

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 21
OF
31 LESSONS

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Recommended books to simplify your research are as follows

Essentials of Chinese Acupuncture
Gray's Anatomy
The Merck Manual
Taber's Cyclopedic Medical Dictionary

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to the acupuncturists and medical researchers
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This Lesson on THE GALL BLADDER MERIDIAN consists of the information given in this section of the Study Guide, all material covered by herewith specified page references to the textbook as supplied, and the enclosed O.I.C.S. Indication Sheets for this meridian.

(1) Study Section k, on pages 50 and 53 of the textbook and the diagram on un-numbered page 52 (Fig. 18). The textbook omits explaining many of the details of the meridian's course on the head and noteworthy there is the fact that this meridian directly meets St-8 and sends a secondary branch to Go-20 at the vertex. As shown in Fig. 18, but not mentioned in the textbook, from GB-21 this meridian sends a secondary branch to the back of the neck that contacts Go-14, B1-11 and SI-12. Upon returning from the back it meets St-12 at the supraclavicular fossa (not shown by a triangle or mentioned in the textbook). Those three points shown around the ear in Fig. 18 but not mentioned in the textbook are TB-17, TB-20 and TB-22, and please remember that this meridian's 'Retro-auricular Branch' actually enters the ear. The 'Outer Canthus Branch' (which can be considered an entirely internal branch of this meridian) again meets St-12 at the supraclavicular fossa before descending into the chest, and at the lower abdomen also meets St-30 (not shown or mentioned) at the inguinal region on its way to GB-30. The 'original channel' running downward from the supraclavicular fossa (St-12) to GB-44, between GB-29 and GB-30 sends a secondary branch to B1-31 and Go-1 at the sacral region (not mentioned in textbook but shown by triangles in the back-view of Fig. 18) and also B1-33 (which is not shown by a triangle or mentioned). All of the connections mentioned above or in the textbook are important energetically, and it is only through knowledge of such energetical details of a meridian's pathway (internal and external) that one can progress beyond a purely symptomatic approach to acupuncture. As for all meridians, be sure you know its relationship to the classical order of ch'i energy flow, to the Energetical Layers, its full terminology (both textbook and O.I.C.S.) as well as what 'Element' it belongs to, and so on.

(2) Study the location of all forty-four points of this meridian as given in text and diagrams from pages 172 to 184 of the textbook. Locate each of these points several times on yourself and then on someone else, as you have done for previous Lessons of the program, in conjunction with the hints, suggestions and further information given for many of these points in this section of the Study Guide. Four points on this channel are of major therapeutic importance, namely #20, 30, 34 and 39, for which information given on O.I.C.S. Indication Sheets at the end of this Lesson should be MEMORIZED. We suggest you notate these four major points in some manner beside the appropriate 'Location' information in your textbook. As well, you should delete any 'Indications' and 'Puncture' information given for those four points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide. Eight other points, namely #1, 2, 14, 21, 31, 40, 41 and 44, are of secondary therapeutic importance, and although information given for them on the O.I.C.S. Indication Sheets does not have to be memorized, their locations must be studied and known for examination purposes. Again, you should delete any 'Indications' and 'Puncture' information given for those secondary points in the textbook, as that information is covered in the Indica-

tion Sheets or within this section of the Study Guide as well. One point on this meridian (GB-18) is forbidden to needles, and four points are forbidden to moxibustion (GB-15, 22, 33 and 42), which must also be known (along with their locations) for examination purposes. Always be sure to consult the textbook 'Locations' for the points on this meridian in addition to those extra hints and location suggestion given in this section of the Study Guide in your study of this meridian. Now, let's have a look at this important meridian

GB-1: [Note that some authors call this GB-3 or erroneously the non-meridian 'Tai-Yang' Extra point (of a half pouce further lateral) in which case they thus place this first Gall Bladder point too far laterally]. This point is in a depression one-half pouce posterior to the lateral corner (external angle) of the eye, and is best found with the eyes closed. Always carefully search for that exact depression into which the needle is inserted. This is one of the instinctive 'scratch' points on the head for which massage or self-massage can also be worthwhile when indicated. Classically this point was the twenty-seventh point of the Triple Burner meridian, and was later incorporated into the Gall Bladder meridian.

For sinusitis and migraine it is often used in conjunction with the next point of this meridian. If both eyes are red, inflamed and painful, with photophobia, it is often used along with the first point of the Bladder meridian. For all eye disorders one should pay special attention to the functioning of the Liver and "pancreas" action of the Spleen meridian, as these are in energetic association with the eyes (this GB-1 point is energetically connected to both the Triple Burner and Small Intestine meridians). Some authors forbid this point to moxa however we can find no classical contra-indication to careful moxibustion at this point. All points from one to twenty inclusive of this meridian are forbidden to moxibustion on patients with hypertension though.

GB-2: [Note some authors call this GB-1.] Delete all 'Location' instructions in the textbook and substitute the following: "At the horizontal level of the intertragic notch (the deep notch at the lower front part of the ear below the tragus, and between it and the anti-tragus, right where the earlobe begins). The point is in front of (anterior to) this intertragic notch in a depression caused when the mouth is wide open, on the posterior border of the condyloid process of the mandible." When the mouth is closed, this point is right on the condyloid process of the mandible itself. Be careful in light of the temporomandibular joint and note that this is in the region of the superficial temporal artery. This point is then somewhat below SI-19, and considerably below TB-21 --- see Fig. 69, textbook page 139. Massage is often worthwhile at this point. GB-2 is often coupled with TB-17 for ear disorders. Classically this point was the twenty-fifth point of the Triple Burner meridian, but was later incorporated into the Gall Bladder meridian.

GB-3: [Note some authors call this GB-2, or even say it coincides to the TB-22 point. Others place it at the same horizontal level but considerably more anterior to where we do.] It is in a distinct depression that can be felt when the mouth is open, and the needle should be inserted with the mouth open as well. Add the following to the list

of 'Indications' given for this point in the textbook: Migraine; vertigo; and, distorted (wry) mouth. A few of the classics of acupuncture forbid this point to needles, however we do not consider it as such provided it is needled superficially only (delete 'Puncture' depth information in textbook and substitute "1 to 3 Fen only"). Classically deep insertion is forbidden and considered dangerous for deafness may entail if one punctures (hemorrhages) the artery [transverse facial artery]. Classically this point was the twenty-sixth point of the Triple Burner meridian, but was later incorporated into the Gall Bladder meridian.

GB-4: This point is located on the superior part of the temple, about one pouce below and one-half pouce posterior to the sharp angle of the anterior hairline at the uppermost corner of the forehead. It is thus about one pouce below St-8. When the patient chews, one can feel a slight movement here of the beginning of the muscle temporalis, and on the frontal part of that muscle lies this point. Keep in mind variations in hair lines, for in some cases this point is above the angle of the hair, and in receding hairlines may be right on the scalp --- let the slight movement during chewing be your main guide then. Do not needle this point any deeper than five fen! Classically it is strongly recommended that this point not be punctured more than seven fen, for a deep pique is said to be able to cause deafness. [Some authorities place this point considerably lower than our location.]

In order to place GB-5 and GB-6, it is best to locate GB-7 first.

GB-7: [Some authors call this GB-12, and some locate their GB-6 near or at our GB-7 location.] In the posterior temple area, on a horizontal level with the apex (uppermost tip) of the ear, and slightly anterior to the junction of a vertical line running upwards from in front of the ear at its superior root. It is in the hair, about one pouce in front of TB-20, and at its approximate horizontal level. Add "lockjaw" to the list of 'Indications' given in textbook here.

GB-5: Slightly anterior to the textbook's location [change their word "anterior" to "superior"], ie. at their horizontal level, but a bit off (forward to) the actual line joining GB-4 and GB-7. See China Cultural Chart #3 and Textbook Fig. 89a on un-numbered page 173. In the temporal region, usually covered with hair, at a horizontal level of approximately one pouce below GB-4, or about midway between St-8 and GB-7. Add "headache, and facial edema" to the list of 'Indications' given in the textbook for this point. Do not needle this point any deeper than three fen! Classically it is strongly recommended that this point not be punctured more than five fen, for a deep pique is said to be able to cause deafness. [Note: Some authorities place their GB-4 at this location, and some authorities place this point considerably more anteriorly.]

GB-6: Again, slightly anterior to the textbook's location, ie. at their horizontal level, but a bit off (forward to) the actual line joining GB-4 and GB-7. In the temple region at the horizontal level of about one pouce below GB-5, two pouce below GB-4, or midway between GB-5 and GB-7. [Some authorities place their GB-5 at this location, and some others place this point considerably more anteriorly.] Add "headache" to list of 'Indications' in textbook for this point. In a few Chinese books the location of GB-4, GB-5 and GB-6 is taken a slightly different

way to ours, namely by quartering a line joining St-8 and GB-7, with GB-4 then being one-quarter of the distance along that line below St-8, GB-5 being at that line's halfway mark, GB-6 at the three-quarter mark below St-8, and GB-7 of course at the termination of that line. Again, this simply yields the horizontal level of the point, rather than its exact placement on that line. As you can see, there is considerable variation in the placement of GB-4, GB-5 and GB-6, however our location represents the very latest concensus out of mainland China, and since these points are utilized very seldom in clinical practice, think of them as presenting a theoretical difficulty for master acupuncturists rather than posing any problem for beginning students and clinicians.

GB-8: [Note some authorities call this GB-7 or GB-12.] The textbook places this point almost straight above TB-20 [you may recall this is on the scalp above the auricular apex when the ear is folded forward], one-and-a-half pouce above the natural hairline near TB-20, or thus around one-and-a-half pouce above TB-20. It is in a small depression or hollow, and in chewing the movement of the muscle temporalis can be felt there. [Some authors place it slightly higher or lower than we do.] It is a possible adjunct point for tinnitus and often indicated for alcoholic 'hangover'. This point is not one of the greater points of acupuncture nor is it indicated for eye problems as some Western authors claim.

GB-9: [Note many authorities call this GB-15, some GB-8 or GB-7.] Change the word "inside" to "above" in the textbook's 'Location' for this point. It is almost straight above the rear border of the ear. You should be aware also that some authorities place this point one-half pouce further posterior and then slightly higher or lower than our location.

GB-10: [Some authorities call this GB-16, GB-9 or GB-8.] Delete textbook's 'Location' directions for this point. It is more than one pouce below and behind GB-9, at the approximate horizontal level of the apex of the ear, about one pouce behind the natural hairline that contours in back of the ear. It is thus at the posterior-superior part of the mastoid process of the temporal bone. Some authors place this point slightly higher or lower depending on their other point placements for this meridian.

GB-11: [Note some authorities call this GB-18 or GB-10. It is sometimes confused with GB-44 of the same transliterated name, and thus the textbook qualifies them as being either 'Head'-or 'Foot'-Qiaoyin. Most other responsible nomenclature systems and acupuncture charts qualify at least one of them in some manner, ie. prefix 'Tsu' (foot), etc.] This point is slightly below the horizontal level of the superior border of the ear proper (not the helix or apex, but rather where the ear attaches to the head at its front uppermost part), on the posterior part of the mastoid process of the temporal bone. Add "tinnitus" to list of 'Indications' given for this point in the textbook, and change word "vertical" to read "vertex".

GB-12: [Some authorities call this GB-17 or GB-11. It is sometimes confused with SI-4 of the same transliterated name, and for this reason the textbook qualifies this point as being 'Head-Wangu'.] See textbook description for its location. Bow head forward to locate the depres-

sion. It is sometimes described only as being in a depression at the lower border of the mastoid process. There are really only two main schools of thought on the location of this point, the textbook one being the most common in recent Chinese works, and the following: In a depression near the occiput, at the angle formed by the posterior edge of the mastoid process and the inferior horizontal edge of the occiput. The textbook placement is the recommended location! These points are usually very sensitive to pressure. Add "deafness" to list of 'Indications' given in textbook for this point.

GB-13: [Some authorities call this GB-15.]

GB-14: [Some authorities call this GB-10.] On the forehead along an imaginary line parallel to the midline through the pupil of the eye when patient is looking straight ahead. On that line, one pouce above the eyebrows (midpoint thereof individually) in a depression on the superciliary arch. Some authorities place this point somewhat higher on the forehead.

GB-15: [Some authorities call this GB-11 or GB-13. It is sometimes confused with GB-41 of the same transliterated name, and thus the textbook qualifies them as being either 'Head'-or 'Foot'-'Linqi'.] In furtherance to the textbook's 'Location' description, it is five fen or more inside (above) the natural anterior hairline at the top of the forehead, directly above GB-14. It is approximately two to three cun (pouce) lateral to the midline of the head. This point is classically FORBIDDEN TO MOXIBUSTION. Underscore the words "eye diseases" in your textbook's 'Indications' here.

GB-16: [Note some authorities call this GB-12.] One cun (pouce) posterior to GB-15. The location is sometimes given as being one-and-a-half pouce from GB-15.

GB-17: [Note some authorities call this GB-13.] One pouce (cun) behind GB-16. The location is sometimes also given as being one-and-a-half pouce from GB-16. It is on or near an imaginary line joining the apex of the ears and the highest part of the vertex of the head. Remember that this point and the last one (as well as the next point) are directly above the pupil of the eye [see GB-14].

GB-18: [Note some authorities call this GB-14.] This point is classically FORBIDDEN TO NEEDLES. Moxa time is 3 to 10 minutes.

GB-19: In a depression at the suture (seam) of the parietal and occipital bones of the skull. Remember the textbook location is taken upwards from GB-20, not downwards from GB-18, so locate GB-20 first to find GB-19. This point is sometimes helpful for sinusitis as well.

GB-20: Note textbook location does not say depression below mastoid process but rather depression below mastoideus (mastoid) itself, and thus the point is in a large depression between the depression below the occipital protuberance (at midline) and the depression below the mastoideus (just posterior to the mastoid process), in between the muscles. It is best to have patient seated upright, with head bent forward. This point is below the occipital bone itself, slightly below the horizontal level of the mastoid process, and usually just above (inside) the natural posterior hairline. It is about one-and-a-half to two pouce lateral to the midline of the back of the neck, and just

lateral (towards ear) to the muscular ridge at the back of the neck (the start of trapezius muscle). Be aware that some authorities place this point closer to the posterior edge of the mastoid process itself. Delete all 'Puncture' information and 'Indications' given in textbook for this point and see the information in the Indication Sheets at the end of this Lesson in that regard. It is certainly advisable not to puncture this point too deeply [medula oblongata], and if you must go quite deep be sure the direction of insertion is correct. Concerning the direction of insertion, the advice we give is the usual recommendation, however some authorities specify needling towards the inner canthus of the opposite eye, or advise needling towards the tip of the nose instead.

GB-21: [Note some European authorities say this point corresponds to TB-16 and SI-15.] In addition to the textbook's location, it can be described as being near the lateral base of the neck, between the medial edge of the spine of the scapula and the clavicle, in front of (anterior to) the upper border of the trapezius muscle, and almost directly above the nipple. There are two common ways to manually locate this point on your patients: (1) Have patient lift arm to a horizontal level with elbow bent. Standing behind patient, place your hand on the trapezius muscle at the patient's shoulder. This point is usually then in a hollow below the finger tip of your bent middle finger. (2) Standing behind the patient, patient's arms at his side, place the distal wrist crease of your hand over the lower edge of the spine of the patient's scapula, put the thumb on the patient's seventh cervical vertebra, and the other four fingers of your hand together on the patient's shoulder (your index finger thus leaning on the patient's neck). GB-21 is then in a depression near the tip of your middle finger when it is bent.

Classically, deep needle insertion at this point is forbidden, and if needled too deeply causing syncope in consequence, one must immediately tonify St-36 as an energetic correction. It is advisable to be cautious in using this point on patients with heart conditions, and because of its favorable action in assisting childbirth, it is also forbidden to needle this point in pregnant women. Delete 'Indications' and 'Puncture' information given in textbook for this point and see Indication Sheets at end of this Lesson in that regard.

GB-22: In a large hollow, three pouce (cun) directly below the midpoint of the armpit, between the fourth and fifth ribs (4th. intercostal space), when the arm is raised up high (vertically). A few authorities place this point in the third intercostal space. This point is **ABSOLUTELY FORBIDDEN TO MOXIBUSTION**. Classically moxibustion here can cause death.

GB-23: One pouce in front of (anterior to) GB-22, and possibly somewhat lower or higher, but still in the same intercostal space as GB-22, again locate with patient's arm raised high. A number of authorities place this point one intercostal space lower (in the fifth intercostal space). The very latest material (1977) put out by the two leading Shanghai traditional medicine research departments now place this point and GB-22 in the fifth intercostal space, although classically they have always been located in the fourth intercostal space. Add "Gall Bladder diseases, inflammation, biliary colic, and biliary duct dysfunction" to list of 'Indications' given in textbook for this point.

GB-24: One rib, or one to one-and-a-half pouce, directly below Liver Fourteen point (thus placing GB-24 in the seventh intercostal space), and approximately three-and-a-half pouce (cun) from the ventral mid-line (slightly medial to the mamillary line). Some describe this point as being just below the anterior extremity of the ninth rib, and some authorities place this point in the fifth, sixth or eighth intercostal space, however the seventh intercostal space is the preferred location.

GB-25: Remember that the eleventh and twelfth ribs are floating ribs which vary considerably in length in different individuals. It is best to have the patient lying on his side with arm raised above his head to both locate and utilize this point. Add the following to the list of 'Indications' given in textbook for this point: "Nephritis; intercostal neuralgia; lumbar area pains; diarrhea".

GB-26: It is thus almost two pouce (cun) below Liver Thirteen point, on a horizontal level with the navel. Another school of thought places it at the highest part of the iliac crest (long, arched upper border of the ilium or hipbone), which is quite close as well. Underscore "lumbago and irregular menstruation" given in list of 'Indications' in the textbook, and add the following: "Leukorrhea; lower abdominal pain in women; and gynecological disorders". This is the most important point of the 'Dai Mai' (Belt Channel) extra (ancestral) meridian [see textbook page 60] from which this point takes its name.

GB-27: The "anterior superior iliac spine" is a bony projection from the front end of the crest of the ilium. See China Cultural Chart #3. Some authorities place this point slightly higher and posterior along the iliac crest, about halfway between our GB-26 and GB-27 locations, in which case they place their GB-28 at the textbook's GB-27 location.

GB-28: [Note some authorities call this GB-30.] A number of western authors erroneously place this point one pouce above the greater trochanter of the femur bone, however as you can see from China Cultural Chart #1 and #3, this is too far distal and posterior for this point.

GB-29: [Note some authorities call this GB-28, and this point is sometimes confused with St-3 of the same name, and for this reason the textbook qualifies this particular point as 'Juliao' of the 'Femur'.] Classically moxa is not advised at this point for it can cause paralysis.

GB-30: [Note some authorities call this GB-29.] In regards to Figure 93, on page 180 of the textbook, the "Major trochanter" is the same as the 'great trochanter' and the "Hiatus canalis sacralis" is the same as the "hiatus of the sacrum". The sacral hiatus is a gap at the lower end of the sacrum exposing the continuation of the spinal canal in the sacrum. The patient should be lying on his side, with the leg on top bent to ninety degrees at the knee, and the leg below extended straight. The point is then located as per textbook's instructions, in a hollow in the buttocks on the posterior-superior side of the great trochanter. [If you are right-handed, hold the upper leg in that flexed position with the left hand (in thus mobilizing it you bring into play the articulation of the hip) and with the right hand search for the point.] Some authorities use as the distal end reference mark for the horizontal measurement line discussed in the textbook a point two pouce above the hiatus of the sacrum, however we prefer the measurement to be taken from the hiatus of the sacrum itself. With patient

on his side as discussed above, the practitioner can place his most proximal thumb crease on the head of the great trochanter of the femur with thumb pointing in the direction of the patient's spine, and GB-30 then is usually located where the tip of the thumb comes to rest on the patient's buttock.

If the patient is standing up straight, with feet placed together, the point is behind the great trochanter at the bottom of a deep hollow which can be seen there (particularly if the muscles are tensed). Traditionally if GB-30 is extremely painful to pressure this may indicate serious bone disease (abscess). GB-30 is sometimes used with GB-34 to augment and adjust the function of the lower limb.

GB-31: The latest (1977) Shanghai material places this point at seven pouce above the upper border of the patella, right over the muscle vastus lateralis --- and thus slightly more anterior and superior to the textbook's pouce (cun) measurement placement --- but even so they still locate it at the tip of the middle finger exactly as described in the textbook. This point does vary about one pouce higher or lower than the textbook's location by various authorities.

GB-32: Also described as being in a depression five pouce above the transverse popliteal (knee) crease, between the same two muscles as the textbook mentions for GB-31. Some authorities place this point at only one pouce below GB-31, and a few place it up to three pouce below GB-31. Use the textbook's locationing for both GB-31 and GB-32, and underscore "sciatica" in the textbook's 'Indications' for GB-32.

GB-33: It is best located with knee somewhat bent, and needled in extension (leg straight). This point is classically FORBIDDEN TO MOXIBUSTION.

GB-34: On a horizontal level about two pouce below the knee crease, and the same as Sp-9, which is at the opposite side of the leg. Best located at textbook location with patient seated upright, knees bent, and feet dangling (not touching the floor). This is undoubtedly one of the 'Great Points' of acupuncture. Although not included in the 'Indications' for this point on the pages at the end of this Lesson, it is sometimes useful for: "infantile paralysis; hypertension; and when there is a bitter or sour taste in the mouth [acid regurgitation] which is a sign of disturbance in the Gall Bladder organ/meridian". For the latter GB-34 is used when the cause is external pathological energy, with GB-23 and Bl-19 being used instead when the cause is an internal energetic pathology. For lower limb problems or intestinal-gastric illnesses GB-34 is often used in combination with St-36. This is a special point for pain and rheumatism of the knee, and the needle is traditionally heated prior to insertion. This point is often used along with Sp-9 for rheumatism of the knee (in Chinese literally termed "Knee of the heron").

GB-35: DELETE ALL TEXTBOOK 'LOCATION', 'INDICATIONS' AND 'PUNCTURE' INFORMATION FOR THIS POINT and substitute the following:

Location: 7 cun (pouce) above the tip (highest point) of the external malleolus, on the posterior border of the fibula.

Indications: Pain and paralysis of lateral aspect of lower leg; sciatica; asthma; facial edema.

Puncture: Perpendicularly, 5 fen to 1.5 pouce.

GB-36: DELETE ALL TEXTBOOK 'LOCATION', 'INDICATIONS' AND 'PUNCTURE' INFORMATION FOR THIS POINT and substitute the following:

Location: Level with and one cun (pouce) anterior to GB-35, and anterior to the border of the fibula. At the horizontal level of 7 cun (pouce) above the tip (highest part) of the external malleolus, where a vertical line connecting the tip of the external malleolus and GB-34 intersects.

Indications: Pain in the lateral aspect of leg; spasm of gastrocnemius muscle; stiffness at the nape of the neck with sharp pains.

Puncture: Perpendicular, 5 fen to 1.5 pouce.

NOTE: From the above placement of GB-35 and GB-36 you can see that they are reversed in Fig. 95, page 182 of the textbook. However this also directly affects most of the diagrams in the textbook as well, ie. Fig. 89b, page 174; Fig. 28f-2, page 81; Fig. 18, page 52; where the actual course of the meridian to those two points must also be altered. The placement of these two points on China Cultural Corp. Chart #3 is wrong from two standpoints, in that they are both shown on the posterior side of the fibula (instead of one anterior and one posterior to the fibula), and that their numbers should of course be reversed in light of our placement.

The whole problem centers around the placement of GB-36, in that a number of authorities place it posterior to GB-35, and others place it anterior to GB-35, with just about every authority agreeing that GB-35 is posterior to the fibula in the first place. As a result it is described both ways in the literature (Chinese included) and some acupuncture charts or diagrams show it one way, and some the other. Even in mainland China there are two major schools of thought on its placement although there is evidence that the original classics only had it one way [GB-35 posterior to GB-36], and that somewhere along the line a transcription error was made and perpetuated in some of the subsequent editions and texts, resulting in the two different schools of thought.

Undoubtedly there is an acupuncture point at both places, and incidentally the posterior location (GB-36 as shown on the China Cultural Corp. Chart #3) has in more recent history been indicated as a good special moxibustion point for rabies and its accompanying fever (in combination with GB-37). In regard to conditions usually indicated for or attributed to GB-36 however, actual clinical experience generally confirms that the anterior placement is more effective than the posterior one. The very latest material (1977) out of Shanghai, China, tends to indicate that the whole controversy has now been settled once and for all at least in China itself, for as a result of extensive clinical research they now state that the GB-36 point is without a doubt anterior to the fibula, and thus anterior to GB-35.

GB-37: About two pouce below GB-36. Note some authorities place this point on the posterior border of the fibula.

GB-38: Some authorities place this point on the posterior border of the fibula. It is usually needled less than one pouce.

GB-39: According to various authorities this point has a specific action on the production of leukocytes (white blood cells), abscess formation, bone marrow, and chronic inflammations; as well as interesting effects on callus development after a fracture; itchy, nodule-forming eczema; and fistulation. This point is sometimes indicated for difficulty in walking; and curvature of the spine [for the latter this point and Go-26 are sedated, with LI-11 (Ch'u-Ch'ih) and GB-20 being tonified].

GB-41: This point is sometimes confused with GB-15 of the same name, and thus textbook qualifies them as being either 'Linqi' of 'Head' or 'Foot'. This point is about three-and-a-half pouce distal from GB-40 or one-and-a-half pouce proximal from GB-43. Some authors refer to this point as a great point of acupuncture and advocate its use coupled with TB-5 as a pain control and general body tonification formula, an energetically deplorable practice that we highly discourage. The only really 'great' thing about this point is that it is the "Key" point that unlocks the 'Dai Mai' (Belt Channel) ancestral meridian (see GB-26), and for this reason [especially when used with TB-5] any action at this point has vast energetical implications far beyond simple pain control or general body tonification.

GB-42: One pouce proximal from GB-43, in the space posterior to the metatarsal-phalangeal joints of the fourth and fifth (little) toe. This point is FORBIDDEN TO MOXIBUSTION.

GB-43: In the space between the fourth and fifth toes, at a level just distal to the metatarsal-phalangeal joint of the fourth toe. Add "tinnitus" to list of 'Indications' given for this point in the textbook and underscore "dizziness" as well.

GB-44: Sometimes confused with GB-11, and thus textbook qualifies them as either 'Foot'-or 'Head'- 'Qiaoyin'. Puncture not advised during pregnancy.

POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

NOTE: This is by no means a complete listing of all indications possible for each given point, but represents rather those of prevailing use, in everyday treatment. The points circled below are the most significant or MAJOR ones, and all information given for them should be MEMORIZED in full. Those not circled are the 'Secondary' points, or points of lesser therapeutic importance or value. Memorization of Secondary point information is not required for examination purposes.

GB-1 "Chung-Tze-Liao" (Bone of the Pupil)

INDICATIONS: Eye diseases, ie. keratitis, retinitis, night blindness, conjunctivitis; atrophy of optic nerve; eyelid spasms; facial paralysis and spasms; trigeminal neuralgia; sinusitis; templar headache; migraine.

NEEDLE: 3 to 9 Fen [15] laterally.

MOXA: 3 to 7 minutes (extra care advised).

GB-2 "T'ing-Hui" (Listening Conference)

INDICATIONS: Deafness; tinnitus; otitis media; facial paralysis; hemiplegia; toothache; ophthalmic migraine; lock-jaw; arthritis of mandible joint.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [90]

MOXA: 3 to 10 minutes

GB-14 "Yang-Pai" (Yang White)

INDICATIONS: Facial paralysis; trigeminal neuralgia; diseases of the eye; night blindness; glaucoma; frontal headaches. (Special test point for biliary disorders)

NEEDLE: 2 to 7 Fen [15] downwards.

MOXA: 3 to 5 minutes

GB-20 "Fung-Ch'ih" (Wind Pond)

INDICATIONS: Common cold; influenza; headaches; migraine; dizziness; vertigo; tinnitus; Ménière's Syndrome; diseases of the eye; lacrimation; neck stiffness and pain; hypertension; hemiplegia; epistaxis; apoplexy; general point for sympathetic nervous system.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [approx. 60] aiming needle towards eye on completely opposite side of head OR, 2 Pouce [45, towards opposite GB-20]

MOXA: 3 to 10 minutes

CAUTION: Deep puncture forbidden!

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

GB-21 "Chien-Ching" (Shoulder Well)

INDICATIONS: Shoulder and back pains; rigidity and stiffness of neck; difficulty lifting arms; hyperthyroidism; cerebral hyperemia; cerebral anemia; metrorrhagia; assist childbirth; apoplexy; mastitis.

NEEDLE: 3 Fen to 8 Fen (No deeper!)

MOXA: 3 to 10 minutes

CAUTION: Needles forbidden for pregnant women.

GB-30 "Huan-T'iao" (Circular Jump)

INDICATIONS: Sciatica; paralysis of lower extremities; hemiplegia; infantile paralysis; arthritis and disorders of hip joint and its surrounding soft tissues; lumbago; knee pain and arthritis; rheumatism in legs; urticaria.

NEEDLE: 1 to 3 Pouce

MOXA: 5 to 20 minutes

GB-31 "Fung-Shih" (Windy Fair)

INDICATIONS: Paralysis of lower extremities; hemiplegia; infantile paralysis; weakness and pain of legs; lumbago; sciatica; neurodermatitis of lateral aspect of thigh.

NEEDLE: 1 Pouce to 2 Pouce 5 Fen

MOXA: 5 to 15 minutes

GB-34 "Yang-Ling-Chuan" (Spring in the Sunny Hill)

INDICATIONS: Hemiplegia; paraplegia; paresis, pain, spasms of lower limbs; a main point for musculature; intercostal, chest and lateral thorax neuralgia and pains; thigh, knee and knee joint pains, disorders and arthritis; sciatica; general biliary disorders & headaches; chronic constipation; facial dropsy and swellings; general body tonification.

NEEDLE: 8 Fen to 2 Pouce [90] or through to Sp-9.

MOXA: 5 to 15 minutes

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

GB-39 "Hsuan-Chung" (Suspended Bell)

INDICATIONS: Paralysis and pain of lower limbs; hemiplegia; disorders and pains of ankle joint and knee; stiffness, pain and rigidity of neck, torticollis; throat pains; epistaxis; apoplexy; epilepsy; abdominal distention; generalized joint pain.

NEEDLE: 3 Fen to 2 Pouce OR almost through to Sp-6.

MOXA: 5 to 10 minutes

GB-40 "Ch'iu-Hsu" (Great Cemetery)

INDICATIONS: Pain in lower extremities; painful disorders of ankle joint; chest pain and intercostal neuralgia; breathing difficulties; pleurisy; abdominal spasms; sciatica; cramps and spasms in calf; pain and swelling of axilla (armpit).

NEEDLE: 5 Fen to 1 Pouce 2 Fen

MOXA: 5 to 10 minutes

GB-41 "Tsu-Lin-Ch'i" (Foot Coming to Tears)

INDICATIONS: Mastitis; to reduce secretion of milk; irregular menstruation; deafness; tinnitus; headache; pain in ribs; pain and swelling in feet.

NEEDLE: 3 Fen to 8 Fen

MOXA: 3 to 7 minutes

GB-44 "Tsu-Ch'iao-Yin" (Foot Empty Yin)

INDICATIONS: Pleurisy; intercostal neuralgia; headache; fever; eye pain; deafness; excessive dreaming; syncope, etc.

NEEDLE: 1 to 2 Fen (Not advised during pregnancy)

MOXA: 2 to 5 minutes

THE TENDINO-MUSCULAR MERIDIAN OF THE GALL BLADDER

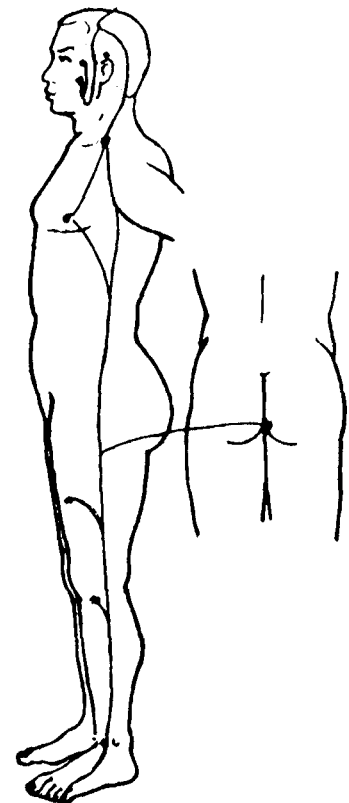
- 1) This meridian starts at the 4th toe at the Ting point,
- 2) is inserted on the bone at the external malleolus,
- 3) follows the external surface of the leg,
- 4) is inserted on the bone at the external edge of the knee,
- 5) one vessel leaves the upper tip of the fibula and goes to the thigh and then to the hip,
- 6) another vessel penetrates into the region of the thigh called "crouching rabbit" (St-32),
- 7) from the hip a branch outlines the buttock and arrives at the coccyx,
- 8) a vertical branch reaches the false ribs,
- 9) climbs towards the armpit,
- 10) passes to the chest and breast,
- 11) is inserted at the supraclavicular hollow,
- 12) the main vertical course passes right in front of the armpit,
- 13) passes to the supraclavicular hollow,
- 14) arrives behind the ear in front of the principal meridian of the Bladder,
- 15) climbs to the forehead and crosses the opposed meridian at the point Go-20 (Pai-Hui),
- 16) descends to the chin,
- 17) is inserted in the cheek,
- 18) a vessel leaves the cheek to go to the external corner of the eye where it is inserted into the bone. (SEE DIAGRAM BELOW).

Troubles of This Meridian:

- Contracture and pain at the 4th toe.
- Contracture and pain at the external malleolus and up the leg to the external surface of the leg.
- Extension or bending of the knee being difficult, contracture or pain at the popliteal hollow.
- Pains at the antero-external part of the thigh up to the hip.
- Pains at the posterior part of the thigh up to the coccyx.

THE TRANSVERSAL LO VESSEL OF THE GALL BLADDER

This vessel starts at the Lo point of the Gall Bladder, GB-37 (Kuang-Ming) and traverses the leg to reach the Iunn point of the Liver meridian, Li-3 (T'ai-Ch'ung).



THE LONGITUDINAL LO VESSEL OF THE GALL BLADDER

This vessel starts at the Lo point of the Gall Bladder, GB-37 (Kuang-Ming). One branch immediately joins the Lo vessel of the Liver. The other branch descends down the external surface of the leg where at the external malleolus it splits into a plexus of branches that spreads over the dorsum of the foot.

Symptomatology and Treatment:

Fullness: The leg and foot are icy cold; stimulate the corresponding Lo point, GB-37 (Kuang-Ming).

Emptiness: Weakness of the legs (legs are relaxed), impossibility of walking or of standing up; stimulate the opposite Lo point Li-5 (Li-Kou) and the corresponding Iunn point, GB-40 (Ch'iu-Hsü).

THE DISTINCT MERIDIAN OF THE GALL BLADDER

- 1) The principal meridian of the Gall Bladder reaches the hip at the point GB-30 (Huan-T'iao),
- 2) a vessel outlines towards the hairs of the pubis in order to join together with the Distinct meridian of the Liver at the point Co-2 (Ch'ü-Ku),
- 3) it directs itself by climbing towards the side of the body penetrating into the abdomen at the level of the false ribs at the point Li-13 (Chang-Men),
- 4) follows the interior wall of the thoracic cage and integrates into the gall bladder (bowel) and separates into branches into the liver (organ),
- 5) it crosses the heart,
- 6) it climbs to the throat and reappears on the surface at the chin,
- 7) it separates into branches on the face and connects itself to the principal meridian of the Gall Bladder at the external corner of the eye at the point GB-1 (Chung-Tze-Liao).

k. *The Gall Bladder Channel of Foot-Shaoyang*

Course: This channel starts from the outer canthus (Tongziliao, G.B. 1), ascends to the corner of the forehead (Hanyan, G.B. 4), curves downward to the retro-auricular region (Fengchi, G.B. 20) and runs along the side of the neck in front of the Sanjiao Channel to the shoulder. Turning back to the posterior of the Sanjiao Channel, this channel runs downward to the supraclavicular fossa. (See Fig. 18.)

The Retro-auricular Branch originates in the retro-auricular region, enters the ear and, after emerging, passes from the pre-auricular region to the posterior aspect of the outer canthus.

The Outer Canthus Branch arises from the outer canthus, runs downward to Daying (St. 5) and meets the Sanjiao Channel of Hand-Shaoyang in the infraorbital region; then it descends and passes through Jiache (St. 6) to the neck, enters the supraclavicular fossa and joins the original channel, further descending into the chest, passing through the diaphragm and communicating with the liver to enter its pertaining organ, the gall bladder. Running inside the hypochondriac region it emerges on the side of the lower abdomen near the femoral artery at the inguinal region. Running superficially along the margin of the pubic region, it winds into the hip region (Huantiao, G.B. 30).

The original channel runs straight downward from the supraclavicular fossa, passes in front of the axilla and along the lateral aspect of the chest, passing through the free ends of the floating ribs to the hip region, where it meets the above-mentioned branch. Then it descends along the lateral aspect of the thigh to the lateral side of the knee, from where it continues downward, passes through the anterior aspect of the fibula directly to its lower end (Xuanzhong, G.B. 39), then runs further downward and anteriorly to the external malleolus, along the dorsum of the foot, terminating at the lateral side of the tip of the 4th toe (Foot-Qiaoyin, G.B. 44).

The Branch of the Dorsum of the Foot arises from Pt. Foot-Linqi (G.B. 41), and runs between the 1st and 2nd metatarsal bones to the distal portion of the great toe (Dadun, Liv. 1) where it communicates with the Liver Channel of Foot-Jueyin. (See Fig. 18.)

Pathological Symptoms: Bitter taste in mouth, dizziness, malaria, headache, pain in the submaxillary region, pain in the outer canthus, deafness, tinnitus and pain along the course of this channel.

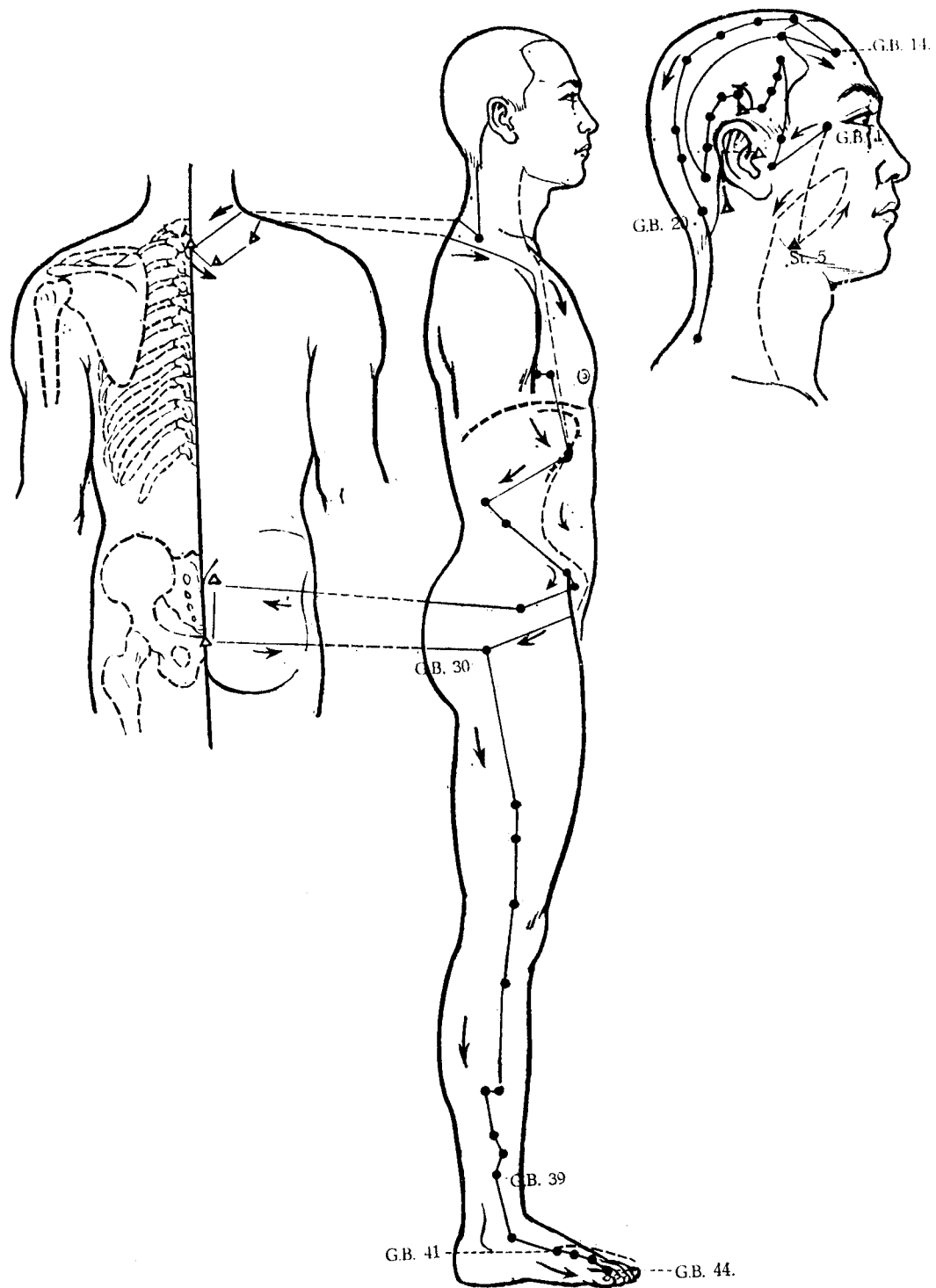


Fig. 18. The Gall Bladder Channel of Foot-Shaoyang

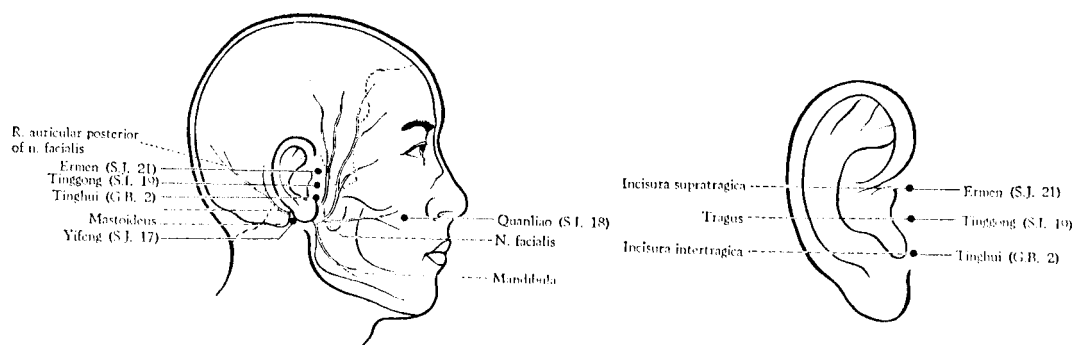


Fig. 69

Indications: Headache, lacrimation, redness and swelling of eye, blurring of vision, leucoma.

Puncture: Obliquely 0.3-0.5 inch.

4. Quchai (U.B. 4):

Location: 1.5 cun lateral to Shenting (Du 24) 0.5 cun inside the hairline.

Indications: Frontal headache, nasal obstruction, epistaxis.

Puncture: Obliquely 0.3-0.5 inch.

5. Wuchu (U.B. 5):

Location: 0.5 cun above Quchai (U.B. 4).

Indications: Headache, epilepsy.

Puncture: Obliquely 0.3-0.5 inch.

6. Chengguang (U.B. 6):

Location: 1.5 cun posterior to Wuchu (U.B. 5).

Indications: Headache, dizziness, leucoma, common cold.

Puncture: Obliquely 0.3-0.5 inch.

7. Tongtian (U.B. 7):

Location: 1.5 cun posterior to Chengguang (U.B. 6).

Indications: Vertical headache, sinusitis, rhinitis.

Puncture: Obliquely 0.3-0.5 inch.

8. Luoque (U.B. 8):

Location: 1.5 cun posterior to Tongtian (U.B. 7).

Indications: Rhinitis, epistaxis, vertical headache, chronic bronchitis.

Puncture: Obliquely 0.3-0.5 inch.

(11) THE GALL BLADDER CHANNEL OF FOOT-SHAOYANG

— 44 Points —

1. Tongziliao (G.B. 1):

Location: 0.5 cun lateral to the outer canthus. (See Fig. 45.)

Indications: Eye diseases, headache, facial paralysis.

Puncture: Obliquely 0.5-0.8 inch horizontally and laterally.

2. Tinghui (G.B. 2):

Location: Posterior and anterior to the tragus, anterior to the tragic notch. There is a depression when mouth is opened. (See Fig. 69.)

Indications: Deafness, tinnitus, otitis media, facial paralysis, arthritis of the mandible joint.

Puncture: Perpendicularly 0.8-1.5 inches.

3. Shangguan (G.B. 3):

Location: In front of the ear, on the upper border of the zygomatic arch, directly above Xiaguan (St. 7).

Indications: Facial paralysis, tinnitus, deafness, toothache.

Puncture: Perpendicularly 0.5-1.0 inch.

4. Hanyan (G.B. 4):

Location: 1 cun below Touwei (St. 8) on the hairline of the temporal region. There is a slight movement during chewing.

Indications: Migraine, dizziness, tinnitus, rhinitis, facial paralysis.

Puncture: Obliquely 0.3-0.5 inch.

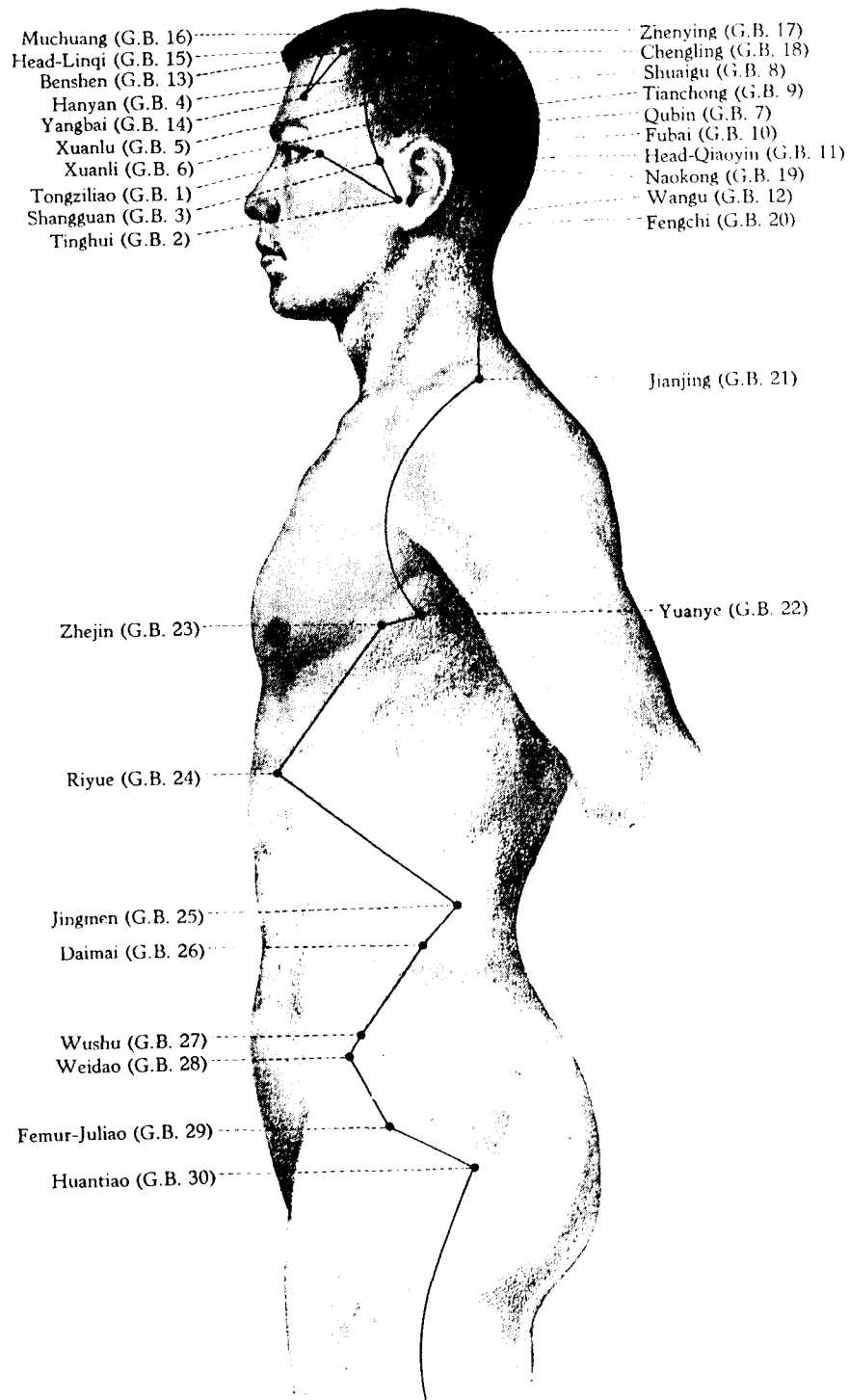


Fig. 89a. The Gall Bladder Channel of Foot-Shaoyang

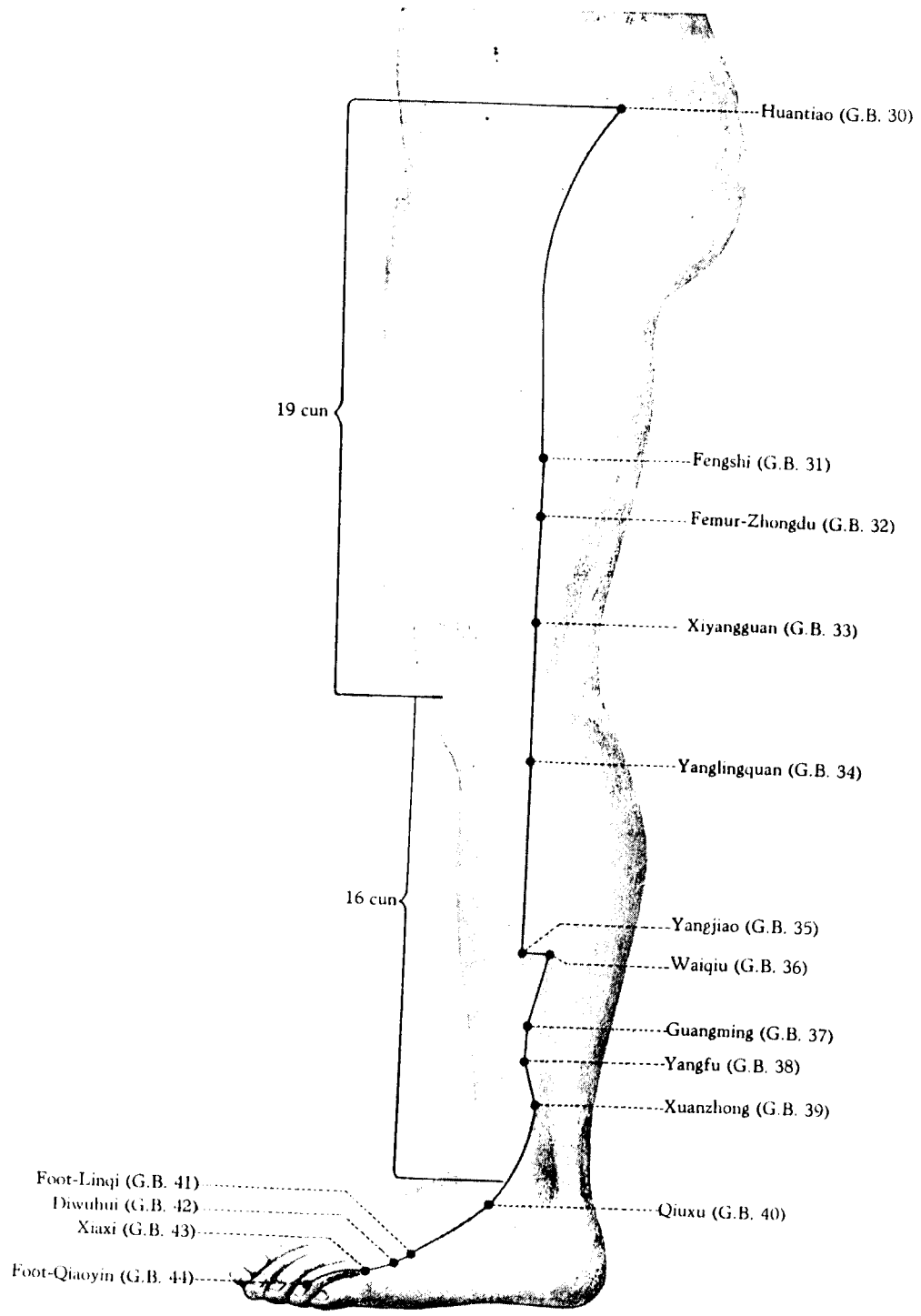


Fig. 89b. The Gall Bladder Channel of Foot-Shaoyang

5. Xuanlu (G.B. 5):

Location: In the line connecting Hanyan (G.B. 4) and Qubin (G.B. 7) at the junction of anterior and middle third of the line.

Indications: Migraine, neurasthenia, toothache.

Puncture: Obliquely 0.2-0.3 inch.

6. Xuanli (G.B. 6):

Location: In the line connecting Hanyan (G.B. 4) and Qubin (G.B. 7), at the junction of inferior and middle third of the line.

Indications: Migraine, neurasthenia, facial swelling, toothache.

Puncture: Obliquely 0.3-0.5 inch.

7. Qubin (G.B. 7):

Location: At the crossing point of the horizontal line of the auricle and the line that projects from the anterior auricle.

Indications: Pain and swelling of cheek and submaxillary region, difficulty in opening mouth, headache, stiff neck.

Puncture: Obliquely 0.3-0.5 inch.

8. Shuaigu (G.B. 8):

Location: Fold the ear over; the point is directly above the auricular apex, 1.5 cun within the hairline. (See Fig. 48.)

Indications: Migraine, dizziness and vertigo.

Puncture: 0.5-1.0 inch horizontally anteriorly or horizontally posteriorly.

9. Tianchong (G.B. 9):

Location: 0.5 cun posterior to Shuaigu (G.B. 8), superior and posterior to the auricle, 2 cun inside the hairline.

Indications: Headache, swelling and pain of the gum, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

10. Fubai (G.B. 10):

Location: About 1 cun inferior to Tianchong (G.B. 9), at the upper border of the root of the auricle, 1 cun beyond the hairline.

Indications: Tinnitus, deafness, toothache, tonsillitis.

Puncture: Obliquely 0.5-0.8 inch.

11. Head-Qiaoyin (G.B. 11):

Location: Midpoint of the line connecting Fubai (G.B. 10) and Wangu (G.B. 12).

Indications: Ophthalmalgia, vertical headache.

Puncture: Obliquely 0.5-0.8 inch.

12. Head-Wangu (G.B. 12):

Location: In the depression posterior and inferior to the mastoid process. Ask patient to bend his neck to locate this point.

Indications: Tinnitus, toothache, swelling of cheek, facial paralysis.

Puncture: Obliquely 0.5-0.8 inch.

13. Benshen (G.B. 13):

Location: 0.5 cun inside the hairline, directly above the outer canthus.

Indications: Epilepsy, stiff neck.

Puncture: Obliquely 0.5-0.8 inch.

14. Yangbai (G.B. 14):

Location: 1 cun above the midpoint of the eyebrow.

Indications: Facial paralysis, frontal headache, night blindness, glaucoma.

Puncture: 0.3-0.5 inch horizontally inferiorly.

15. Head-Linqi (G.B. 15):

Location: With the patient looking straight ahead, it is 0.5 cun inside the hairline, directly above the pupil.

Indications: Nasal obstruction, eye diseases, apoplexy, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

16. Muchuang (G.B. 16):

Location: 1 cun above Head-Linqi (G.B. 15).

Indications: Eye diseases, facial swelling.

Puncture: Obliquely 0.5-0.8 inch.

17. Zhengying (G.B. 17):

Location: 1 cun posterior to Muchuang (G.B. 16).

Indications: Headache, toothache.

Puncture: Obliquely 0.5-0.8 inch.

18. Chengling (G.B. 18):

Location: 1.5 cun posterior to Zhengying (G.B. 17).

Indications: Headache, nasal obstruction, epistaxis.

Puncture: Obliquely 0.5-0.8 inch.

19. Naokong (G.B. 19):

Location: 1.5 cun above Fengchi (G.B. 20), on the lateral side of the occipital protuberance.

Indications: Headache, stiff neck, epistaxis, asthma.

Puncture: Obliquely 0.5-0.8 inch.

20. Fengchi (G.B. 20):

Location: In a depression between the m. sterno-cleido-mastoideus and the upper portion of the m. trapezius. Specifically, between the depression directly inferior to the occipital protuberance and the mastoideus. (See Fig. 90.)

Indications: Common cold, headache, dizziness and vertigo, stiffness of neck, hypertension, tinnitus.

Puncture: Perpendicularly towards the orbit of the opposite side 1.0-1.5 inches. It is not advisable to puncture too deeply.

21. Jianjing (G.B. 21):

Location: Midway between Dazhui (Du 14) and the acromion, at the highest point of the shoulder.

Indications: Pain in shoulder and back, rigidity and stiffness of neck, motor impairment of upper extremities, mastitis, hyperthyroidism, functional uterine bleeding.

Puncture: Perpendicularly 0.5-1.0 inch.

22. Yuanye (G.B. 22):

Location: 3 cun below the anterior axillary fold, on the axillary line, in the 4th intercostal space when arm is raised.

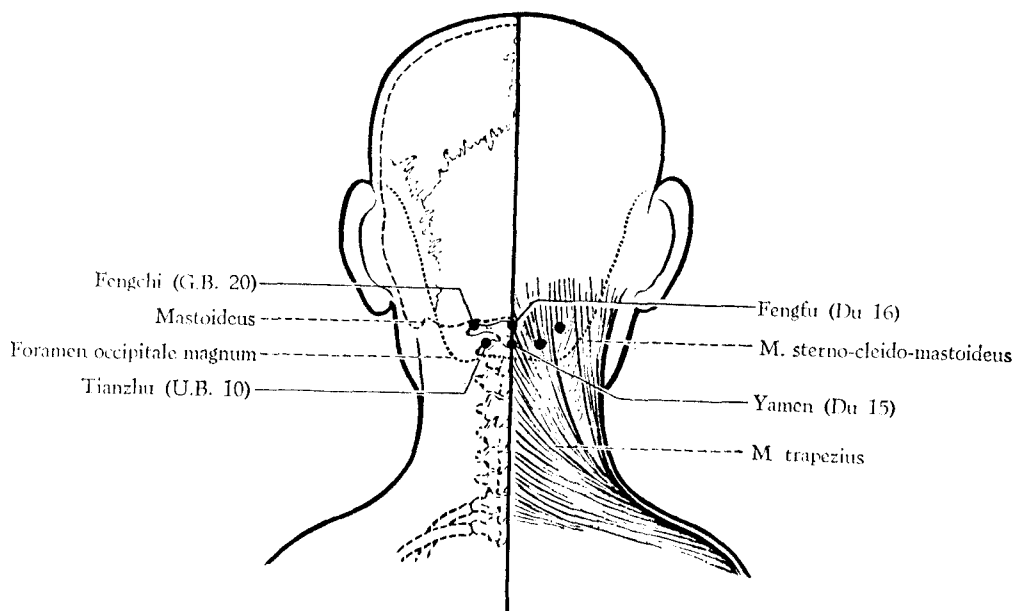


Fig. 90

Indications: Pleuritis, intercostal neuralgia, inflammation of the axillary lymph nodes.

Puncture: Obliquely 0.5-1.0 inch.

23. Zhejin (G.B. 23):

Location: 1 cun anterior to Yuanye (G.B. 22), in the 4th intercostal space.

Indications: Vomiting, gastric acidity, salivation, asthma.

Puncture: Obliquely 0.5-1.0 inch.

24. Riyue (G.B. 24):

Location: One rib directly below Qimen (Liv. 14), in the 7th intercostal space. (See Fig. 91.)

Indications: Gastralgia, hepatitis, cholecystitis, hiccough.

Puncture: Obliquely 0.5-1.0 inch.

25. Jingmen (G.B. 25):

Location: On the lateral side of the abdomen, at the lower border of the free end of the 12th rib. (See Fig. 91.)

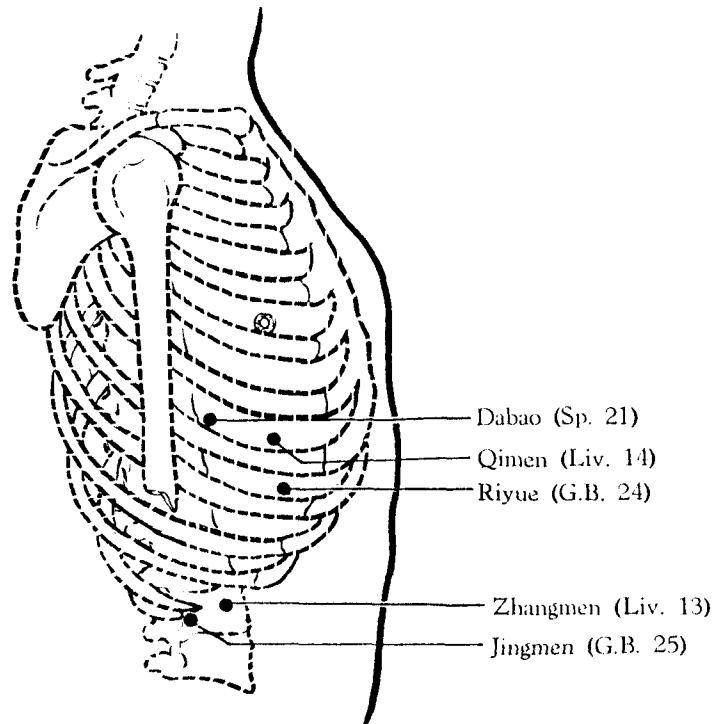


Fig. 91

Indications: Borborygmus, costal pain, abdominal distention.
Puncture: Perpendicularly 0.3-0.5 inch.

26. Daimai (G.B. 26):

Location: Midway between the free ends of the 11th and 12th ribs, level with the umbilicus.

Indication: Endometritis, cystitis, lumbago, costal and back pain, irregular menstruation.

Puncture: Perpendicularly 1.0-1.5 inches.

27. Wushu (G.B. 27):

Location: 3 cun anterior and inferior to Daimai (G.B. 26), level with Guanyuan (Ren 4), in front of the anterior superior iliac spine.

Indications: Pain in the lower abdomen, lumbago, endometritis, orchitis.

Puncture: Perpendicularly 1.0-1.5 inches.

28. Weidao (G.B. 28):

Location: Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to Wushu (G.B. 27).

Indications: Endometritis, pain in lower abdomen, chronic constipation.

Puncture: Perpendicularly 1.0-1.5 inches.

29. Femur-Juliao (G.B. 29):

Location: Midway between the anterior superior iliac spine and the highest point of the greater trochanter of the femur. (See Fig. 92.) Locate the point with patient in recumbent position.

Indications: Disorders of the hip joint and its surrounding soft tissue, pain in lower extremities.

Puncture: Perpendicularly 1.0-2.0 inches.

30. Huantiao (G.B. 30).

Location: At the junction of the middle and lateral third of the distance between the highest point of the great trochanter of the femur and the hiatus of the sacrum. Locate this point with patient in lateral recumbent position with thigh flexed. (See Fig. 93.)

Indications: Sciatica, paralysis of lower extremities, disorders of the hip joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.5-3.0 inches.

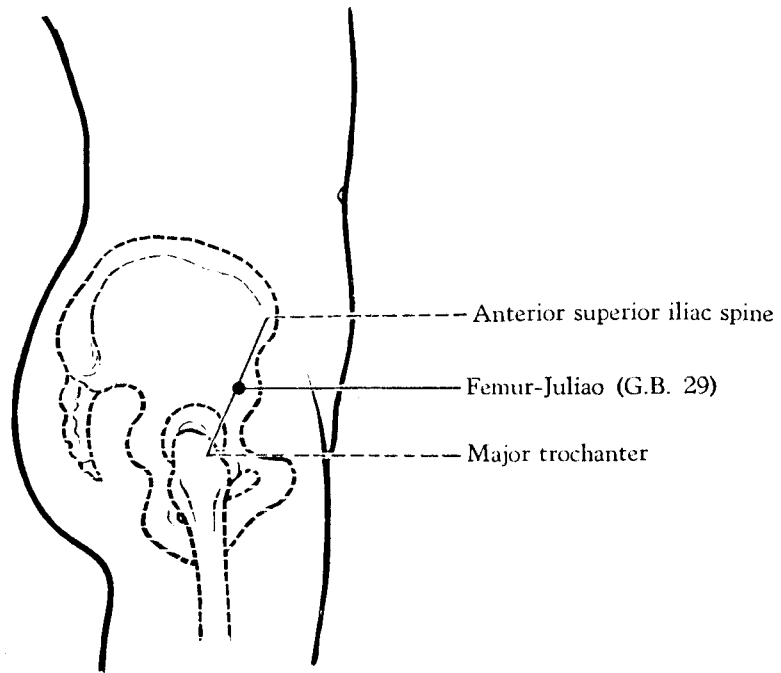


Fig. 92

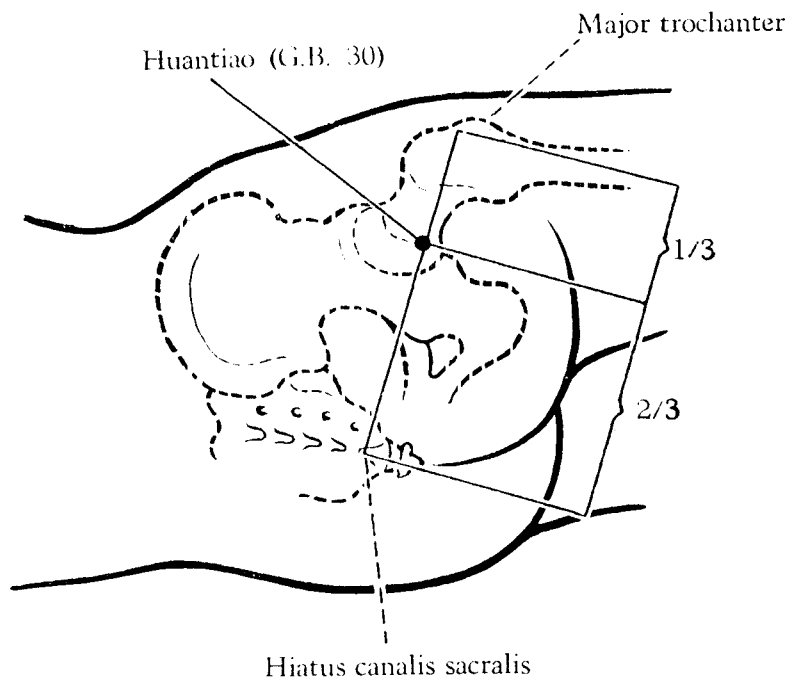


Fig. 93

31. Fengshi (G.B. 31):

Location: At the lateral side of the thigh, 7 cun above the transverse popliteal crease, between the m. vastus lateralis and m. biceps femoris. With the patient standing erect, hands close to thighs, the point is at the tip of the middle finger. (See Fig. 94.)

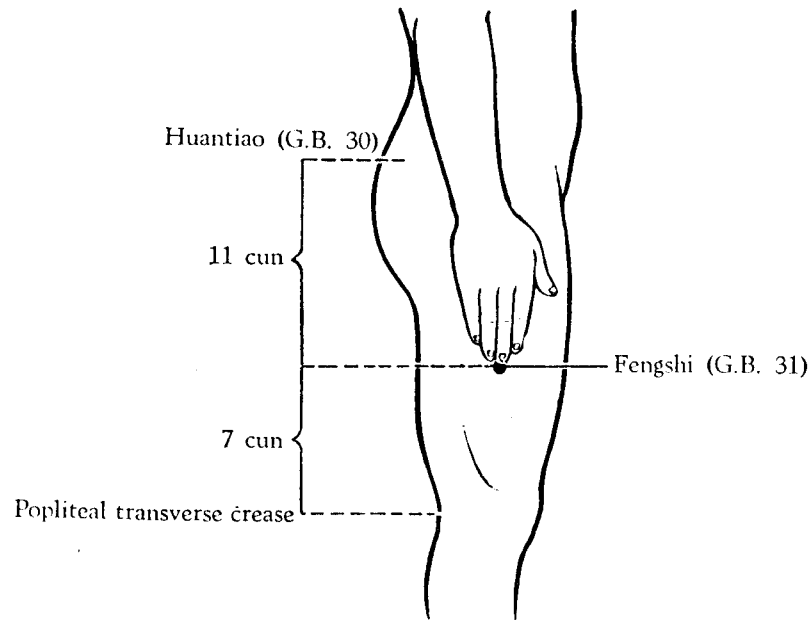


Fig. 94

Indications: Paralysis of lower extremities, pain in lumbar region and legs, neurodermatitis of lateral aspect of thigh.

Puncture: Perpendicularly 1.5-2.5 inches.

32. Femur-Zhongdu (G.B. 32):

Location: On the lateral aspect of the thigh, 2 cun below Fengshi (G.B. 31).

Indications: Hemiplegia, sciatica.

Puncture: Perpendicularly 1.5-2.5 inches.

33. Xiyangguan (G.B. 33):

Location: In the depression superior to the lateral epicondyle of the femur, 3 cun above Yanglingquan (G.B. 34). (See Fig. 95.)

Indications: Pain in the knee joint.

Puncture: Perpendicularly 0.5-0.8 inch.

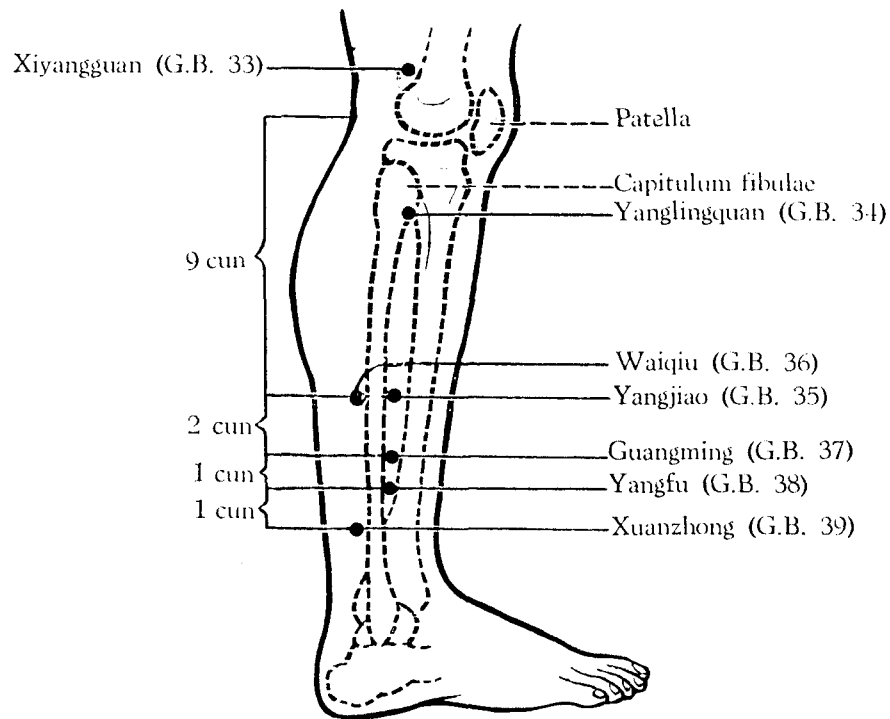


Fig. 95

34. Yanglingquan (G.B. 34):

Location: In the depression anterior and inferior to the small head of the fibula. (See Fig. 95.)

Indications: Hemiplegia, diseases of the gall bladder, lumbago and leg pain, dizziness and vertigo, acid regurgitation.

Puncture: Perpendicularly 1.0-1.5 inches.

35. Yangjiao (G.B. 35):

Location: 7 cun above the tip of the external malleolus, in the anterior border of the fibula, on the line connecting the tip of the external malleolus with Yanglingquan (G.B. 34). (See Fig. 95.)

Indications: Pain in lateral aspect of leg, sciatica, asthma.

Puncture: Perpendicularly 1.0-1.5 inches.

36. Waiqiu (G.B. 36):

Location: Level and 1 cun posterior to Yangjiao (G.B. 35), and posterior to the border of the fibula. (See Fig. 95.)

Indications: Pain in the lateral aspect of leg, spasm of the m. gastrocnemius.

Puncture: Perpendicularly 1.0-1.5 inches.

37. Guangming (G.B. 37):

Location: 5 cun above the tip of external malleolus, close to the anterior border of the fibula. (See Fig. 95.)

Indications: Eye diseases, pain in lower extremities.

Puncture: Perpendicularly 0.5-1.5 inches.

38. Yangfu (G.B. 38):

Location: 4 cun above the tip of the external malleolus, on the anterior border of the fibula. (See Fig. 95.)

Indications: Lumbago, arthritis of the knee joint, general malaise.

Puncture: Perpendicularly 1.0-1.5 inches.

39. Xuanzhong (G.B. 39)*:

Location: 3 cun above the external malleolus, between the posterior border of the fibula and the tendons of m. peroneus longus and brevis. (See Fig. 95.)

Indications: Paralysis of lower extremities, stiffness and rigidity of neck, disorders of the ankle joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-1.0 inch.

40. Qiuxu (G.B. 40):

Location: Anterior and inferior to the external malleolus, in the depression on the lateral side of the tendon of m. extensor digitorum longus. (See Fig. 96.)

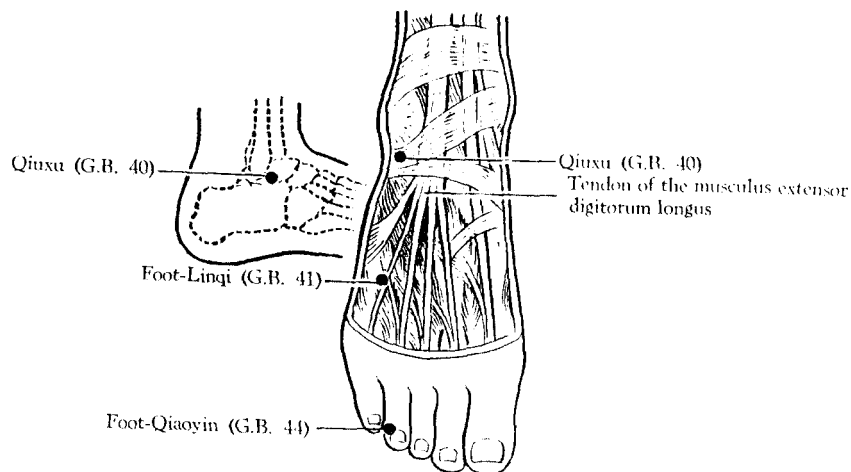


Fig. 96

* Xuanzhong (G.B. 39) is designated Juegu in some acupuncture books.

Indications: Pain in the lower extremities, pain in the ankle joint, thoracalgia.

Puncture: Perpendicularly 0.5-1.0 inch.

41. Foot-Linqi (G.B. 41):

Location: In the depression anterior to the junction of the 4th and 5th metatarsal bones. (See Fig. 96.)

Indications: To stop secretion of milk, mastitis, irregular menstruation, pain in foot, deafness, tinnitus.

Puncture: Perpendicularly 0.5-1.0 inch.

42. Diwuhui (G.B. 42):

Location: On the cleft between the 4th and 5th metatarsal bones, 0.5 cun anterior to Foot-Linqi (G.B. 41).

Indications: Tinnitus, pain in the axilla, mastitis.

Puncture: Perpendicularly 0.3-0.5 inch.

43. Xiaxi (G.B. 43):

Location: On the cleft between the 4th and 5th metatarsal bones, 0.5 cun proximal to the margin of the web.

Indications: Deafness, headache, dizziness, chest pain, intercostal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Foot-Qiaoyin (G.B. 44):

Location: On the lateral side of the tip of the 4th toe, 0.1 cun posterior to the corner of nail. (See Fig. 96.)

Indications: Pleuritis, asthma, headache, pharyngitis.

Puncture: Perpendicularly 0.1-0.2 inch.