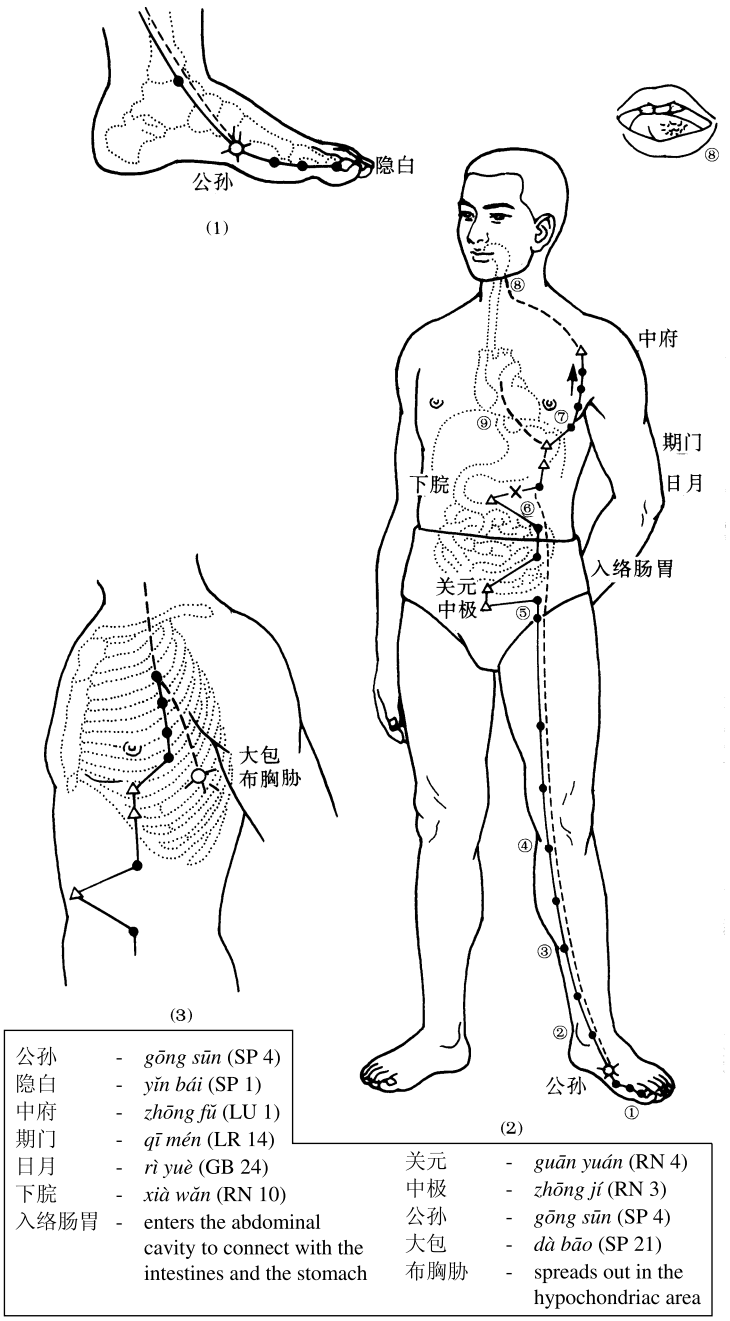
Hand *Shaoyin* Heart Meridian

"The heart hand *shaoyin* vessel originates from the center of the heart, comes out and pertains to the heart vinculum; [then,] it goes down to network with the small intestine; its branch starts from the vinculum of the heart, goes up along the pharynx and connects to the pathway of the eyes; the straight branch [also] starts from the heart vinculum, travels to the lung, transverses to the oxter, goes down along the posterior medial aspect of the upper arm on the back side of the hand *taiyin* and *jueyin*; it continues along the posterior medial side of the elbow, reaches the end of the postular bone, enters the medial aspect of the palm, follows the medial side of the little finger and exits from its tip." (See Figure 7.)



神庭	-	*shén tíng* (DU 24)
颔厌	-	*hán yàn* (GB 4)
悬厘	-	*xuán lí* (GB 6)
上关	-	*shàng guān* (GB 3)
睛明	-	*jīng míng* (BL 1)
迎香	-	*yíng xiāng* (LI 20)
人中	-	*shuǐ gōu* (DU 26)
承浆	-	*chéng jiāng* (RN 24)
下络喉嗌	-	goes down to connect with the throat
上络头项	-	goes up to connect with the neck and head
大椎	-	*dà zhuī* (DU 14)
上脘	-	*shàng wǎn* (RN 13)
中脘	-	*zhōng wǎn* (RN 12)
丰隆	-	*fēng lóng* (ST 40)
厉兑	-	*lì duì* (ST 45)

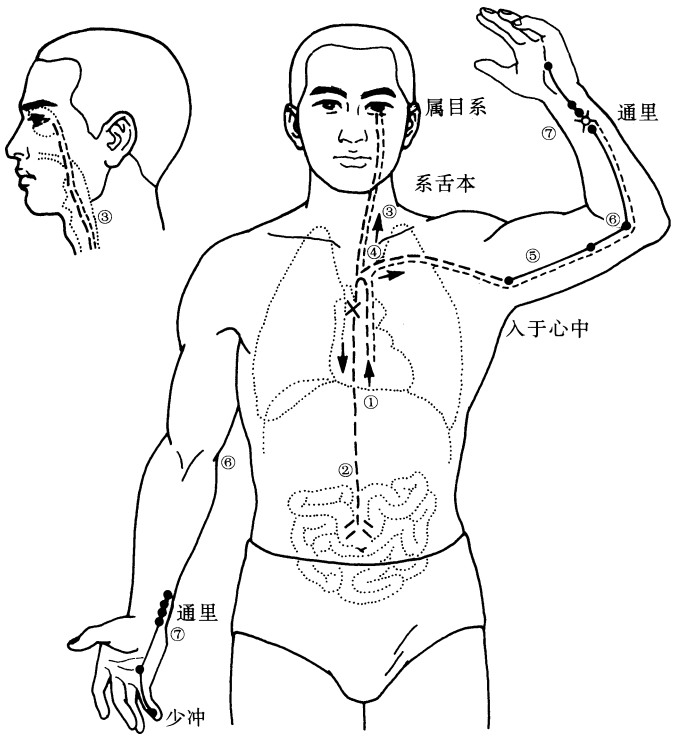
Figure 5 The circulation pathway of the foot *Yangming* stomach meridian



公孙	-	*gōng sūn* (SP 4)
隐白	-	*yǐn bái* (SP 1)
中府	-	*zhōng fǔ* (LU 1)
期门	-	*qī mén* (LR 14)
日月	-	*rì yuè* (GB 24)
下脘	-	*xià wǎn* (RN 10)
入络肠胃	-	enters the abdominal cavity to connect with the intestines and the stomach

关元	-	*guān yuán* (RN 4)
中极	-	*zhōng jí* (RN 3)
公孙	-	*gōng sūn* (SP 4)
大包	-	*dà bāo* (SP 21)
布胸胁	-	spreads out in the hypochondriac area

Figure 6 The circulation pathway of the foot *Taiyin* spleen meridian



属目系	-	pertains to the pathway of eyes
系舌本	-	connects to the base of the tongue
入于心中	-	enters to the heart vinculum
通里	-	*tōng lǐ* (HT 5)
少冲	-	*shào chōng* (HT 9)

Figure 7 The circulation pathway of the hand *Shaoyin* heart meridian

Hand *Taiyang* Small Intestine Meridian

"The small intestine hand *taiyang* vessel originates from the tip of the little finger. It follows the lateral ulnar aspect of the hand to the wrist, and exits from the styloid process of the ulna. It [then] goes up along the posterior aspect of the ulna, passes the middle of the two bones, follows the posterior side of the upper arm to the back of the shoulder, zigzags around the scapula and reaches the upper shoulder; it enters from *quē pén* (ST 12) to network with the heart, follows the esophagus to the diaphragm and

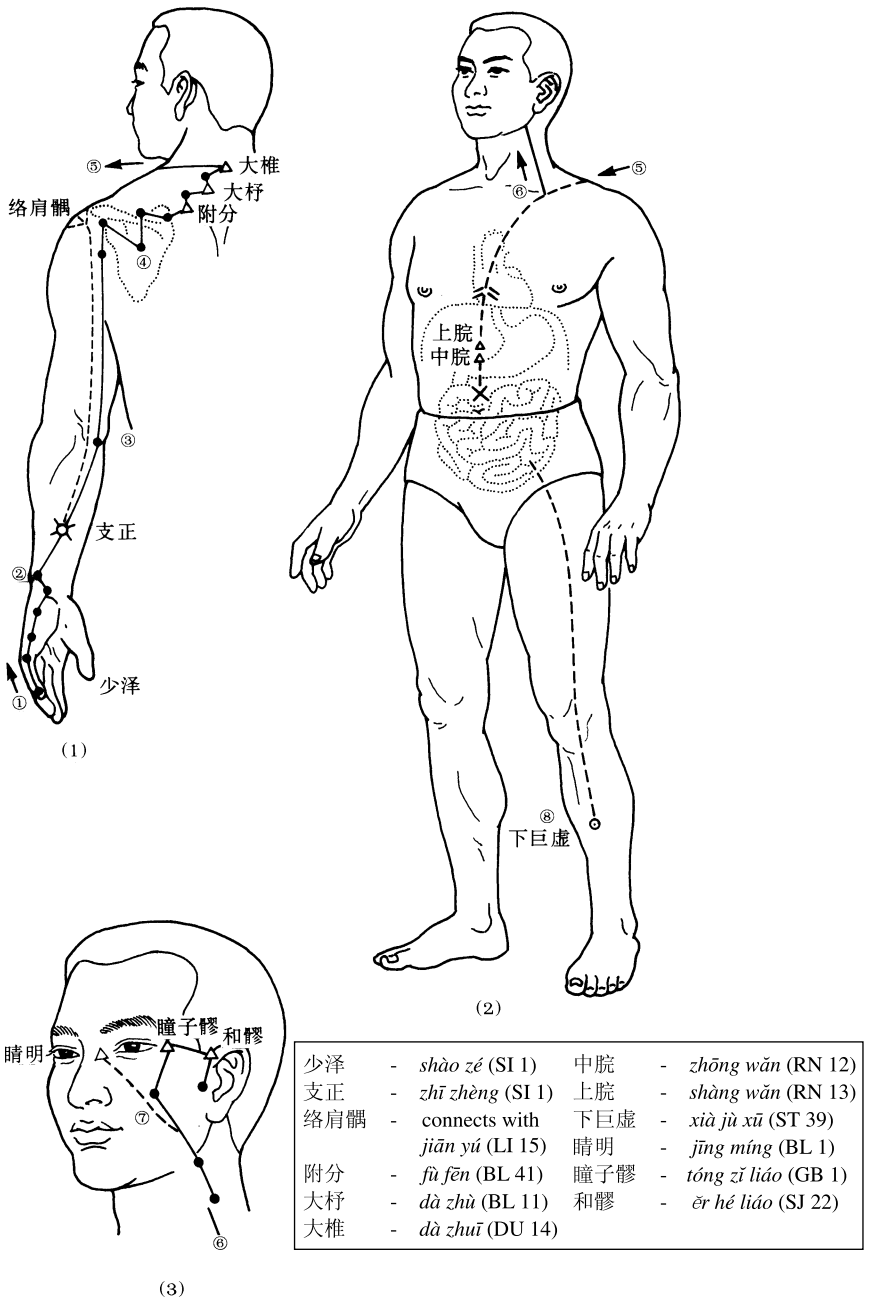
stomach, and pertains to the small intestine. Its branch starts from *quē pén*, follows the neck, travels up to the cheek, arrives at the outer canthus and enters the ear; another branch separates from the upper cheek, reaches the nose and inner canthus, and obliquely connects the cheekbone."(See Figure 8.)

Foot *Taiyang* Bladder Meridian

"The bladder foot *taiyang* vessel originates from the inner canthus, goes up to the forehead, and reaches the apex of the scalp. Its branch starts from the apex and arrives at the upper corner of the ear. A branch enters from the apex to connect with the brain, comes out, goes down along the neck and inside the shoulder, then follows the sides of the spinal cord, enters from the waist, goes inside along its muscle, networks with the kidney, and pertains to the urinary bladder. Another branch starts from the internal lumbar muscle, passes through the buttock and enters the popliteal fossa. A [last] branch penetrates through the inner side of shoulder blade, follows the sides of the spinal cord, travels to the greater trochanter, passes the lateral side of the thigh to reach its back, arrives at the popliteal fossa to meet the previous branch, goes down the calf, exits from the lateral malleolus, goes alongside of the fifth metatarsus bone, and arrives at the lateral side of the fifth toe."(See Figure 9.)

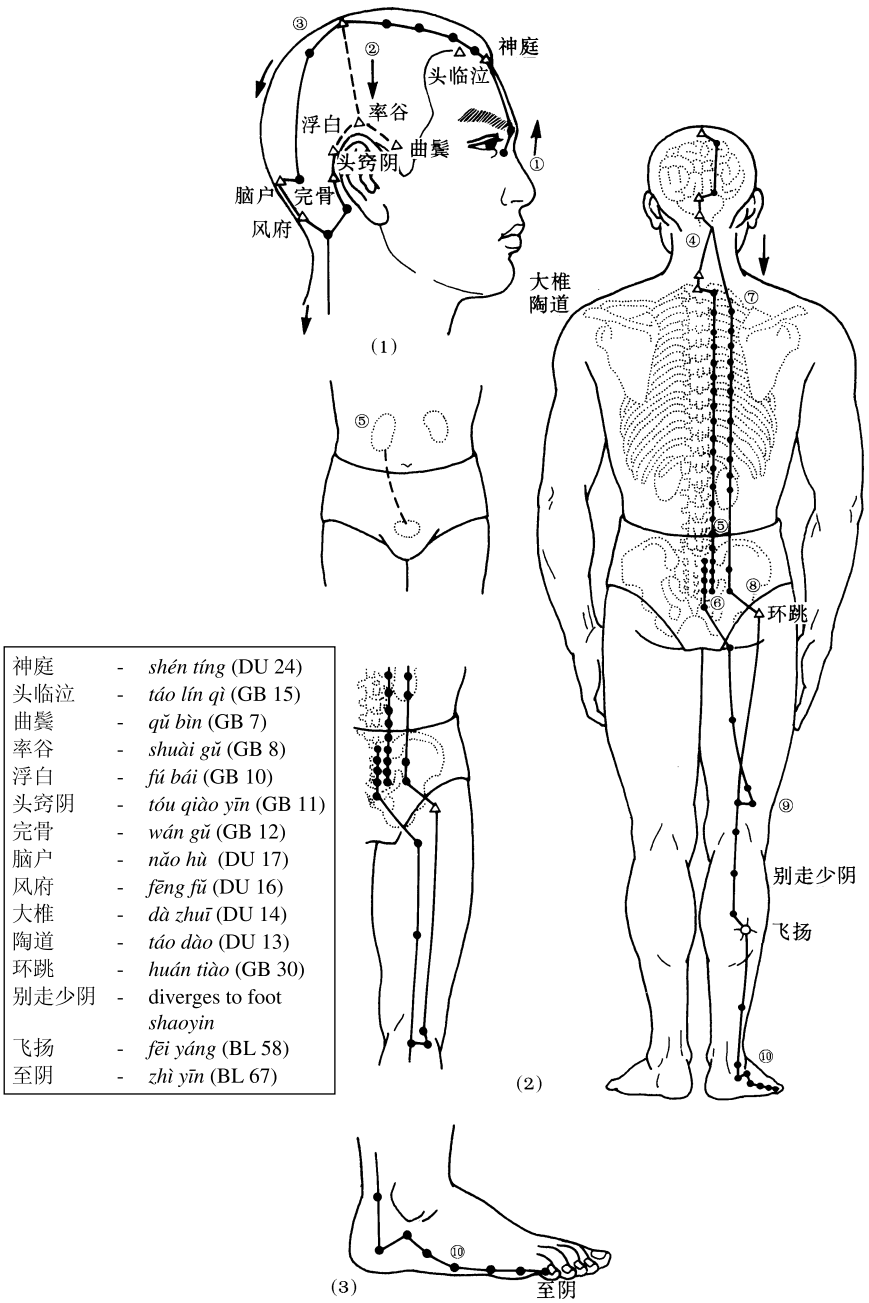
Foot *Shaoyin* Kidney Meridian

"The kidney foot *shaoyin* vessel originates under the little toe, obliquely goes towards the bottom of the foot, comes out from *rán gǔ* (KI 2). It goes along the medial malleolus with its branch entering the heel to reach the medial side of the calf and the popliteal space. [It then] passes through the spinal cord, pertains to the kidney and networks with the bladder. The straight branch passes through the liver and the diaphragm to reach inside of the lung; [then,] it follows the throat and travels on the side of the tongue. Its branch networks with the heart while it comes out from the lung, and [finally] infuses to the center of the chest."(See Figure 10.)



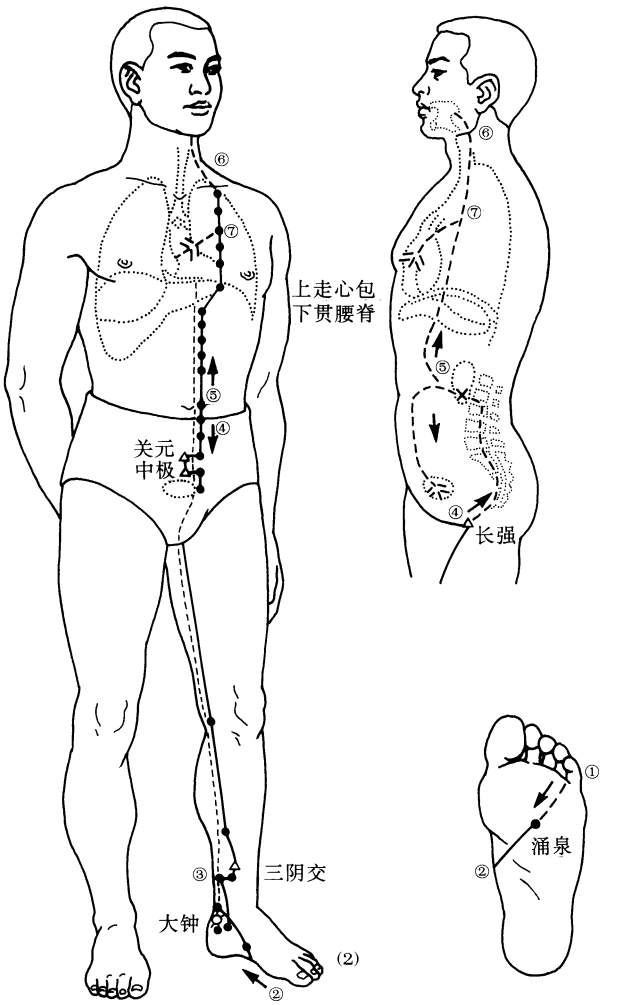
少泽	-	*shào zé* (SI 1)	中脘	-	*zhōng wǎn* (RN 12)
支正	-	*zhī zhèng* (SI 1)	上脘	-	*shàng wǎn* (RN 13)
络肩髃	-	connects with *jiān yú* (LI 15)	下巨虚	-	*xià jù xū* (ST 39)
			睛明	-	*jīng míng* (BL 1)
附分	-	*fù fēn* (BL 41)	瞳子髎	-	*tóng zǐ liáo* (GB 1)
大杼	-	*dà zhù* (BL 11)	和髎	-	*ěr hé liáo* (SJ 22)
大椎	-	*dà zhuī* (DU 14)			

Figure 8 The circulation pathway of the hand *Taiyang* small intestine meridian



神庭	-	*shén tíng* (DU 24)
头临泣	-	*táo lín qì* (GB 15)
曲鬓	-	*qǔ bìn* (GB 7)
率谷	-	*shuài gǔ* (GB 8)
浮白	-	*fú bái* (GB 10)
头窍阴	-	*tóu qiào yīn* (GB 11)
完骨	-	*wán gǔ* (GB 12)
脑户	-	*nǎo hù* (DU 17)
风府	-	*fēng fǔ* (DU 16)
大椎	-	*dà zhuī* (DU 14)
陶道	-	*táo dào* (DU 13)
环跳	-	*huán tiào* (GB 30)
别走少阴	-	diverges to foot *shaoyin*
飞扬	-	*fēi yáng* (BL 58)
至阴	-	*zhì yīn* (BL 67)

Figure 9 The circulation pathway of the foot *Taiyang* bladder meridian

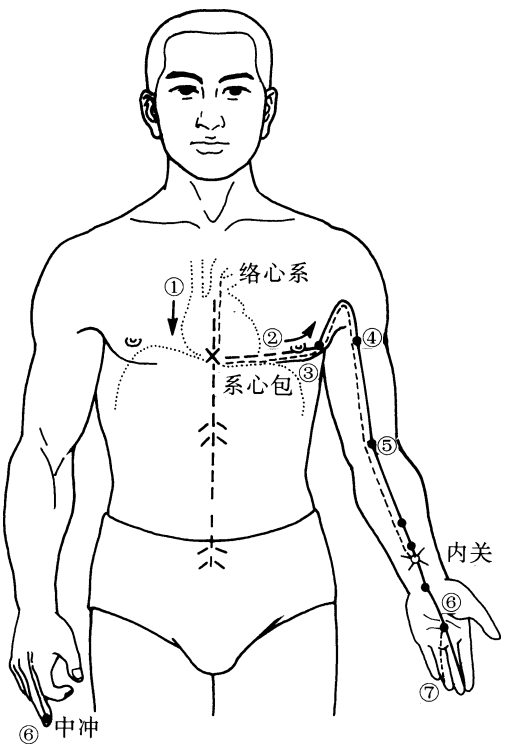


上走心包	-	goes up to connect with the pericardium
下贯腰脊	-	runs down to
关元	-	*guān yuán* (RN 4)
中极	-	*zhōng jí* (RN 3)
三阴交	-	*sān yīn jiāo* (SP 6)
大钟	-	*dà zhōng* (KI 4)
涌泉	-	*yǒng quán* (KI 1)

Figure 10 The circulation pathway of the foot *Shaoyin* kidney meridian

Hand *Jueyin* Pericardium Meridian

"The hand *jueyin* pericardium vessel, the master of the heart, originates from the center of the chest, comes out to pertain to the pericardium, goes down through the diaphragm to network with the three *jiao*. Its branch follows the ribs in the chest, goes down three cun from the axillary line, and goes up to the axillary. [Then,] it goes down along the medial side of the upper arm between hand *taiyin* and hand *shaoyin*, enters the middle of the cubital crease, continues in between the two tendons of the forearm to reach the middle of the palm, and exits out from the middle finger to arrive at its tip. Its branch exits out from the center of the palm and follows the fourth finger to its end."(See Figure 11.)



络心系	-	connects to the heart vinculum
系心包	-	ties to the pericardium
内关	-	*nèi guān* (PC 6)
中冲	-	*zhōng chōng* (PC 9)

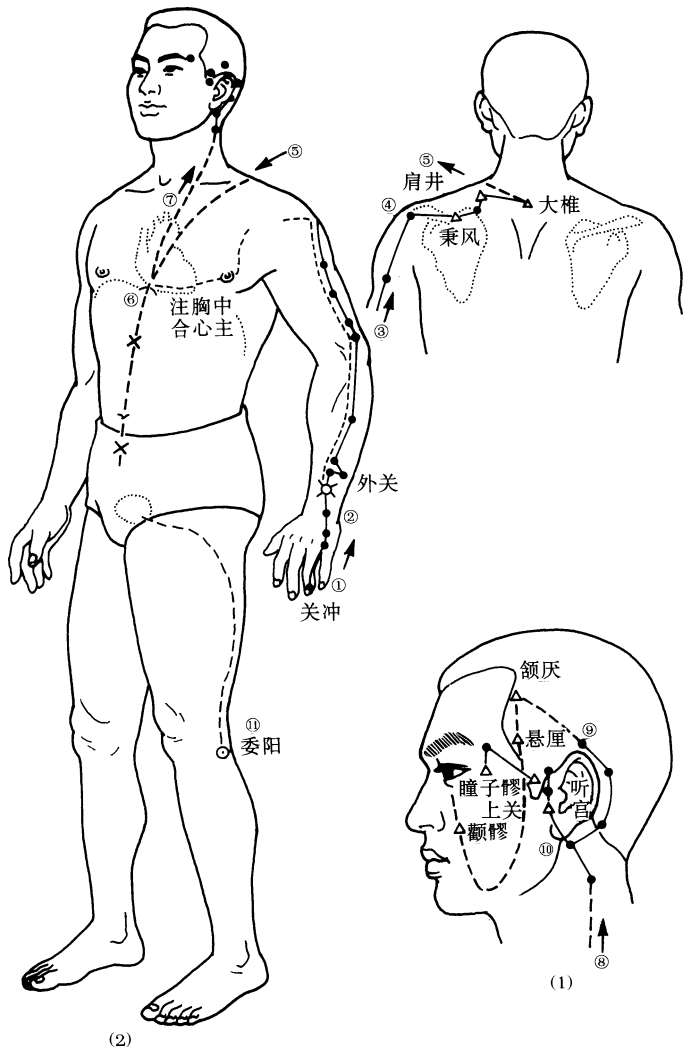
Figure 11 The circulation pathway of the hand *Jueyin* pericardium meridian

Hand *Shaoyang Sanjiao* Meridian

"The *sanjiao* hand *shaoyang* vessel originates from the end of the fourth finger, goes up and comes out between the two fingers, follows the surface of the dorsum of the wrist, comes out from the lateral side of the two bones, passes through the elbow, follows the lateral upper arm to reach the shoulder, and crosses on the back of the foot *shaoyang*. [It then] enters *quē pén* (ST 12), distributes [its small branches] to *dàn zhōng* (RN 17), networks with the pericardium, and travels down and pertains to the three *jiao*. Its branch comes out from *dàn zhōng* and exits from *quē pén*, goes up along the neck to the back of the ear and its upper corner, and wanders down toward the cheek. Another branch enters the ear from its back, comes out to its front, passes in front of *shàng guān* (GB 3), crosses the cheek, and reaches the outer canthus."(See Figure 12.)

Foot *Shaoyang* Gallbladder Meridian

"The gallbladderfoot *shaoyang* vessel originates from the outer canthus, goes up to the frontal eminence of the head, turns down to the back of the ear, follows the neck, runs in front of the hand *shaoyang* vessel, reaches the shoulder, crosses to the back of the hand *shangyang* at this point, and enters *quē pén* (ST 12). Its branch enters inside of the ear from the back of the ear, exits to the front of the ear, and reaches the outer canthus. The second branch separates from the outer canthus, goes down to *dà yíng* (ST 5), joins hand *shaoyang*, arrives at [the spot] below the orbita, continues down to *jiá chē* (ST 6) and then to the neck and joins *quē pén*. From there, it travels down the center of the chest, passes the diaphragm, networks with the liver and pertains to the gallbladder, follows the inside of the rib, exits from [the abdominal] *qi-jie* (i.e., qi street), circles the hairy pubic area, and transverses to enter the pivot of the hip. The straight branch comes down from *quē pén* to the axillary, passes along the chest and hypochondriac region, goes down to the pivot of the hip, continues down to follow the lateral thigh, exits at the lateral side of the knee, goes down to the front of the fibula caput, then goes straight down to the tip of *juegu*, i.e., *xuán zhōng* (GB 39), passes the dorsum of the foot, and enters [the space] between the little and the fourth toe. Another branch separates



关冲	-	*guān chōng* (SJ 1)	委阳	-	*wěi yáng* (BL 39)
外关	-	*wài guān* (SJ 5)	听宫	-	*tīng gōng* (SI 19)
秉风	-	*bǐng fēng* (SI 12)	瞳子髎	-	*tóng zǐ liáo* (GB 1)
肩井	-	*jiā njǐng* (GB 21)	上关	-	*shàng guān* (GB 3)
大椎	-	*dà zhuī* (DU 14)	颧髎	-	*quán liáo* (SI 18)
注胸中	-	infuses to the center of the chest	悬厘	-	*xuán lí* (GB 6)
合心主	-	joins the governing heart	颔厌	-	*hán yàn* (GB 4)

Figure 12 The circulation pathway of the hand *Shaoyang Sanjiao* meridian

from the dorsum of the foot, enters [the space between] the big toe, goes between the big and second toe to the tip of the toe, returns to the nail base, and exits from *san-mao* (i.e., between the first and the second phalanx of the big toe)."(See Figure 13.)

Foot *Jueyin* Liver Meridian

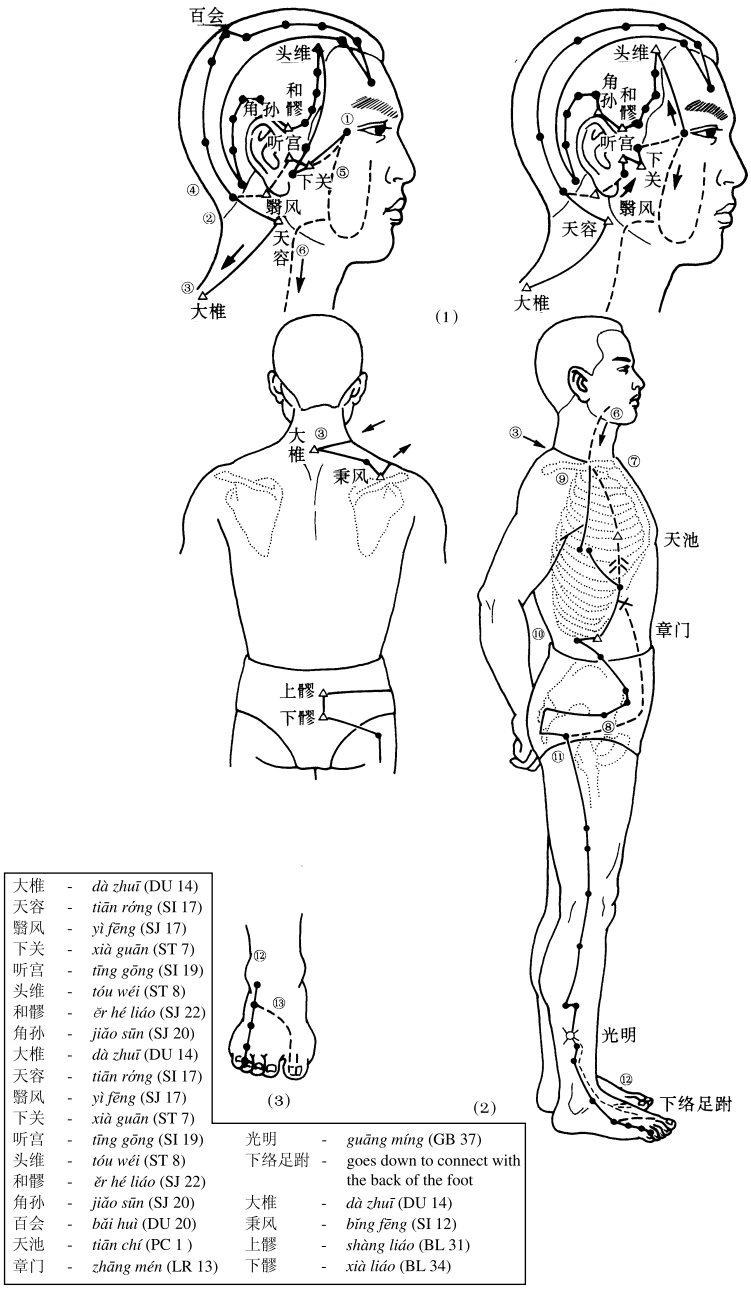
"The vessel originates from the hairy area of the toe, runs up along the upper edge of the dorsum of the foot, arrives at [the spot] one cun from the medial malleolus, continues up and crosses to the back of the [foot] *taiyin* [at the spot] eight cun from the [medial] malleolus. [Then,] it travels to the medial side of the popliteal crease, follows the medial thigh to enter the hairy pubic area, circles around the external genital organs, arrives at the lower abdomen, passes along the side of the stomach, pertains to the liver and networks with the gallbladder. It [then] penetrates the diaphragm [with its small branches], disseminates in the hypochondria, passes the back of the throat, goes up to the head of the throat, connects the eye, exits on the forehead, and joins with the *du mai* on the apex [of the head]. Its branch starts from the eye area, goes down to the cheek, and circles the lips internally. Another branch diverges from the liver, transverses the diaphragm, and goes up to infuse the lung."(See Figure 14.)

Du Mai

It originates inside of the abdomen, goes down to the perineum, wanders toward the back, goes along the internal path of the spinal cord, travels up to reach *fēng fǔ* (DU 16), enters into the brain, goes up to the apex, and makes its way down the bridge of the nose.(See Figure 15.)

Ren Mai

It originates inside of the abdomen, goes down to the perineum, turns up to follow the hairy pubic area, travels along the internal abdomen, goes up while passing points including *guān yuán* (RN 4), and arrives at the throat. Then, it travels up further circling the mouth, passes the facial area, and enters the orbita at *chéng qì* (ST 1). (See Figure 16.)



大椎	-	*dà zhuī* (DU 14)	光明	-	*guāng míng* (GB 37)
天容	-	*tiān róng* (SI 17)	下络足跗	-	goes down to connect with the back of the foot
翳风	-	*yì fēng* (SJ 17)			
下关	-	*xià guān* (ST 7)	大椎	-	*dà zhuī* (DU 14)
听宫	-	*tīng gōng* (SI 19)	乘风	-	*bǐng fēng* (SI 12)
头维	-	*tóu wéi* (ST 8)	上髎	-	*shàng liáo* (BL 31)
和髎	-	*ěr hé liáo* (SJ 22)	下髎	-	*xià liáo* (BL 34)
角孙	-	*jiǎo sūn* (SJ 20)			
大椎	-	*dà zhuī* (DU 14)			
天容	-	*tiān róng* (SI 17)			
翳风	-	*yì fēng* (SJ 17)			
下关	-	*xià guān* (ST 7)			
听宫	-	*tīng gōng* (SI 19)			
头维	-	*tóu wéi* (ST 8)			
和髎	-	*ěr hé liáo* (SJ 22)			
角孙	-	*jiǎo sūn* (SJ 20)			
百会	-	*bǎi huì* (DU 20)			
天池	-	*tiān chí* (PC 1)			
章门	-	*zhāng mén* (LR 13)			

Figure 13 The circulation pathway of the foot *Shaoyang* gallbladder meridian

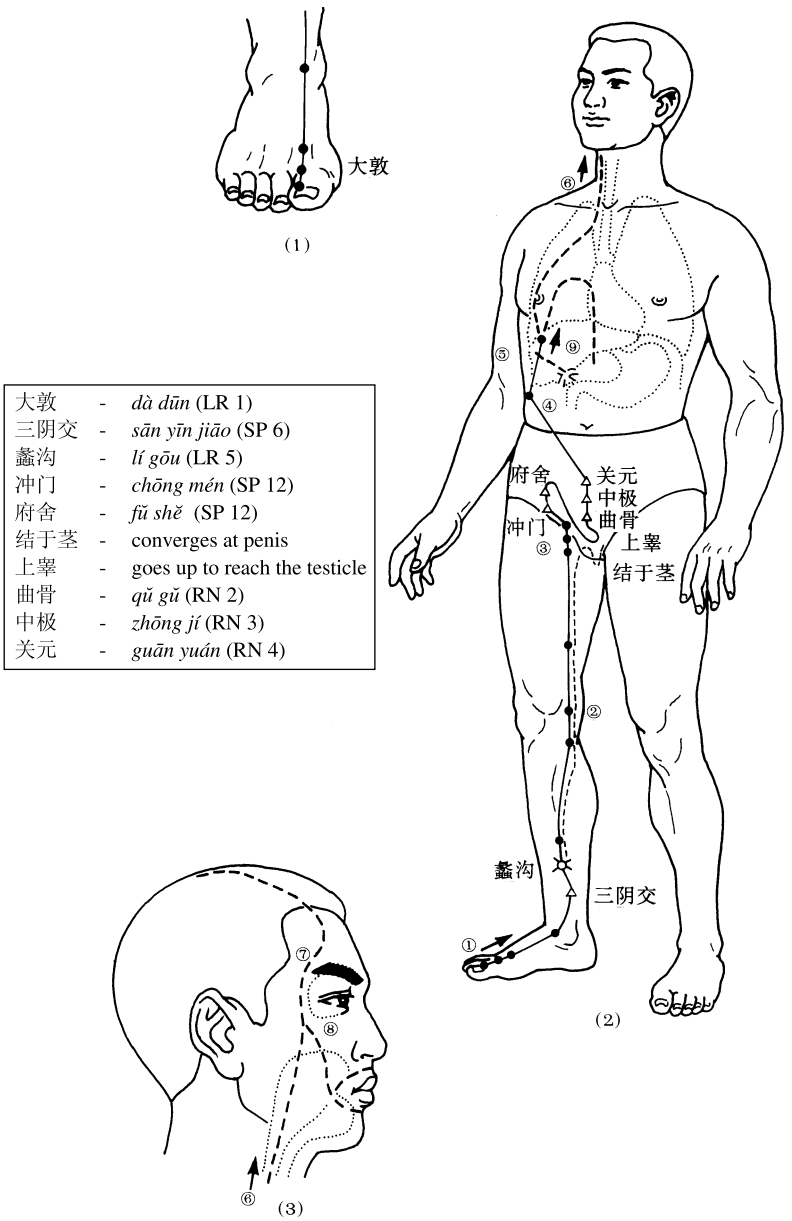
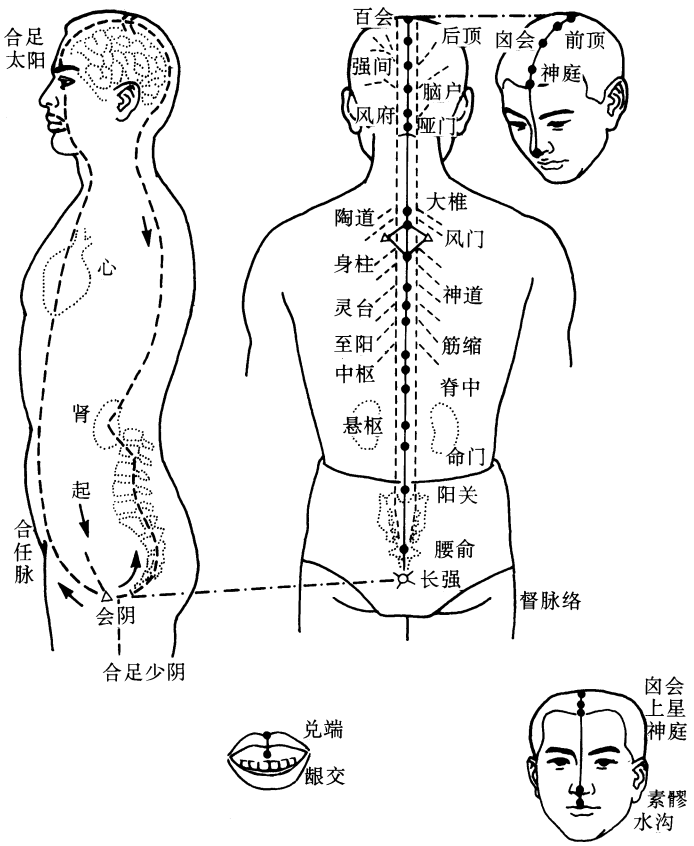
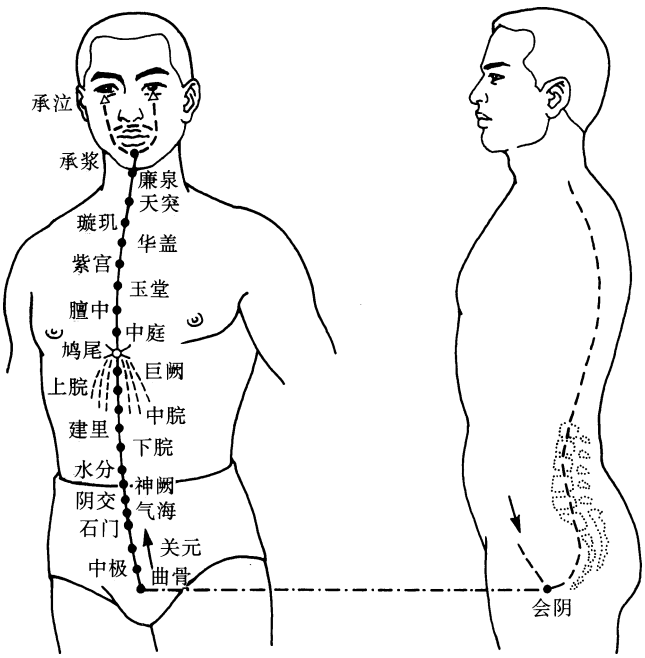


Figure 14 The circulation pathway of the foot *Jueyin* liver meridian



合足太阳	-	converges with foot *taiyang*	身柱	-	*shēn zhù* (DU 12)
心	-	heart	陶道	-	*táo dào* (DU 13)
肾	-	kidney	风门	-	*fēng mén* (BL 12)
起	-	originate	大椎	-	*dà zhuī* (DU 14)
会阴	-	*huì yīn* (RN 1)	哑门	-	*yǎ mén* (DU 15)
合足少阴	-	converges with foot *shaoyin*	风府	-	*fēng fǔ* (DU 16)
合任脉	-	converges with *ren mai*	脑户	-	*nǎo hù* (DU 17)
长强	-	*cháng qiáng* (DU 1)	强间	-	*qiáng jiān* (DU 18)
督络脉	-	collateral of *du mai*	后顶	-	*hòu dǐng* (DU 19)
腰俞	-	*yāo shū* (DU 2)	百会	-	*bǎi huì* (DU 20)
命门	-	*mìng mén* (DU 4)	前顶	-	*qián dǐng* (DU 21)
悬枢	-	*xuán shū* (DU 5)	囟会	-	*xìn huì* (DU 22)
脊中	-	*jí zhōng* (DU 6)	神庭	-	*shén tíng* (DU 24)
中枢	-	*zhōng shū* (DU 7)	囟会	-	*xìn huì* (DU 22)
筋缩	-	*jīn suō* (DU 8)	上星	-	*shàng xīng* (DU 23)
至阳	-	*zhì yáng* (DU 9)	神庭	-	*shén tíng* (DU 24)
灵台	-	*líng tái* (DU 10)	素髎	-	*sù liáo* (DU 25)
神道	-	*shén dào* (DU 11)	水沟	-	*shuǐ gōu* (DU 26)

Figure 15 The circulation pathway of *Du Mai*



会阴	-	*huì yīn* (RN 1)	巨阙	-	*jù què* (RN 14)
曲骨	-	*qǔ gǔ* (RN 2)	鸠尾	-	*jiū wěi* (RN 15)
中极	-	*zhōng jí* (RN 3)	中庭	-	*zhōng tíng* (RN 16)
关元	-	*guān yuán* (RN 4)	膻中	-	*dàn zhōng* (RN 17)
石门	-	*shí mén* (RN 5)	玉堂	-	*yù táng* (RN 18)
气海	-	*qì hǎi* (RN 6)	紫宫	-	*zǐ gōng* (RN 19)
阴交	-	*yīn jiāo* (RN 7)	华盖	-	*huá gài* (RN 20)
神阙	-	*shén què* (RN 8)	璇玑	-	*xuán jī* (RN 21)
水分	-	*shuǐ fēn* (RN 9)	天突	-	*tiān tū* (RN 22)
下脘	-	*xià wǎn* (RN 10)	廉泉	-	*lián quán* (RN 23)
建里	-	*jiàn lǐ* (RN 11)	承浆	-	*chéng jiāng* (RN 24)
中脘	-	*zhōng wǎn* (RN 12)	承泣	-	(ST 1)
上脘	-	*shàng wǎn* (RN 13)			

Figure 16 The circulation pathway of *Ren Mai*

Everyday Exercises

Study the text and use the figures as reference to master the pathways of the 14 meridians and vessels.

Day 5

Commonly Used *Shu Xue* (Acupoints), Part I

Shu-xue, also known as *xué wèi* or *xué dào*, is the Chinese name for an acupoint. *Shu* means to transport and infuse while *xue* means interstice and gathering.

There are different methods used to locate acupoints, including using anatomic landmarks on the surface of the body, bone-length cun determination, and body cun (also known as finger cun) determination. Cun is the standard unit of measurement for the body used in acupuncture. Figure 17 shows the determination methods of common bone-length cun and body cun.

The accuracy of acupoint identification has a direct impact on the treatment effect. Clinically, we can use specific striations, tendons, groove, creases, prominence or depression to locate certain points in addition to common anatomic landmarks. It requires careful observation, practice, and experience to reach a certain level of competence.

With regard to acupoint selection and combination, one can rely on criteria such as indications of the acupoints, the meridian they belong to, and whether they are distal or local, front-*mu* or back-*shu*, upper or lower, and left or right. Tables 3 to 7 show the commonly used acupoints associated with five of the 12 meridians.

Everyday Exercises

Try to memorize the commonly used acupoints of the Lung, Large Intestine, Stomach, Spleen, and Heart meridians.

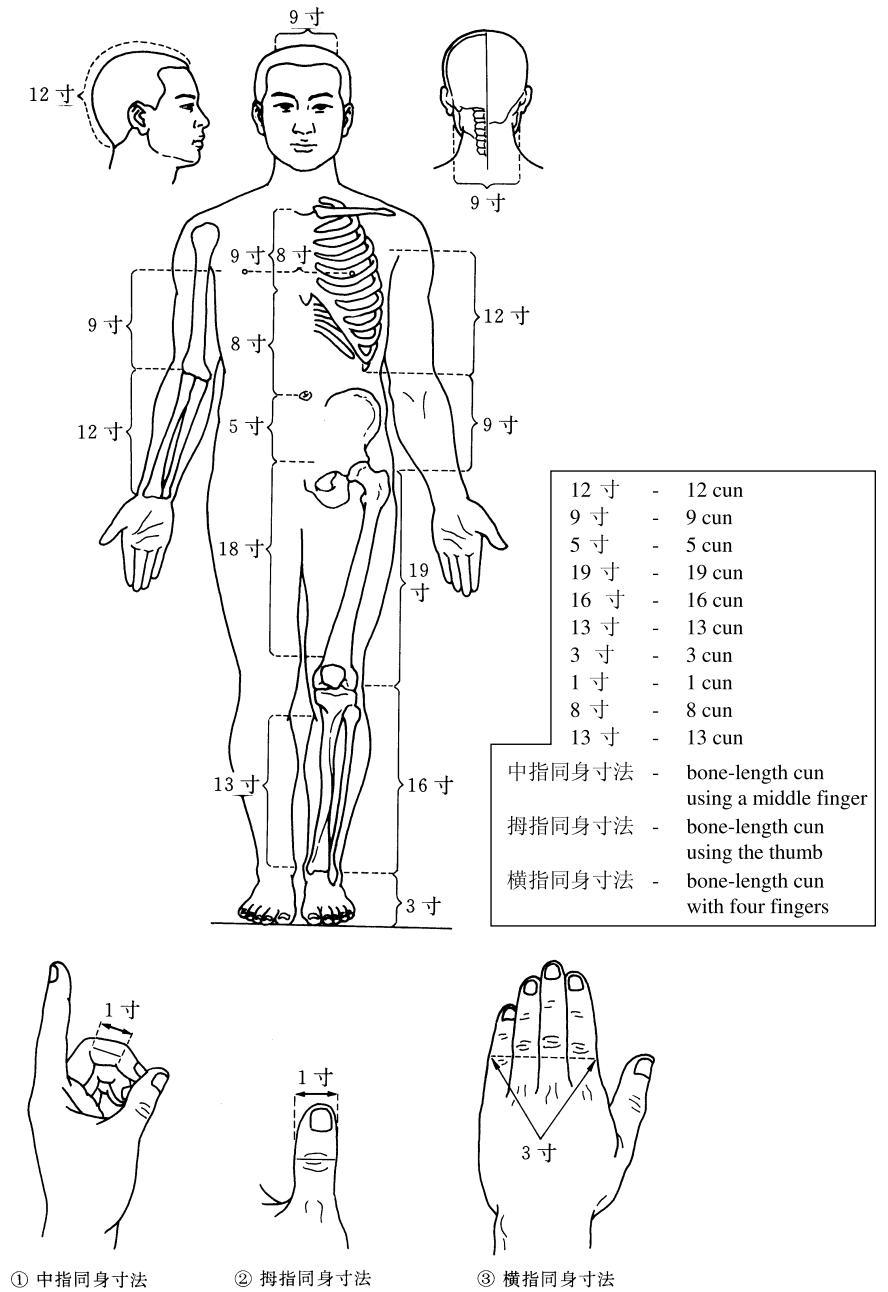


Figure 17 Common bone-length cun and body cun determination methods

Table 3 Common acupoints of the hand *Taiyin* lung meridian

Name	Location	Indications	Common Manipulations
zhōng fǔ (LU 1, 中府)	6 cun from the midline of the chest, level with the first intercostal space	Cough, asthma, suppressed chest, bronchitis	Pushing, kneading, rubbing
yún mén (LU 2, 云门)	1 cun directly above *zhōng fǔ*	Cough, asthma, chest pain	Kneading, rubbing
chǐ zé (LU 5, 尺泽)	At the cubital crease, on the radial side of the tendon of biceps brachii	Cough, asthma, spasm or pain of the elbow and arm, infantile convulsion	Pressing, kneading, grasping
liè quē (LU 7, 列缺)	Right above the styloid process of the radius, 1.5 cun from the transverse crease of the wrist	Stiffness of the neck, pain of the head and neck, cough	Pressing, kneading
tài yuān (LU 9, 太渊)	On the radial end of the transverse crease of the wrist and radial artery	Cough, asthma, sore throat, wrist pain	Pressing, nailing
yú jì (LU 10, 鱼际)	At the midpoint of the palmar side of the thumb, on the junction of the red and white skin	Wheezing, asthma, cough, pain on the chest and upper back	Kneading, nailing
shào shāng (LU 11, 少商)	On the radial side of the thumb, 0.1 cun from the corner of the nail base	Infantile convulsion, cough	Nailing

Table 4 Common acupoints of the hand *Yangming* large intestine meridian

Name	Location	Indications	Common Manipulations
hé gǔ (LI 4, 合谷)	Between the first and second metacarpal bones, approximately in the middle of the second metacarpal bone	Headache, toothache, fever, facial nervous paralysis, pain of the arm, pain and spasm of the finger	Grasping, kneading
yáng xī (LI 5, 阳溪)	On the radial side of the dorsal crease of the wrist, between the tendons of extensor pollicis longus and brevismuscles	Headache, redness of the eyes, toothache, wrist pain	Pressing, kneading
piān lì (LI 6, 偏历)	On the line connecting *yáng xī* and *qǔ chí* (LI 11), 3 cun above *yáng xī*	Nosebleed, red eyes, deafness, tinnitus, arthritic pain of the arms	Pressing, kneading, grasping
shǒu sān lǐ (LI 10, 手三里)	2 cun below the transverse cubital crease and *qǔ chí* (LI 11)	Spasm and restricted range of motion of the elbow, numbness, soreness and pain of the arm	Grasping, pressing, kneading
qǔ chí (LI 11, 曲池)	With the elbow flexed, the point is on the lateral end of the transverse cubital crease	Fever, hypertension, pain of the elbow, paralysis of the upper extremities	Grasping, kneading
jiān yú (LI 15, 肩髃)	Anterior and inferior to the acromion, in the depression of the shoulder with the arm lifted	Pain of the shoulder and arm, restricted motion of the shoulder joint, hemiplegia	Kneading, pressing
yíng xiāng (LI 20, 迎香)	0.5 cun from the border of the ala nasi, in the nasolabial groove	Rhinitis, nasal congestion, wry mouth and eyes	Kneading, nailing

Table 5 Common acupoints of the foot *Yangming* stomach meridian

Name	Location	Indications	Common Manipulations
sì bái (ST 2, 四白)	Directly below the pupil in the depression of the infraorbital foramen	Facial nervous paralysis; red, itchy, and painful eyes	Pushing, kneading
dì cāng (ST 4, 地仓)	0.4 cun lateral to the corner of the mouth	Salivation, wry mouth and eyes	Pushing, kneading
jiá chē (ST 6, 颊车)	In the depression 1 middle-finger-width anterior and superior to the lower angle of the mandible, at the prominence of the masseter muscle when the teeth are clenched	Wry mouth and eyes, toothache, swelling cheek	Pushing, kneading
xià guān (ST 7, 下关)	In the depression between the zygomatic arch and the condyloid process of the mandible while the mouth is closed, and it disappears when the mouth opens	Facial paralysis, toothache	Pushing, kneading, pressing
tóu wéi (ST 8, 头维)	0.5 cun directly above the hairline at the corner of the forehead	Headache	Pushing, kneading, wiping
rén yíng (ST 9, 人迎)	1.5 cun lateral to the Adam's apple	Swelling and sore throat, labored breathing, scrofula, goiter, swelling neck	Kneading, grasping
quē pén (ST 12, 缺盆)	In the middle of the supraclavicular fossa, 4 cun lateral to the anterior midline	Fullness of the chest, cough, asthma, stiffness of the neck	Pressing, plucking

(*Continued*)

Table 5 (*Continued*)

Name	Location	Indications	Common Manipulations
tiān shū (ST 25, 天枢)	2 cun lateral to the umbilicus	Diarrhea, constipation, abdominal pain, irregular menstruation	Pushing, kneading, rubbing
bì guān (ST 31, 髀关)	On the line connecting the anterior superior iliac spine and the lateral border of the patella, level with the lower border of the symphysis pubis	*Bì* and *wěi* patterns of the lower extremities, spasm of the tendons, restricted range of motion of the leg	Pressing, plucking
fú tù (ST 32, 伏兔)	6 cun above the upper lateral border of the patella	Paralysis of the lower extremities, pain, coldness, and numbness of the knee	Pressing, plucking
liáng qiū (ST 34, 梁丘)	Two cun above the upper lateral border of the patella	Coldness and numbness of the knee	Pressing, grasping
dú bí (ST 35, 犊鼻)	On the lower lateral border of the patella, in the depression lateral to the patella ligament	Coldness, numbness, restricted motion of the knee	Pressing, kneading, point pressing
zú sān lǐ (ST 36, 足三里)	3 cun below *dú bí*, one middle-finger width lateral to the anterior crest of the tibia	Abdominal pain, diarrhea, constipation, *bi* and pain of the lower extremities, hypertension	Pressing, point pressing, pushing
shàng jù xū (ST 37, 上巨虚)	3 cun below *zú sān lǐ*	Abdominal pain, diarrhea, and distention of the abdomen	Pressing, point pressing
xià jù xū (ST 39, 下巨虚)	3 cun below *shàng jù xū*	Pain of the intercostal nerves, enteritis	Pressing, point pressing

(*Continued*)

Table 5 (*Continued*)

Name	Location	Indications	Common Manipulations
fēng lóng (ST 40, 丰隆)	At the midpoint between the lower lateral border of the patella and the external malleolus	Headache, excessive phlegm and saliva, constipation, numbness, pain, *bi* and *wei* patterns of lower extremities	Pressing, grasping, point pressing
jiě xī (ST 41, 解溪)	At the midpoint of the transverse crease of the ankle, between the tendons of muscle extensor hallucis longus and digitorum longus	Injury of the ankle joint, numbness of the toes	Kneading, pressing, point pressing
chōng yáng (ST 42, 冲阳)	1.5 cun below *jiě xī*, at the highest point of the dorsum of the foot where the dorsal artery of the foot pulsates	Stomachache, pain of upper teeth, restricted motion of the foot	Pressing, point pressing, kneading

Table 6 Common acupoints of the foot *Taiyin* spleen meridian

Name	Location	Indications	Common Manipulations
tài bái (SP 3, 太白)	Proximal to the first metatarsal bone, at the junction of the red and white skin	Gastric pain, abdominal distention, diarrhea, constipation, hemorrhoids	Nailing, kneading
gōng sūn (SP 4, 公孙)	Distal to the base of the first metatarsal bone, at the junction of the red and white skin	Gastric pain, indigestion, epigastric pain, diarrhea	Nailing, kneading

(*Continued*)

Table 6 (*Continued*)

Name	Location	Indications	Common Manipulations
sān yīn jiāo (SP 6, 三阴交)	3 cun above the medial malleolus, on the posterior border of the medial aspect of tibi	Insomnia, distention and pain of the lower abdomen, enuresis, dysuria, gynecopathy	Kneading, point pressing, grasping
yīn líng quán (SP 9, 阴陵泉)	In the depression on the inferior border of the medial tibial condyle	Soreness and pain of the knee, dysuria	Pressing, point pressing, grasping
xuè hǎi (SP 10, 血海)	2 cun above the upper border of the medial patella	Pain of the knee, irregular menstruation	Pressing, point pressing, grasping
dà héng (SP 15, 大横)	4 cun lateral to the umbilicus	Constipation, diarrhea due to deficient coldness, pain of the lower abdomen	Pushing, rubbing, kneading

Table 7 Common acupoints of the hand *Shaoyin* heart meridian

Name	Location	Indications	Common Manipulations
jí quán (HT 1, 极泉)	At the midpoint of the axillary fossa, medial to where the axillary artery palpates	*Bi* pattern and pain of the arm and elbow, pain on the ribs	Plucking
shào hǎi (HT 3, 少海)	In the depression on the ulnar aspect of the cubital crease end when the elbow is flexed	Pain of the elbow joint, tremor of the hand, spasm of the elbow	Plucking, kneading
shén mén (HT 7, 神门)	At the ulnar end of the transverse crease of the wrist, on the depression of the radial side of the tendon of the flexor carpi ulnaris	Palpitation, insomnia, poor memory	Kneading, pressing
shào chōng (HT 9, 少冲)	On the radial aspect of the little finger, 0.1 finger cun from the base of the nail	Palpitation, heart pain, hypochondriac pain, manic psychosis	Nailing

Day 6

Commonly Used *Shu Xue*, Part II

Tables 8–12 show the acupoints of five more meridians.

Table 8 Common acupoints of the hand *Taiyang* small intestine meridian

Name	Location	Indications	Common Manipulations
shào zé (SI 1, 少泽)	On the ulnar side of the little finger, 0.1 finger cun from the nail base	Apoplectic coma, swelling and pain of the throat, fever	Nailing
hòu xī (SI 3, 后溪)	Make a loose fist, on the ulnar side, proximal to the metacarpophalangeal joint, at the junction of the red and white skin	Stiffness and pain of the neck; pain of the arm, shoulder, and waist; tinnitus; deafness	Nailing
xiǎo hǎi (SI 8, 小海)	In the depression between the ulnar olecranon and the medial epicondyle of the humerus	*Bì* pattern pain of the upper extremity, pain of the neck, toothache	Grasping
jiān zhēn (SI 9, 肩贞)	1 finger cun above the posterior end of the axillary fossa	Periarthritis of the shoulder; numbness, soreness, and pain of the upper extremity	Pressing, point pressing
tiān zōng (SI 11, 天宗)	In the depression in the center of the subscapular fossa	Pain in the shoulder joint, pain and heavy sensation in the back	Pressing, point pressing, kneading
jiān wài shū (SI 14, 肩外俞)	3 cun lateral to the lower border of the spinous process of T1	Soreness and pain of the shoulder and back, stiff neck, coldness and pain of the upper limb	Point pressing, pressing
jiān zhōng shū (SI 15, 肩中俞)	2 cun lateral to the lower border of the spinous process of C7	Pain in the shoulder and back, cough, asthma	Point pressing, pressing
quán liào (SI 18, 颧髎)	Directly below the outer canthus of the eyes, in the depression of the lower border of the malar bone	Wry mouth and eyes	Pushing, pressing, kneading

Table 9 Common acupoints of the foot *Taiyang* bladder meridian

Name	Location	Indications	Common Manipulations
jīng míng (BL 1, 睛明)	0.1 cun lateral and superior to the inner canthus	Disease of the eyes	Pressing
cuán zhú (BL 2, 攒竹)	In the depression of the medial end of the eyebrow	Pain on the superciliary ridge, red and painful eyes, headache, insomnia	Pressing, kneading
tiān zhù (BL 10, 天柱)	In the depression 1.3 cun lateral to *yǎ měn* and 0.5 cun above the posterior hair margin	Occipital pain, stiff and painful neck, sore throat, stuffy nose	Grasping, pressing
dà zhù (BL 11, 大杼)	1.5 cun lateral from the depression of the spinous process of T1	Fever, cough, stiff neck, scapular pain	Pressing, point pressing, kneading
fēng mén (BL 12, 风门)	1.5 cun lateral from the depression of the spinous process of T2	Cough caused by externally contracted wind, stiff neck, pain in the chest and back	Pressing, point pressing, kneading
fèi shū (BL 13, 肺俞)	1.5 cun lateral from the depression of the spinous process of T3	Cough, asthma, distention of the chest, degenerative damage of the back muscle	Pushing, kneading, kneading
xīn shū (BL 15, 心俞)	1.5 cun lateral from the depression of the spinous process of T5	Insomnia, palpitations	Pushing, kneading
gé shū (BL 17, 膈俞)	1.5 cun lateral from the depression of the spinous process of T7	Vomiting, hiccups	Pressing, point pressing, kneading
gān shū (BL 18, 肝俞)	1.5 cun lateral from the depression of the spinous process of T9	Hypochondriac pain, liver diseases, blurred vision	Pushing, pressing, kneading

(*Continued*)

Table 9 (*Continued*)

Name	Location	Indications	Common Manipulations
dǎn shū (BL 19, 胆俞)	1.5 cun lateral from the depression of the spinous process of T10	Hypochondriac pain, gallbladder diseases	Pushing, pressing, point pressing
pí shū (BL 20, 脾俞)	1.5 cun lateral from the depression of the spinous process of T11	Distention and pain of the epigastric area, indigestion, fatigue, sleepiness, lassitude	Pushing, pressing, kneading
wèi shū (BL 21, 胃俞)	1.5 cun lateral from the depression of the spinous process of T12	Gastric pain, poor appetite, indigestion	Pushing, pressing, kneading, point pressing
sān jiāo shū (BL 22, 三焦俞)	1.5 cun lateral from the depression of the spinous process of L1	Stiffness and pain of the waist muscles, vomiting, distention of the abdomen	Pushing, pressing, kneading
shèn shū (BL 23, 肾俞)	1.5 cun lateral from the depression of the spinous process of L2	Pain in the waist, lassitude, spermatorrhea, enuresis, irregular menstruation	Pushing, kneading
dà cháng shū (BL 25, 大肠俞)	1.5 cun lateral from the depression of the spinous process of L4	Diarrhea, waist and leg pain	Pushing, pressing, kneading
páng guāng shū (BL 28, 膀胱俞)	1.5 cun lateral from the depression of the spinous process of S2	Dysuria, enuresis, stiff and painful waist muscle	Pushing, pressing, kneading

(*Continued*)

Table 9 (*Continued*)

Name	Location	Indications	Common Manipulations
bā liào (BL 31 to 34, eight *liào*, 八髎)	*shàng liào* (BL 31), *cì liào* (BL 32), *zhōng liào* (BL 33), and *xià liào* (BL 34) are located in the 1st, 2nd, 3rd, and 4th sacral foramens respectively. With one on each side, they total up to eight acupoints	Lower back pain, genitourinary disorders	Pressing, kneading, point pressing
yīn mén (BL 37, 殷门)	On the posterior aspect of the thigh, 6 cun below the gluteal fold	Sciatica, paralysis of the lower limb	Point pressing, heavy pressing
wěi zhōng (BL 40, 委中)	In the midpoint of the popliteal	Waist and back pain, restricted motion of the knee, hemiplegia	Grasping, kneading, plucking
zhì biān (BL 54, 秩边)	3 cun lateral from the lower border of the 4th sacral foramen	Pain in the waist and buttocks, *bì* and *wěi* patterns of the lower limb, dysuria	Pressing, point pressing, heavy pressing
chéng shān (BL 57, 承山)	Extending the foot straight, the point is at the apex of the depression where a reversed "V" presents in the middle of the posterior calf	Waist and back pain, spasm of the gastrocnemius, hemorrhoids	Grasping, pressing
kūn lún (BL 60, 昆仑)	At the midpoint between the tip of the lateral malleolus and the Achilles tendon	Sciatica, stiff neck	Grasping, pressing
shēn mài (BL 62,申脉)	In the depression at the posterior border of the lateral malleolus	Soreness and pain of the waist and leg	Point pressing, pressing,

Table 10 Common acupoints of the foot *Shaoyin* kidney meridian

Name	Location	Indications	Common Manipulations
yǒng quán (KI 1, 涌泉)	On the sole, in the depression when the foot is in plantar flexion, at the anterior 1/3 and the posterior 2/3 of the line from the web between the 2nd and 3rd toes	Hypertension, headache	Pressing, kneading
tài xī (KI 3, 太溪)	At the midpoint between the tip of the medial malleolus and the Achilles tendon	Cystitis, spermatorrhea, enuresis, irregular menstruation	Pushing, pressing, kneading
zhào hǎi (KI 6, 照海)	1 cun directly below the tip of the medial malleolus	Irregular menstruation	Pressing, kneading
zhù bīn (KI 9, 筑宾)	5 cun directly above *tài xī*, 2 cun lateral to the medial aspect of the tibia	Cramps of the calf, epilepsy, pain caused by hernia	Pressing, kneading, grasping

Table 11 Common acupoints of the hand *Jueyin* pericardium meridian

Name	Location	Indications	Common Manipulations
qǔ zé (PC 3, 曲泽)	On the transverse crease of the elbow, on the ulnar side of the tendon of the biceps brachii	Palpitation, elbow pain, hand tremor	Grasping, pressing, kneading
jiān shǐ (PC 5, 间使)	3 cun above the transverse crease of the wrist, between the tendons of palmaris longus and flexor carpi radialis	Heart pain, palpitation, vomiting	Grasping, pressing, kneading

(*Continued*)

Table 11 (*Continued*)

Name	Location	Indications	Common Manipulations
nèi guān (PC 6, 内关)	2 cun above the transverse crease of the wrist, between the tendons of palmaris longus and flexor carpi radialis	Palpitation, gastric pain, vomiting	Grasping, pressing, kneading
láo gōng (PC 8, 劳宫)	Make a fist — the point is where the tip of the middle finger lands	Palpitation, apoplectic coma	Nailing

Table 12 Common acupoints of the hand *Shaoyang* sanjiao meridian

Name	Location	Indications	Common Manipulations
zhōng zhǔ (SJ 3, 中渚)	In the depression between the 4th and 5th metacarpal bones, proximal to the 4th metacarpophalangeal joint	Migraine, tinnitus, deafness, pain of the palm and fingers	Pressing, kneading
yáng chí (SJ 4, 阳池)	On the dorsal transverse crease of the wrist, in the depression on the ulnar side of the tendon of extensor digitorum communis	Wrist, arm, and shoulder pain	Pressing, heavy pressing, kneading
wài guān (SJ 5, 外关)	2 cun above the dorsal transverse crease of the wrist, between the ulna and radius	Joint pain and restricted motion of the upper limb	Pressing, kneading
zhī gōu (SJ 6, 支沟)	1 cun above *wài guān*	Soreness and pain of the arm and shoulder, constipation	Pressing, kneading
sān yáng luò (SJ 8, 三阳络)	1 cun above *zhī gōu*	Deafness, toothache, *bi* pattern and pain of the upper limb	Pressing, kneading
sī zhú kōng (SJ 23, 丝竹空)	In the depression at the lateral end of the eyebrows	Eye problems, migraine, facial nerve paralysis	Pushing, pressing, kneading

Everyday Exercises

Try to memorize the commonly used acupoints of the Small Intestine, Bladder, Kidney, Pericardium and Sanjiao meridians.