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A proposed standard international acupuncture nomenclature

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REPORT OF A WHO
SCIENTIFIC GROUP

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World Health Organization
Geneva

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization

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Further information on many aspects of WHO's work is presented in the Organization's publications.

The World Health Organization would welcome readers' views on the nomenclature proposals contained in this report. Please send your comments to:

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Geneva, 30 October–3 November 1989

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1. Introduction

A WHO Scientific Group on International Acupuncture Nomenclature met in Geneva from 30 October to 3 November 1989. The meeting was opened by Dr H. Nakajima, Director-General of the World Health Organization.

In his introductory remarks, Dr Nakajima said that the convening of the Scientific Group represented the culmination of many years of work in this field, initiated and sponsored by the WHO Regional Office for the Western Pacific.

Even when the practice of acupuncture was largely restricted to China, Japan and neighbouring Asian countries, the lack of a uniform nomenclature caused serious difficulties in teaching, research and clinical practice. With the great increase in the worldwide use of acupuncture in recent years, the need for a common language—a standard international reference nomenclature—had become pressing.

WHO's initiative began in 1980. After a series of preliminary consultations, the Regional Office for the Western Pacific convened a Working Group on the Standardization of Acupuncture Nomenclature in Manila in 1982. Thanks to the work of this group, as well as that of experts who met in 1984, 1985 and 1987, agreement was reached on the nomenclature structure for the meridians and acupuncture points and a consensus was achieved on nomenclature for the 361 classical acupuncture points, the 8 extra meridians, the 48 extra points, and scalp acupuncture points.

Dr Nakajima invited the Scientific Group to review the terminology recommended to date and to propose a standard international acupuncture nomenclature. That would be an important contribution to the international exchange of information on the subject.

2. Background

2.1 Historical perspective

Acupuncture—a unique system of therapy and pain relief—has been in constant use throughout the Chinese-culture area for some 2500 years. It developed during the Chou period (first millennium BC) and its theory and practice were already well systematized by the early Han period (second century BC). These are immortalized in the *Huang Ti Nei Ching* (The Yellow Emperor's Internal Classic or Canon of Medicine), consisting of two parts, the *Su Wen* (second century BC) and the *Ling Shu* (first century BC).¹ By approximately 300 AD, the development of the whole system was complete.

The *Su Wen* and the *Ling Shu* describe where the 12 regular acupuncture tracts (the main meridians) begin and end. It is striking that these limits have remained unchanged for two thousand years, while the anatomical courses of the meridians have undergone no serious alteration.¹ A large proportion of the classical acupuncture point names still in current use can be found in these treatises.

In the history of acupuncture in China, Japan, the Korean peninsula and elsewhere in Asia, there have been periods when its practice fell into decline, or, with the advent of modern Western medicine, when it was banned or neglected. During the last four decades, however, great importance has been attached by the Chinese authorities to traditional Chinese medicine in general and to acupuncture in particular. Concurrently, in Europe and the Americas, there has been growing interest in the therapeutic applications of acupuncture and in the search for explanations of its modes of action, in terms of modern scientific knowledge. In the past 20 years many new acupuncture points have been recognized, notably in connection with auricular acupuncture.

2.2 Towards a standard nomenclature²

While the need for a common language has recently become more pressing, difficulties in communication about acupuncture have long been recognized. For one thing, acupuncture points have not one but

¹ LU GWEI-DJEN & NEEDHAM, J. *Celestial lancets: a history and rationale of acupuncture and moxa*. Cambridge, Cambridge University Press, 1980.

² Based on: AKERELE, O. & LIU GUO-BIN. Acupuncture: towards a standard terminology. *World health*, November 1985, pp. 20-21.

several different names, which is not surprising given the vastness of China and its many dialects. Another problem has been the differing pronunciations of the Chinese characters, a difficulty compounded by the fact that acupuncture has long been practised in neighbouring countries of Asia. Moreover, acupuncturists in other countries have sometimes mistranslated the Chinese names of the points, and this has led to additional confusion and misunderstanding.

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

In October 1980, the WHO Regional Office for the Western Pacific sent a consultant to China to review the existing nomenclature and to identify needs for uniformity, with the ultimate aim of developing an internationally acceptable standard nomenclature.¹ During 1981 and 1982 Chinese and Japanese experts met five times to formulate guiding principles for standardization, but because of the complexities of the issues involved, consensus could not be reached.

2.3 Essential elements of a standard nomenclature²

A critical evaluation of the consultant's report and her recommendations prompted the Regional Office to organize the first Working Group on the Standardization of Acupuncture Nomenclature. The Group, which met in Manila in December 1982, included participants from Australia, China, Hong Kong, Japan, New Zealand, the Philippines, the Republic of Korea, Singapore and Viet Nam.

The Group drew up criteria for determining the structure of the meridians and acupuncture points. It proposed that the standard nomenclature should consist of three essential elements:

- an alphanumeric code,
- the Chinese phonetic alphabet (Pinyin) names of meridians and acupuncture points, and
- the Han character names of meridians and acupuncture points.

¹ NAKAJIMA, A. *Assignment report to the People's Republic of China, 11 October-2 November 1980*. Manila, WHO Regional Office for the Western Pacific, 9 June 1981 (unpublished report ICP/PHC/005-E).

² See footnote 2 to page 2.

The Group considered that an alphanumeric code would facilitate international communication on acupuncture. Since in medical science such exchanges are conducted mainly in the English language, it recommended that the alphanumeric code should be derived from the English translation of the meridian names.

The Han character is widely used in oriental medicine in China and Japan, in Hong Kong and Singapore, and by Koreans. It confers philosophical concepts on meridians and acupuncture points which often defy translation, and should therefore be an essential element of the standard nomenclature.

Finally, the Group considered that using the Chinese phonetic alphabet (Pinyin) for the names of meridians and acupuncture points would facilitate pronunciation of the Han character names and enable an alphabetic index to be drawn up.

2.4 Nomenclature proposals to date¹

The Manila meeting agreed on the English-language names of the 14 main meridians and their alphabetic codes and reached consensus on an alphanumeric code for the 361 classical acupuncture points. These were published in 1984 in a book also comprising a listing of the equivalent terms hitherto used in English, French, Japanese, Korean and Vietnamese language publications on acupuncture.²

Subsequently, a Regional Consultation in Tokyo (1984) and Working Groups in Hong Kong (1985) and Seoul (1987) reached agreement on nomenclature for the 8 extra meridians, the 48 extra points, and scalp acupuncture lines.

These meetings also considered the nomenclature of basic technical terms in the field of acupuncture, certain auricular points of proven therapeutic value, acupuncture needles, and the unit of measurement for the location of meridians and acupuncture points. All of these still require further discussion.

2.5 The importance of a common language

WHO has no official policy on the use of acupuncture in national health care delivery systems and, in fact, the subject has not been

¹ See footnote 2 to page 2.

² WANG DESHEN, ed. *Standard acupuncture nomenclature*. Manila, World Health Organization Regional Office for the Western Pacific, 1984 (WHO Regional Publications, Western Pacific Series No. 1).

debated by its governing bodies. The field has developed considerably in the last two decades, both in theory and practice, but the exact role that acupuncture can play in health care remains to be determined. Any decision to use acupuncture in a national health service is, of course, the prerogative of the Member State concerned.

Putting acupuncture on a firm scientific basis requires rigorous investigation of the claims made for its efficacy. Many institutions and modern medical colleges are carrying out useful investigations to this end. Some are looking into the physiology and mode of action of acupuncture treatment, others are studying its efficacy in certain pathological conditions. These workers need to exchange information with one another regularly so as to facilitate their clinical and basic research. Such international communication is possible only if a common language is used by all concerned.

3. Proposed standard international acupuncture nomenclature

3.1 Structure of the proposed nomenclature

After discussion of the terminological proposals to date, the Scientific Group reached agreement on the standard international acupuncture nomenclature set out in sections 3.1-3.6.

Structurally, the proposed nomenclature is based on four elements:

- (1) the English translation of the Han character name of each meridian;
- (2) an alphanumeric code for the acupuncture points, of which the alphabetic part is derived from the English translation of the meridian names¹ while the numbering follows the agreed course of each meridian;
- (3) the Chinese phonetic alphabet (Pinyin) names of meridians and acupuncture points;
- (4) the Han character names of meridians and acupuncture points.

English was chosen because it is the language most commonly used for international communication, including communication at medical congresses and through medical journals having an international readership.

The Han characters represent the full and original names of meridians and points, and are those currently recognized by the Chinese authorities. They tend to be pronounced differently depending on locality. The Pinyin names, intended as an aid to pronunciation, are therefore based on the standard pronunciation in use in China.

¹ In the case of the 48 extra points and the scalp acupuncture lines, the alphabetic part of the code is derived from the English-language names of parts of the body.

3.2 The 14 main meridians

The English names and the respective alphabetic codes proposed for the 14 main meridians are as follows.

English	Pinyin name	Han character name	Alphabetic code
lung meridian	shǒutàiyīn fèijīng	手太陰肺經	LU
large intestine meridian	shǒuyángmíng dàchángjīng	手陽明大腸經	LI
stomach meridian	zúyángmíng wèijīng	足陽明胃經	ST
spleen meridian	zútàiyīn píjīng	足太陰脾經	SP
heart meridian	shǒushàoyīn xīnjīng	手少陰心經	HT
small intestine meridian	shǒutàiyáng xiǎochángjīng	手太陽小腸經	SI
bladder meridian	zútàiyáng pángguāngjīng	足太陽膀胱經	BL
kidney meridian	zúshàoyīn shènjīng	足少陰腎經	KI
pericardium meridian	shǒujuéyīn xīnbāojīng	手厥陰心包經	PC
triple energizer meridian	shǒushàoyáng sānjiǎojīng	手少陽三焦經	TE
gallbladder meridian	zúshàoyáng dǎnjīng	足少陽胆經	GB
liver meridian	zújuéyīn gānjīng	足厥陰肝經	LR
governor vessel	dūmài	督脈	GV
conception vessel	rènmai	任脈	CV

3.3 The 361 classical acupuncture points

The proposed nomenclature for the 361 classical points, listed below under the 14 meridians in which they are contained, is as follows.

lung meridian shǒutàiyīn fèijīng

手太陰肺經

LU1	zhōngfǔ	中府	LU7	lièquē	列缺
LU2	yúnmén	雲門	LU8	jīngqú	經渠
LU3	tiānfǔ	天府	LU9	tàiyuān	太淵
LU4	xiáobái	俠白	LU10	yújì	魚際
LU5	chǐzé	尺澤	LU11	shǎoshāng	少商
LU6	kǒngzùi	孔最			

large intestine meridian shǒuyángmíng dàchángjīng

手陽明大腸經

LI1	shāngyáng	商陽	LI11	qūchí	曲池
LI2	èrjiān	二間	LI12	zhǒuliáo	肘髎
LI3	sānjiān	三間	LI13	shǒuwǔlǐ	手五里
LI4	hégu	合谷	LI14	bìnao	臂臑
LI5	yángxī	陽谿	LI15	jiānyù	肩隅
LI6	piānli	偏歷	LI16	jùgǔ	巨骨
LI7	wēnliū	溫溜	LI17	tiāndǐng	天鼎
LI8	xiàlián	下廉	LI18	fútū	扶突
LI9	shànglián	上廉	LI19	kǒuhéliáo	禾髎
LI10	shǒusānlǐ	手三里	LI20	yíngxiāng	迎香

stomach meridian zúyángmíng wèijīng

足陽明胃經

ST1	chéngqì	承泣	ST24	huáròumén	滑肉門
ST2	sìbái	四白	ST25	tiānshū	天樞
ST3	jùliáo	巨髎	ST26	wàilíng	外陵
ST4	dìcāng	地倉	ST27	dàjù	大巨
ST5	dàying	大迎	ST28	shuǐdào	水道
ST6	jiáchē	頰車	ST29	guīlái	歸來
ST7	xiàguān	下關	ST30	qìchōng	氣衝
ST8	tóuwéi	頭維	ST31	bìguān	髀關
ST9	réníng	人迎	ST32	fútù	伏兔
ST10	shuǐtū	水突	ST33	yīnshì	陰市
ST11	qìshè	氣舍	ST34	liángqiū	梁丘
ST12	quēpén	缺盆	ST35	dúbí	犢鼻
ST13	qìhù	氣戶	ST36	zúsānlǐ	足三里
ST14	kùfáng	庫房	ST37	shàngjùxū	上巨虛
ST15	wūyì	屋翳	ST38	tiáokǒu	條口
ST16	yíngchuāng	膺窗	ST39	xiàjùxū	下巨虛
ST17	rǔzhōng	乳中	ST40	fēnglóng	豐隆
ST18	rǔgēn	乳根	ST41	jiěxī	解谿
ST19	bùróng	不容	ST42	chōngyáng	衝陽
ST20	chéngmǎn	承滿	ST43	xiàngǔ	陷谷
ST21	liángmén	梁門	ST44	nèitíng	內庭
ST22	guānmén	關門	ST45	lìduì	厲兌
ST23	tàiyǐ	太乙			

spleen meridian zútàiyīn píjīng

足太陰脾經

SP1	yǐnbái	隱白	SP12	chōngmén	衝門
SP2	dàdū	大都	SP13	fùshè	府舍
SP3	tàibái	太白	SP14	fùjié	腹結
SP4	gōngsūn	公孫	SP15	dàhéng	大橫
SP5	shāngqiū	商丘	SP16	fùāi	腹哀
SP6	sānyīnjiāo	三陰交	SP17	shídòu	食竇
SP7	lòugǔ	漏谷	SP18	tiānxī	天谿
SP8	dìjī	地機	SP19	xiōngxiāng	胸鄉
SP9	yīnlíngquán	陰陵泉	SP20	zhōuróng	周榮
SP10	xuèhǎi	血海	SP21	dàbāo	大包
SP11	jīmén	箕門			

heart meridian shǒushàoyīn xīnjīng

手少陰心經

HT1	jíquán	極泉	HT6	yīnxì	陰郄
HT2	qīnglíng	青靈	HT7	shénmén	神門
HT3	shàohǎi	少海	HT8	shǎofǔ	少府
HT4	língdào	靈道	HT9	shǎochōng	少衝
HT5	tōnglǐ	通里			

small intestine meridian shǒutàiyáng xiǎochángjīng

手太陽小腸經

SI1	shàozé	少澤	SI11	tiānzōng	天宗
SI2	qiángǔ	前谷	SI12	bīngfēng	秉風
SI3	hòuxī	後谿	SI13	qūyuán	曲垣
SI4	wàngǔ	腕骨	SI14	jiānwàishū	肩外俞
SI5	yángǔ	陽谷	SI15	jiānzhōngshū	肩中俞
SI6	yǎnglǎo	養老	SI16	tiānchuāng	天窗
SI7	zhīzhèng	支正	SI17	tiānróng	天容
SI8	xiǎohǎi	小海	SI18	quánliáo	顴髎
SI9	jiānzhēn	肩貞	SI19	tīnggōng	聽宮
SI10	nǎoshū	髑髏			

bladder meridian zútàiyáng pángguāngjīng

足太陽膀胱經

BL1	jīngmíng	睛明	BL35	huìyáng	會陽
BL2	cuánzhú	攢竹	BL36	chéngfú	承扶
BL3	méichōng	眉衝	BL37	yīnmén	殷門
BL4	qūchā(qūchāi)	曲差	BL38	fúxì	浮郤
BL5	wǔchù	五處	BL39	wěiyáng	委陽
BL6	chéngguāng	承光	BL40	wéizhōng	委中
BL7	tōngtiān	通天	BL41	fúfēn	附分
BL8	luòquè	絡卻	BL42	pòhù	魄戶
BL9	yùzhěn	玉枕	BL43	gāohuāng	膏肓
BL10	tiānzhù	天柱	BL44	shéntáng	神堂
BL11	dàzhù	大杼	BL45	yìxǐ	譙譙
BL12	fēngmén	風門	BL46	géguān	隔關
BL13	fèishū	肺俞	BL47	húnmén	魂門
BL14	juéyīnshū	厥陰俞	BL48	yánggāng	陽綱
BL15	xīnshū	心俞	BL49	yìshè	意舍
BL16	dūshū	督俞	BL50	wèicāng	胃倉
BL17	gésū	膈俞	BL51	huāngmén	盲門
BL18	gānshū	肝俞	BL52	zhìshì	志室
BL19	dānshū	膽俞	BL53	bāohuāng	胞肓
BL20	píshū	脾俞	BL54	zhìbiān	秩邊
BL21	wèishū	胃俞	BL55	héyáng	合陽
BL22	sānjiāoshū	三焦俞	BL56	chéngjīn	承筋
BL23	shènshū	腎俞	BL57	chéngshān	承山
BL24	qìhǎishū	氣海俞	BL58	fēiyáng	飛揚
BL25	dàchángshū	大腸俞	BL59	fúyáng	跗陽
BL26	guānyuánshū	關元俞	BL60	kūnlún	崑崙
BL27	xiǎochángshū	小腸俞	BL61	púcān(púshēn)	僕參
BL28	pángguāngshū	膀胱俞	BL62	shēnmài	申脈
BL29	zhōngliǎishū	中膂俞	BL63	jīnmén	金門
BL30	báihuánshū	白環俞	BL64	jīnggǔ	京骨
BL31	shàngliáo	上髎	BL65	shùgǔ	束骨
BL32	ciliáo	次髎	BL66	zútōnggǔ	足通谷
BL33	zhōngliáo	中髎	BL67	zhìyīn	至陰
BL34	xiàliáo	下髎			