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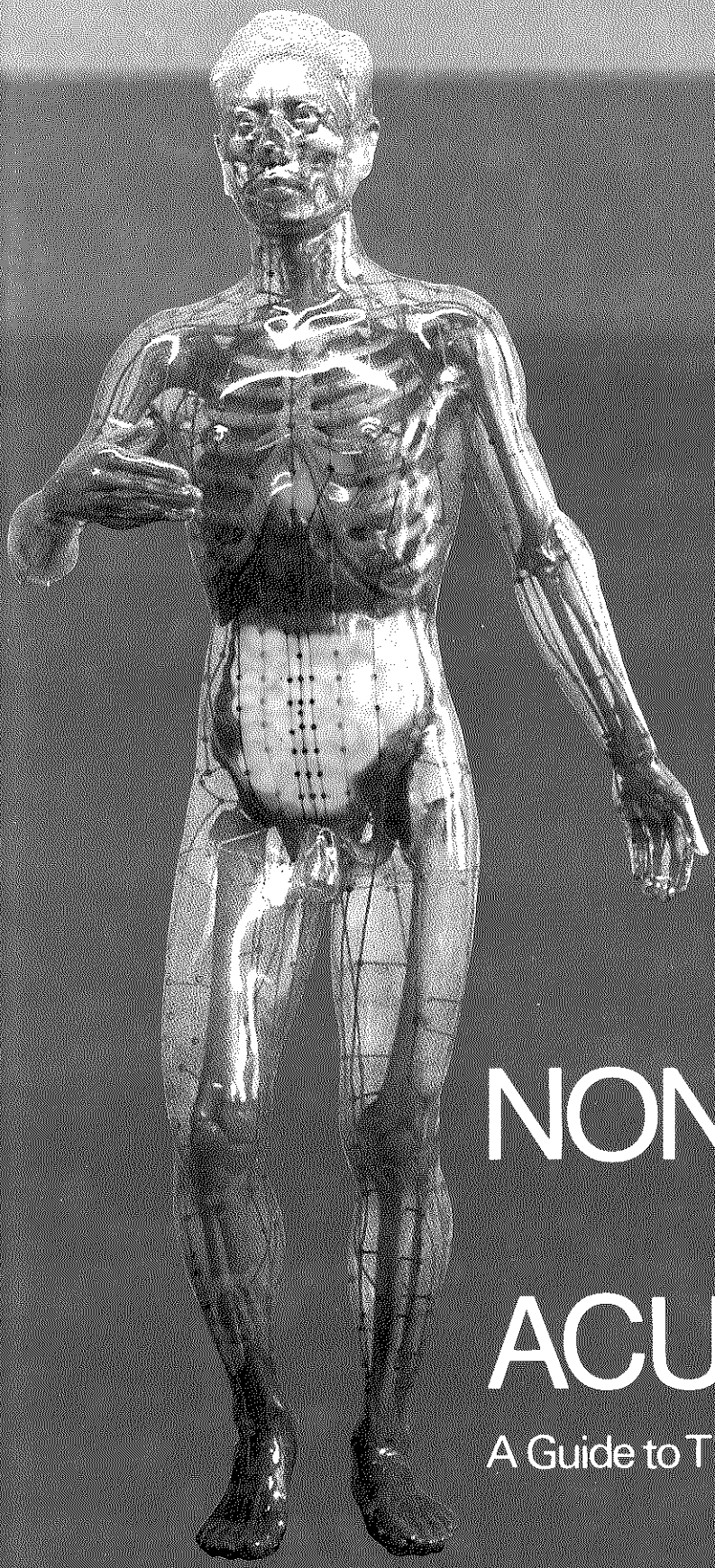
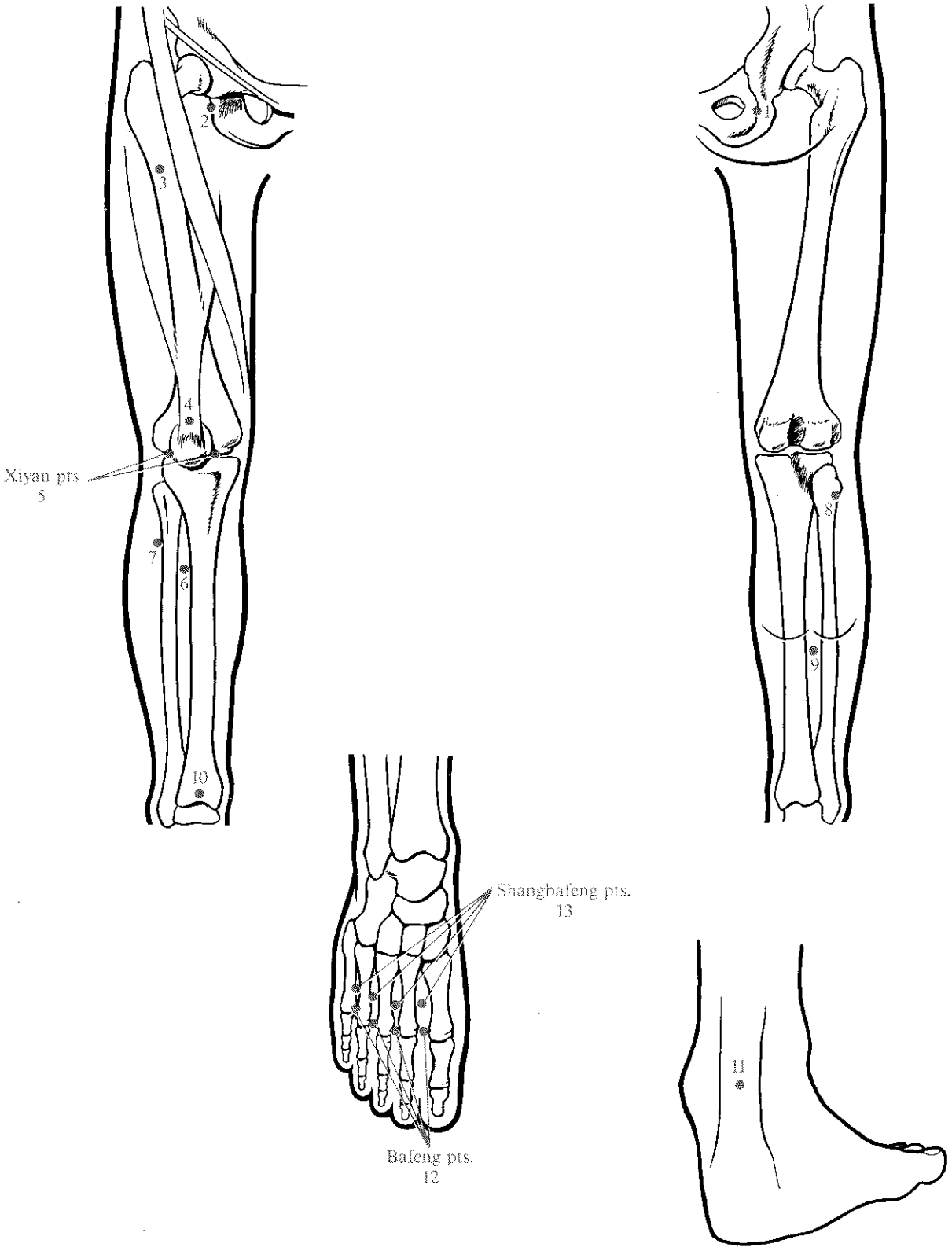


# THE NON-MERIDIAL POINTS OF ACUPUNCTURE

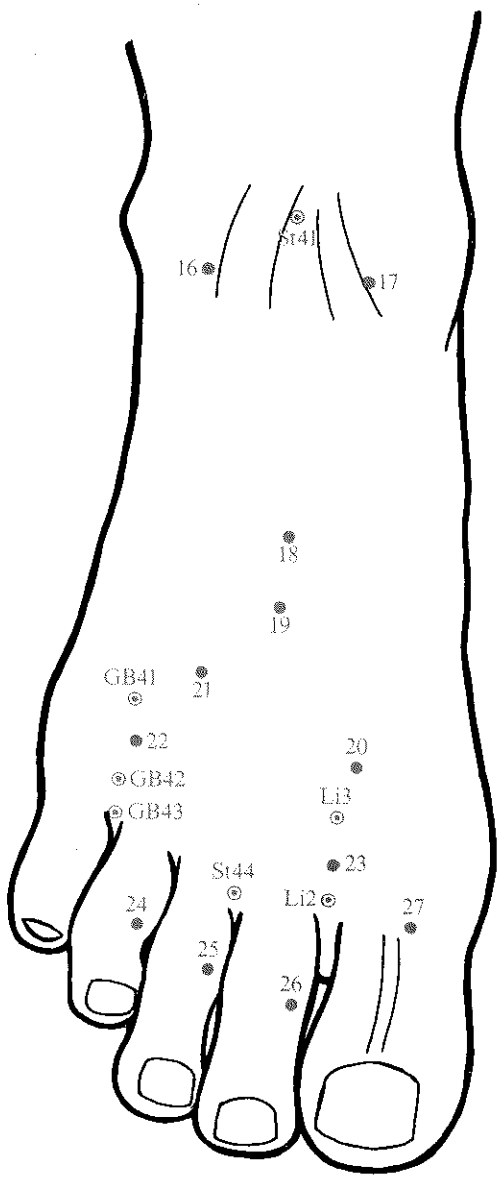
## A Guide to Their Location and Therapeutic Use

| | | | |
|---|---|---|---|
| LE10 | Naoquing ('Brain's Clearing') | | 2 finger-widths above St41 (Jiexi), at lateral border of tibia. |
| | | Insertion: | Vertical, ½-1 cun. |
| | | Indications: | Lassitude; vertigo; amnesia; mental retardation from encephalitis; foot-drop from poliomyelitis. |
| LE11 | Genping ('Level with the Heel') | | On the Achilles tendon, on a line connecting the medial and lateral malleoli. |
| | | Insertion: | Vertical, 5-8 fen. |
| | | Indications: | Foot-drop and club-foot due to poliomyelitis. |
| LE12 | Bafeng points ('Eight Winds') | | In the web between each of the toes, four on each foot. 3 of these are Li2 (Xingjian), St44 (Neiting) and GB43 (Xiaxi). |
| | | Insertion: | Slanted, ½-1 cun. |
| | | Indications: | Peripheral neuritis; inflammation of dorsum of foot and toes; headache; toothache; gastralgia; irregular menses. |
| LE13 | Shangbafeng points ('Upper Eight Winds') | | Posterior to the metatarsophalangeal joints of the toes, between all of the metatarsal bones. 3 of these are Li3 (Taichong), St43 (Xiangu) and GB42 (Diwuhui). |
| | | Insertion: | Vertical, ½-1 cun. |
| | | Indications: | As for Bafeng points. |


1
2
3
4
Xiyan pts
5
7
6
10
1
8
9
Shangbafeng pts.
13
Bafeng pts.
12
11

# FOOT NEEDLING — DORSAL POINTS

16. ½ cun distal to St41 (Jiexi) in the depression lateral to it (lateral to the extensor tendon).
    Insertion: Slanted inferiorly or superiorly ½-1 cun, or join to point 17.
    Indications: Spasm of gastrocnemius muscle; low-back pain.
17. ½ cun distal to St41, in the depression medial to it (medial to extensor hallucis tendon).
    Insertion: As above.
    Indications: As above.
18. 2½ cun distal to St41 (Jiexi).
    Insertion: Vertical 1-5 fen, or prick.
    Indications: Angina pectoris; asthma; common cold.
19. 3 cun proximal to the mid-point of a line between the heads of the 2nd or 3rd metatarsals.
    Insertion: Vertical, or slanted upwards ½-1 cun.
    Indications: Gastric ulcer; duodenal ulcer; gastro-enteritis.
20. In the depression medial and distal to the base of the 1st metatarsal.
    Insertion: Vertical, 1-2 cun.
    Indications: Acute low-back strain.
21. 2 cun proximal to the mid-point of a line between the heads of the 3rd and 4th metatarsals.
    Insertion: Vertical, 1 cun.
    Indications: Torticollis; stiff neck.
22. Midway between GB41 (Zulingqi) and GB42 (Diwuhui).
    Insertion: Vertical, ½-1 cun.
    Indications: Sciatica; tonsillitis; parotitis.
23. Midway between Li2 (Xingjian) and Li3 (Taichong).
    Insertion: Vertical, or slanted proximally 1-2 cun.
    Indications: Tonsillitis; parotitis.
24. On the medial side of the proximal interphalangeal joint of the 4th toe.
    Insertion: Prick, 1-2 fen.
    Indications: Headache.
25. On the medial side of the proximal interphalangeal joint of the 3rd toe.
    Insertion: Prick, 1-2 fen.
    Indications: Headache.
26. On the medial side of the proximal interphalangeal joint of the 2nd toe.
    Insertion: Prick, 1-2 fen.
    Indications: Headache.
27. On the medial side of the extensor hallucis longus tendon, on the metatarsophalangeal joint.
    Insertion: Prick 1-2 fen, or shallow insertion.
    Indications: Eczema; urticaria; tonsillitis; parotitis.


St41
16
17
18
19
GB41
21
22
20
GB42
Li3
GB43
St44
23
Li2
24
27
25
26

Dursal

# NOSE AND FACE NEEDLING
# Point Distribution

**First Line**

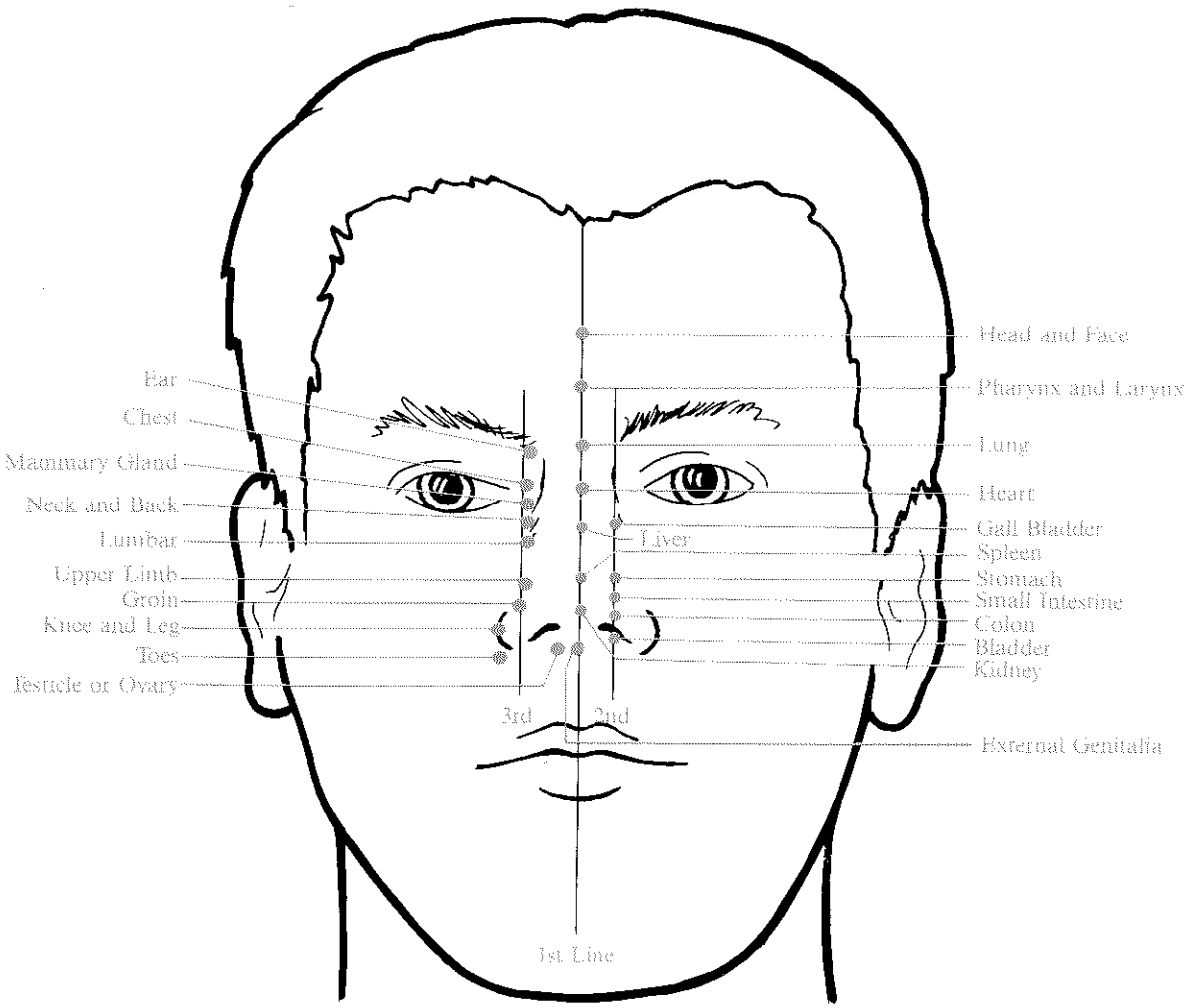
| | |
|---|---|
| Head and Face | In the middle of the forehead, on the midline of a line connecting the centre between the eyebrows and the natural margin of the hair. |
| Pharynx and Larynx | Middle of the line connecting 'Head and Face' and 'Lung'. |
| Lung | Midway between the inner ends of the eye-brows. |
| Heart | Midway between the internal canthii. |
| Liver | Below the most prominent part of the bridge of the nose, the crosspoint between the line connecting the two zygomatic bones and the midline of the nose. Midway between 'Heart' and 'Spleen'. |
| Spleen | Midline of upper border of tip of nose. Midway between 'Heart' and 'External Genitalia'. |
| Kidney | Midway between 'Spleen' and 'External Genitalia'. |
| External Genitalia | On the tip of the nose. |
| (Testicle/Ovary | Bilateral, lateral to the tip of the nose, and on the inner border of the alae nasae). |

**Second Line**

| | |
|---|---|
| Gall Bladder | Below the medial angle of the orbit, lateral to 'Liver'. |
| Stomach | Below 'Gall Bladder', lateral to 'Spleen'. |
| Small Intestine | At upper ⅓ of alae nasae, below 'Stomach'. |
| Large Intestine | Middle of alae nasae, below 'Small Intestine'. |
| Bladder | On end border of alae nasae, below 'Large Intestine'. |

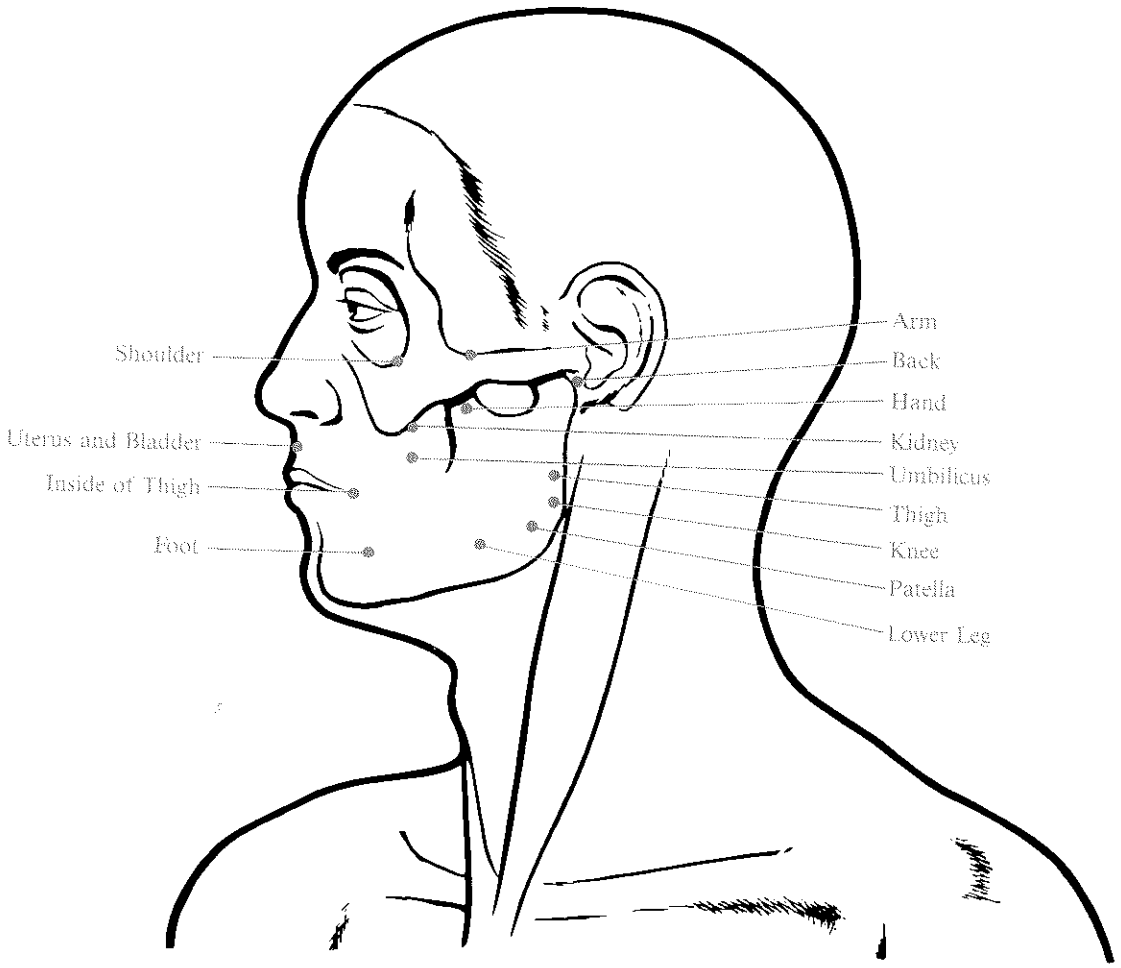
**Third Line**

| | |
|---|---|
| Ear | Inner end of the eye-brow. |
| Chest | Below 'Ear', above the orbital fossa. |
| Mammary Gland | Medial side of the internal canthus, below 'Chest'. |
| Neck and Back | Medial aspect of internal canthus, below 'Mammary Gland'. |
| Lumbar vertebrae | Medial aspect of zygomatic bone, on level of 'Liver'. |
| Upper Limb | Level of upper margin of tip of nose, same level as 'Spleen', below 'Lumbar vertebrae'. |
| Groin | Upper margin of alae nasae, below 'Upper Limb'. |
| Knee and Leg | Outer side of middle of alae nasae on nasolabial groove, below and slightly lateral to 'Groin'. |
| Toes | Below 'Knee and Leg', on same level as 'Bladder'. |


Head and Face
Pharynx and Larynx
Lung
Heart
Gall Bladder
Liver
Spleen
Stomach
Small Intestine
Colon
Bladder
Kidney
External Genitalia
Ear
Chest
Mammary Gland
Neck and Back
Lumbar
Upper Limb
Groin
Knee and Leg
Toes
Testicle or Ovary
3rd
2nd
1st Line

# FACE NEEDLING

| | |
|---|---|
| Uterus and Bladder | In the philtrum, junction of middle and upper thirds. |
| Inside of Thigh | 5 fen lateral to the oral angle. (Same point as St4 Dicang). |
| Shoulder | On the upper border of the malar bone, vertically below the external canthus. |
| Arm | Posterior to 'Shoulder', on the upper border of the zygomatic arch. |
| Hand | Below 'Arm', on the lower border of the zygomatic arch. |
| Back | In front of the tragus, between the inner side of the tragus and the mandibular joint. |
| Thigh | ⅓ the distance from the ear-lobe to the angle of the mandible. |
| Knee | ⅓ the distance from the angle of the mandible to the ear-lobe. |
| Patella | (Same point as St6 Jiache). In the depression above the angle of the mandible. |
| Lower Leg | On the upper border of the mandible, anterior to the mandibular angle. |
| Foot | Anterior to 'Lower Leg', vertically below the external canthus, on the upper border of the mandible. |
| Kidney | Vertically below Taiyang on the level of the ala nasi. |
| Umbilicus | On the cheek, 7 fen below 'Kidney'. |


Shoulder
Uterus and Bladder
Inside of Thigh
Foot
Arm
Back
Hand
Kidney
Umbilicus
Thigh
Knee
Patella
Lower Leg

# HEAD NEEDLING

Head or scalp needling is possibly the most important of all the various acupuncture techniques which have evolved since the Ming dynasty (ending 1644). It took its rise from the work of Dr Jiao Shen-fa, a neurologist working in Ji Shan People's Hospital during the Cultural Revolution, and was originally evolved for treating intractable cases of hemiplegia by needling the area on the scalp that is related to the motor areas of the cerebral cortex. Other areas were later discovered by utilizing the same basic principle, leading to the mapping-out of the sensory, visual, speech and similar areas.

It is particularly useful for the treatment of the various forms of motor and sensory impairment which can so often prove difficult to resolve using the standard body or auricular therapy, but organ dysfunctions can also respond to stimulation of the appropriate areas — in these conditions head-needling is usually used only when the condition has failed to respond to the more normal approaches.

For motor and sensory conditions, bearing in mind the decussation of the pyramidal tracts, it is usual to treat the opposite side, whilst bilateral conditions are treated bilaterally.

The usual strict aseptic precautions have to be observed, and it is preferable to use a fairly thick needle of 26 or 28 gauge, 2½ to 3 inches long. The needle is inserted at a 15° angle to the skin, and then gently rotated subcutaneously to the required distance, usually about 1½ inches. The needle should be rotated to obtain Da Qi, and then rotated with a wide amplitude at a frequency of 200 per minute for two to three minutes. The needle is then left *in situ* for five to ten minutes, rotated again, and then withdrawn slowly, the point of insertion being cleaned with dry sterilized cotton-wool to prevent bleeding and infection.

Electro-stimulation may also prove effective, again at a frequency of 200 per minute (or slightly over 3Hz), for about 20 to 30 minutes.

The sensation experienced by the patient should be a feeling of warmth, or occasionally numbness or tingling, in the affected area or limb, whilst to prevent needle-sickness it is advisable for the patient to be treated either prone or supine, if possible.

In China, patients are treated daily for 10-16 days, rested for 5-7 days, and the course is then repeated if necessary. In the West this frequency of treatment is less easy to attain, but bi-weekly treatment is preferable, and certainly no longer than a week between treatments. With the greater gap, the over-all period of treatment is naturally greatly increased.

**Locating the Areas**

In mapping-out the areas, there are two standard, essential guidelines to establish:

1. The Antero-Posterior Midline, connecting the mid-point between the two eye-brows and the lower border of the external occipital tuberosity.

2. The Eye-Brow/Occiput line, connecting the mid-point of the eye-brow with the tip of the external occipital tuberosity.

All other stimulation areas are mapped from these two lines, and are usually linear with a width of about 3 millimetres.

1. *Motor Area* (Corresponds to the anterior central gyrus).
   The upper point is 0.5 centimetre posterior to the mid-point of the A/P line.
   The lower point is where the Eye-Brow/Occipital line crosses the anterior margin of the natural hair line on the temple. (If the hair is absent, take a vertical line upwards from the mid-point of the zygomatic arch. The lower point of the Motor Area is on the Eye-Brow/Occipital line 0.5 centimetres anterior to this vertical.)

The Motor Area is divided into five parts, the upper $^1/_5$th being the motor area of the lower limbs and trunk, the middle $^2/_5$ths the motor area of the upper limbs, and the lower $^2/_5$ths (also known as 'Speech 1') the motor area for the face and speech organs (corresponds to Broca's area and the inferior frontal gyrus).

2. *Sensory Area* (Corresponds to the post-central gyrus of the parietal lobe).
   Is a line parallel to and 1.5cm posterior to the Motor Area. This area is also divided into five parts: Upper $^1/_5$th sensory to the lower limbs, trunk and neck, middle $^2/_5$ths sensory to the upper limbs, and the lower $^2/_5$ths sensory to the head and face.
3. *Chorea.* 1.5cm anterior to the Motor Area.
4. *Vaso-Vagal.* 1.5cm anterior to Chorea.
5. *Inner Ear.* (Corresponds to the middle portion of the superior temporal gyrus). 1.5cm above the apex of the ear, 4cms long.
6. *Speech 3.* (Corresponds to the posterior portion of the superior temporal gyrus). This line overlaps Inner Ear by 2cms and continues posteriorly to a total of 4cms.
7. *Functional Area.* (Corresponds to the supramarginal gyrus of the parietal lobe). Starts at the intersection of a vertical line from the end of Speech 3, and a horizontal line from the parietal tuberosity. It extends downwards for 3cms at an angle of 40° from the vertical on both sides of the vertical line.
8. *Speech 2.* (Corresponds to the angular gyrus of the parietal lobe). Is a vertical line 3cms long starting from 2cms below the parietal tuberosity.
9. *Leg and Foot.* On the vertex of the head, parallel to the A/P line at 1cm distance from it, starting 1cm anterior to GV20 (Paihui) and ending 3cms posterior to this point.
10. *Visual Area.* (Corresponds to the upper and lower border of the calcarine fissure of the occipital lobe). Parallel to the A/P line at 1cm distance from it, extending 4cms upwards from the inion.
11. *Equilibrium.* (Corresponds to the cerebellar hemisphere). Parallel to the A/P line, at 3.5cms distance from it, extending 4cms downwards from the inion.
12. *Stomach Area.* Take a straight line from the centre of the pupil vertically upwards to the hair margin. The prolongation of this line for 2cms above the hair margin is the Stomach Area.
13. *Thoracic Area.* Is on a vertical line mid-way between Stomach Area and the A/P line, from 2cms below to 2cms above the hair-line.
14. *Genitalia.* Is a vertical line 1.5cm posterior to Stomach Area, 2cms long.
15. *Liver and Gall Bladder.* The straight line extending for 2cms below the Stomach Area.
16. *Intestines.* The straight line extending 2cms below the Genitalia area,.

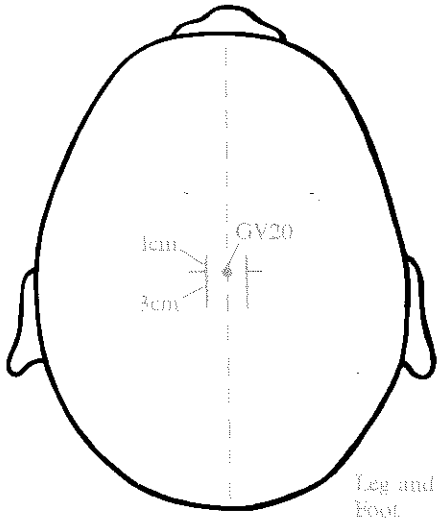
**Indications**

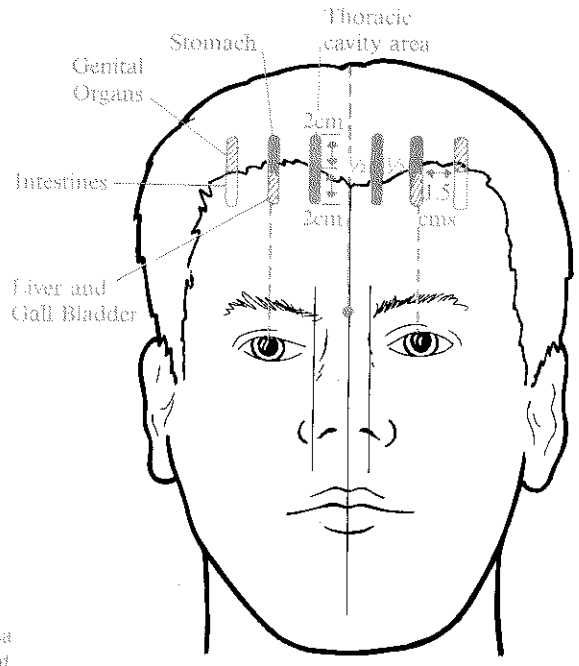
1. Upper Motor: Paralysis or paresis of contralateral lower limb and trunk.
   Middle Motor: Paralysis or paresis of contralateral upper limb.
   Lower Motor: Contralateral facial paralysis: slurred speech; motor aphasia; aphonia; excessive salivation.
2. Upper Sensory: Pain or numbness, all abnormal sensations, of contralateral lower limb, trunk and neck. Occipital headache.
   Middle Sensory: All sensory defects in contralateral upper limb.
   Lower Sensory: Facial paraesthesia; trigeminal neuralgia; right or left sided migraine; arthritis of temporo-mandibular joint.
3. Chorea: Has similar regional sub-divisions as the Motor and Sensory areas. For all involuntary movements — Parkinsonism, tics, facial hemi-spasm, chorea, blepharospasm, senile tremor.
4. Vaso-Vagal: Generalized oedema; high or low blood-pressure; cerebral oedema; oedema from hypertension or from paralysis of the limbs.
5. Inner Ear: Tinnitus, Menière's Disease, vertigo, deafness.
6. Speech 3: Loss of speech, sensory aphasia.
7. Functional: Apraxia and loss of function.
8. Speech 2: Alexia and word aphasia.

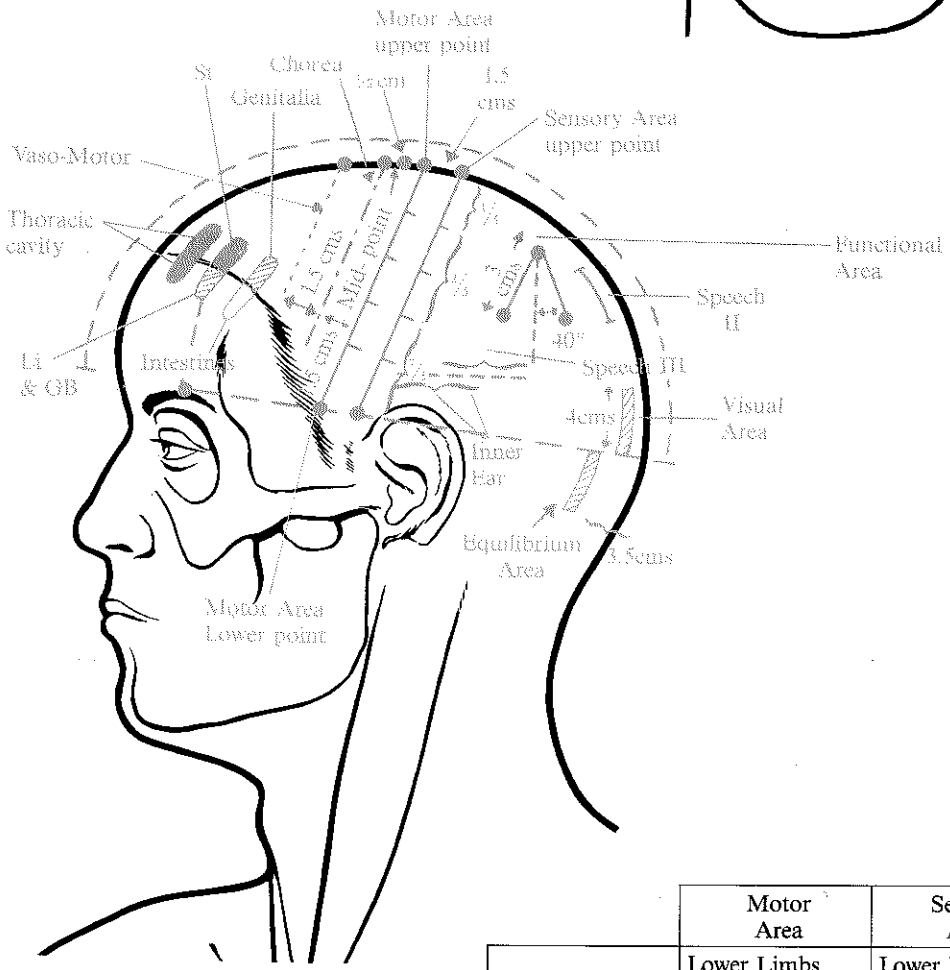
9. Leg and Foot: Pain, numbness or paralysis of the lower limbs; uterine prolapse, nocturia; acute lumbago.
10. Visual Area: Poor sight due to cortical visual disturbances; colour blindness.
11. Equilibrium: Loss of balance, vertigo, caused by cerebellar disorders.
12. Stomach: Abdominal pain above the umbilicus; gastric disorders; general malaise.
13. Thoracic: Bronchial asthma; dyspnoea; palpitations; pain in thoracic area.
14. Genitalia: Functional uterine bleeding; ejaculatio praecox. All genital conditions with a nervous basis. Also uterine prolapse when used in conjunction with motor-sensory 'foot' area.
15. Liver and Gall Bladder: Liver and Gall Bladder dysfunction; pain or discomfort in the epigastrium and right hypochondrium.
16. Intestines: Intestinal dysfunction.

Note: Head Needling is most suitable for:

Head injuries; cerebro-vascular accident; concussion; Parkinsonism; Menières's syndrome.




| | Motor Area | Sensory Area |
|---|---|---|
| Upper $\frac{1}{5}$ | Lower Limbs and Trunk | Lower Limbs, Trunk and Neck |
| Middle $\frac{2}{5}$ | Upper Limbs | Upper Limbs |
| Lower $\frac{2}{5}$ | Face | Head and Face |