

'But where exactly is it?' - The Pitfalls of Teaching and Learning Point Location

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Abstract

This article addresses the thorny issue of how acupuncture practitioners go about accurately locating acupuncture points. It is based on the author's two decades of teaching point location and practising acupuncture.

Introduction

As someone involved in teaching point location for approaching two decades, I have spent a lot of time telling students whether they have found an acupuncture point correctly or not. But what does that actually mean? Is there such a thing as a correct or incorrect location for an acupuncture point? During my time teaching, I have come to the conclusion that when a novice asks for feedback on where an acupuncture point is, there is no way they can understand how loaded that question is.

Are any locations of points correct? Are any actually wrong? The second question is easier to answer: yes, from the traditional perspective points can be mislocated. Points that are located off-channel or on the site of another point can be said to have been found incorrectly. *A Manual of Acupuncture* (Deadman et al., 1998) is frequently used as the set text for contemporary acupuncture courses in the West, and therefore students on these courses tend to use a similar approach to point location. However, not all traditions see the importance of accuracy in point location in the same way. Felix Mann (2000, p.29), for example, describes a GP colleague who mistakenly located Zusanli ST-36 at Yanglingquan GB-34 for several years with excellent results, and cites this as one of his reasons for abandoning 'traditional acupuncture' in favour of 'scientific acupuncture' (if such a thing exists - but that is a whole other article).

Is there any reason to be concerned about being able to find points accurately when much contemporary research shows 'sham' needling to be almost as effective as 'verum' acupuncture? In an effort to replicate the effects of placebo sugar pills in drug trials, scientists have tried to find what they consider an equivalent inert form of acupuncture needling. Sham acupuncture has taken a number of forms, none of which would be considered inert by anyone with sufficient knowledge about the variety of styles

and approaches used by practitioners of traditional acupuncture. Some versions of sham needling involve placing needles close to recognised acupuncture points (but not on them); however, from a traditional perspective these needles inevitably penetrate the cutaneous regions and engage with the jing jin (sinew channels) that cover the entire surface of the body. Retractable stick-on needles that sit over a point without penetrating have been used to attempt to fool research participants into thinking that they have been needled; however, this is a needling technique similar to that used in the Japanese Toyahari tradition where a needle held over a point engages with the qi to produce physiological changes that can be detected on the pulse. Some studies use sham needling not just adjacent to but far away from traditional point sites altogether. As acupuncturists we appreciate that the body is made up of a complex web of channels that unite the top and the bottom, the left and the right, and the interior and exterior, rendering the body a unified whole. There is no place on or in the body that the channels do not penetrate, and therefore there is no place on (or even close to) the body that is physiologically inert.

Although the evidence is not yet conclusive, some studies utilising fMRI brain scans during needling of recognised acupuncture points in comparison to areas merely close to the points have started to provide neurobiological evidence for the existence of acupuncture point specificity (Na et al., 2009). If acupuncture points have a predictable and reproducible action when needled, being able to find these points accurately becomes a crucial part of a treatment. But what criteria do we use to identify an acupuncture point, and how much agreement is there about their locations? I was initially taught point location in the pre-*Manual of Acupuncture* era, where I witnessed the unedifying spectacle of two point location tutors having a shouting match during

a teaching session over the 'correct' location of a particular well-known point.

So we are left with the question of whether it is possible to say to a student or practitioner that the location of a point is correct. How might we go about justifying our answer? Before tackling this question it is first necessary to ascertain where the channels might run, what an acupuncture point might be, and where our notion of 'correct' point location comes from.

Historical sources

The pathways of the twelve primary channels are described in reasonable detail in Chapter 10 (Jing Mai, On Channels) of the *Ling Shu* (Wu & Wu translation, p.556), and most commonly available modern texts show these pathways with a reasonable degree of agreement. Acupuncture points tend to be located in anatomical hollows or dips and are frequently tender to pressure (Ellis et al., p.67). More than one term has been used historically to describe what we refer to collectively in the West as acupuncture points. The two characters most commonly associated with acupuncture points are *shu* and *xue*. *Shu* describes water-like flowing movement and *xue* (frequently translated as cave or cavern) describes a dug-out space where activity takes place, somewhat akin to the cellar or basement of a house (Wang & Robertson, p.421). Older uses of the term *xue* for an acupuncture point combined it with the character *feng*, meaning wind. Legend had it that at the end of each day four phoenixes returned to their mountain caverns, bringing the wind of heaven with them to initiate transformation and change on the earth. Acupuncture points were deemed to be where heavenly influences that initiate change in the body could be accessed. In time, *feng xue* was shortened to just *xue* (Rochat De La Vallee, 2017). With both the characters *shu* and *xue* the idea of some kind of activity and movement is implicit. Some modern Chinese texts use the term *xue wei*, with *wei* denoting a fixed place or point (Wang & Robertson, p.421-422). The character *jie*, often translated as articulation or juncture like the joints along a bamboo stem, is also applied to what we would call acupuncture points in both the *Su Wen* and the *Chun Qiu Fan Lu* (Chapter 56: Ren Fu Tian Shu, Human Correlates of Heaven's Regularities) (Rochat de la Vallee, 2017). Irrespective of the characters used to represent an acupuncture point, there is common agreement that these spaces are places where the *qi* of the channel can be influenced.

Point locations in the *Huang Di Nei Jing* are typically vague when compared with contemporary descriptions. Take, for example, the description, 'Below the Wangu [GB-12] point is the Tianyou point' (Wu & Wu, p.269). This could refer to virtually anywhere below Wangu GB-12. Should one be looking for a dip? Or a tender area? Just how far below? In Deadman et al. (1998, p.407), the point to which this refers - Tianyou SJ-16 - is

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precisely described as located 'On the posterior border of the sternocleidomastoid muscle, approximately 1 cun inferior to Wangu GB 12, on a line drawn between Tianzhu BL-10 and Tianrong SI-17.' Modern practitioners of acupuncture are accustomed to seeing a point's location being precisely fixed in relation to local anatomy, which may not have been the case historically. We may be guilty of overlaying a contemporary cultural requirement for medical precision and accuracy onto a more intuitive, fluid tradition. Even by Confucius' time at the end of the seventh century, the concept of 'physician' had not yet been separated out from Taoist alchemists, invocators and liturgiologists (Needham, p.41). If Tianyou SJ-16 is where one can influence the flow of *qi* between the Heaven of the head and the Earth of the torso, why would anatomical accuracy be of any importance? If one wants to drink from



Figure 1: Illustration showing the Lung channel of arm Taiyin from *Renti jingmai tu* (Illustrations of the Channels of the Human Body), a manuscript text executed during the Kangxi reign period of the Qing dynasty (1662-1722) (credit: Wellcome Collection)

a stream, is there a 'correct' place where one might reach down to sample the water?

It is likely that in antiquity the skill of locating acupuncture points was passed down from master to disciple. Chapter 14 of the *Ling Shu*, (Gu Du, Measurements of the Bone; Wu & Wu, p.590) measures out various parts of the body and lays the foundations for the use of cun (anatomical inches), which were revised and augmented by later writers and form the basis of the descriptions in many modern manuals. The creation of the two Tong Ren bronze statues overseen by Wang Wei Yi in 1027 provided a three-dimensional, systematised model of where the points lie, but as bodies come in all different shapes and sizes, at best it could only act as a simplified matrix of where a practitioner could start looking for any particular point. Similarly, acupuncture charts printed from wooden blocks typically paid scant attention to anything but the grossest of anatomical features and were intended to act more as memory prompts than accurate descriptors of fixed locations (See Figure 1; Soulie de Morant, 1994, p.17). Birch (2003, p.X) argues that these vague descriptions left much room for interpretation, and that modern texts mislead the reader into thinking that points have fixed predetermined locations (see Figure 2).

Contemporary sources

Modern sources such as *The Seirin Pictorial Atlas of Acupuncture* (Lian et al., 1999) show the location of acupuncture points in fine detail, utilising computer-generated cutaway diagrams. Other texts such as *The Cross-sectional Anatomy of Acupoints* (Chen, 1995) and *The Anatomical Atlas of Acupuncture Points: A Photo Location Guide* (Yan, 2003) present detailed cross-sectional diagrams and photographs showing the location of points in relation to the layered anatomy of skin, subcutaneous tissue, bony landmarks, muscles, tendons, nerves, blood vessels and cun locations, in a way that does not acknowledge any possible ambiguity in location. An excellent understanding of surface anatomy and highly developed palpation skills are required to translate these descriptions into locations on a living body.

The assumption given in these texts is that as long as one has a sufficiently accurate set of anatomical descriptions, all acupuncture points can be tied down to an unalterable location. However, not all acupuncturists think this way. The renowned Japanese acupuncturist Shudo Denmai (2003, p.6) has written about the necessity to locate 'active points' (ikita tsubo) irrespective of textual descriptions, whilst Meridian Style acupuncturists such as Pirog similarly eschew precise textbook locations of points in favour of local pressure sensitivity and textural changes (1996, p.4). This idea is upheld by many biomedical acupuncturists who believe that 'acupoints are pathophysiologically dynamic entities' (Ma et al., p.17) that are moveable and have a neurogenic definition, but still



Illustration of the Lung channel from *Lingmen chuanshou Tongren zhimai* (Acupuncture Instruction Manual of the Bronze Man), an anonymous treatise on acupuncture, probably written before 1654 (credit: Wellcome Collection)

distinct from trigger points (painful palpable nodules of taut bands of skeletal muscle fibre) which are myofascially defined. Mann (1998, p.65) denies the existence of the points altogether, believing only in 'acupuncture areas'.

Chapter 1 of the *Ling Shu* (Jiu Zhen Shi Er Yuan, The Nine Kinds of Needle and the Twelve Source Points) documents the different forms of needles used in antiquity; the filiform needle is described as being 'like the proboscis of a mosquito' (Wu & Wu, p.495-496). Most contemporary acupuncturists now solely use the filiform needle which, unlike the larger, blunter or more knife-like needles also described in the *Ling Shu*, contact only a minuscule area of skin on application. Could it be that the modern idea of points having very precise locations is a product of the narrowing of the toolset used of most acupuncturists to the filiform needle?

A dichotomy seems to exist within acupuncture traditions between identifying broad areas of treatment and specificity in point location. Tui na practitioners work primarily with the jing jin which cover wide areas,

but within these they also need to locate individual acupuncture points. In a therapy guided primarily by touch they typically go where the point would be expected to be found, and then palpate for discernible changes in the connective tissue such as hardness and fullness (possibly indicating cold, phlegm, qi stagnation or blood stasis, for example) or emptiness (indicating qi or yang deficiency). Some acupuncture styles also prioritise palpation this way. The decision of where a point to be treated actually lies is thus made according to a combination of what the practitioner feels under their fingers and the feedback elicited from the client. As treatment improves the functioning of the area being worked on, the point may even move in location from one treatment to the next.

Jarmey & Bouratinos (2011) embrace these paradoxes in location techniques by showing not only precise anatomical locations but also broader areas, stating '... if deqi cannot be achieved at the specified point, the practitioner must palpate this area to ascertain a more reactive location to insert the needle ...' (ibid, p.11). Interestingly, according to these authors the size of the area in which an active point might lie varies greatly from one point to another: for example, Daling P-7 has an area of about one centimetre by half a centimetre, Laogong P-8 about three by 2.5 centimetres, and Zhongchong P-9 about 0.3 centimetres square (ibid, p.226-228). However, it should be acknowledged that in order to be able to stray from a precise anatomical location, one must still begin searching from the supposed 'correct' area in the first place.

Personal preference and alternative locations

Many accomplished acupuncturists develop preferred locations for points as they progress. Shudo Denmai's book *Finding Effective Acupuncture* points is essentially a collection of his personal location preferences; his description of Zhubin KID-9, for example, describes as 'an area, not a point'. Shudo's criteria for choosing a location is to palpate for local differences in terrain such as temperature, depressions, moisture, softness or distention (2003, p.7). As a result, he often places his points away from their orthodox locations.

The renowned Chinese practitioner Dr Wang Ju Yi described the location of Sanyinjiao SP-6 as in the dip above the superior extensor retinaculum, which in most people moves it far superior to its typical textbook location. Interestingly, later in his life Dr Wang talked about what he called 'palpating the cun' on the medial lower leg - this involves locating Taixi KID-3 and running the finger in a superior direction until it hits what feels like a series of speed bumps under the skin creating dips at one, two and three cun. Fuliu KID-7 is located at the second dip, with the third dip giving you the correct level to look anteriorly for Sanyinjiao SP-6.

However, notwithstanding personal preferences, there

are genuine discrepancies between different traditions in the locations of some of the most frequently used points. Lieque LU-7, for example, can be located both on and off the main straight-line channel pathway from Taiyuan LU-9 to Chize LU-5. Would it be correct to say that either of these traditions are wrong? Jiuwei REN-15 translates as Turtledove Tail, a description that clearly places it at the xiphoid process (the sternum makes the body of the dove whilst the ribs make its wings). However, whilst many traditions locate this point at the lower edge of the xiphoid, some modern texts prefer a location one cun inferior to the xiphisternal synchondrosis, often placing it directly on the xiphoid itself. Whilst a student I was taught that Zhaohai KID-6 was both definitely - and definitely not - in the ankle joint. Such conflicting feedback is a source of great confusion for students. I have seen experienced practitioners locate Zhaohai KID-6 in between the inferior border of the medial malleolus and the talus, in-between the talus and the sustentaculum tali of the calcaneus, and below the sustentaculum tali itself. Given the evidence for preferential locations, it is difficult to state that any of these are definitively right or wrong?

The decision of where a point to be treated actually lies is thus made according to a combination of what the practitioner feels under their fingers and the feedback elicited from the client.

Problematic points

The ambiguity of textual sources (and teachers) can confuse contemporary students and practitioners. For example, describing Shenmen HT-7 as being in the wrist crease (Shanndong Science and Technology Press, 1990, p.29) may be misleading, as most people have several wrist creases; a better description places it in the wrist joint. In my experience of teaching point location there are a number of points that students frequently put in the wrong place because they are a little tricky to locate with insufficient understanding of anatomy, or when taking clumsy shortcuts.

There seems to be a broad agreement on the location of the points in most contemporary English language sources (Deadman et al., 1998; Focks, 2008; WHO, 2009; Jarmey & Bouratinos, 2011). What follows below is not a set of personal preferences but what I have observed to be some of the common mistakes made by novices who have not yet had the benefit of the years of treating to refine their locations based upon the above sources.

- Zhongfu LU-1 is often located far too laterally as the finger can easily slip into the groove between the clavicular head of pectorals major and the deltoid;

the point should be located at the clavicular head of pectorals major.

- Taibai SP-3 and Gongsun SP-4 are often located too inferior on the medial aspect of the foot. Taibai SP-3 is proximal and inferior to the flare of the head of the first metatarsal and Gongsun SP-4 distal and inferior to the flare of the base of the first metatarsal, both of these points lying in the groove between the bone and the abductor hallucis muscle. This groove is most easily palpated by rolling the finger off the superior and medial aspects of the first metatarsal. Novices often palpate superiorly from the sole of the foot, compressing the abductor hallucis and mistaking it for bone.
- Xuehai SP-10 is often placed too anterior to mimic the relationship that Liangqiu ST-34 has with the edge of the patella. Liangqiu ST-34 is found two cun proximal to the superior border of the patella on a line joining the lateral border of the patella and the anterior superior iliac spine. This places it just slightly lateral to the lateral edge of the patella in the sagittal plane. Xuehai SP-10 is also two cun superior to the superior border of the patella but at the height of vastus medialis. It is therefore not just slightly lateral to the medial edge of the patella in the sagittal plane. However, care must be taken to not move this point too medially - a common mistake is to overcompensate by placing the point in the groove at the posterior of vastus medialis, straying onto the pathway of the Liver channel.

A point like Zusanli ST-36 has a multitude of functions that can be brought out according to where it is needed.

- Shuiquan KID-5 is described as lying one cun inferior to Taixi KID-3 in a depression anterior and superior to the calcaneal tuberosity, yet frequently ends up mislocated on the calcaneum itself. This typically happens when the points are located with the foot in a relaxed position. Taixi KID-3 lies on a horizontal level with the prominence of the medial malleolus in the anatomical position with the foot flexed at a right angle. When the foot is in a relaxed position and slightly plantar-flexed the tissue behind the medial malleolus becomes compressed and moves upwards slightly. If one moves posteriorly from the prominence of the medial malleolus on a line parallel to the sole of the foot, one arrives at a location for Taixi KID-3 higher than in most textbooks which show the foot in the anatomical position. It is unlikely that patients would be needled with the foot in the anatomical position as this would be uncomfortable to maintain. With Taixi KID-3 moved slightly superiorly there is much more space to fit in Shuiquan KID-5 one cun below.

- Yangchi SJ-4 should be found in the dorsum of the wrist joint. It is often located distal to where it should be as the dip distal to the triquetral bone is easier to palpate than the dip between the triquetral and the ulna.
- Ququan LIV-8 frequently drifts superiorly to the depression formed by the medial edge of the femur and the proximal edge of the medial condyle of the femur, despite being described in most texts as being just superior to the medial end of the popliteal crease in between the tendons of semimembranosus and gracilis.
- Zhangmen LIV-13 can be a tricky point to locate. Correctly identifying the free end of the eleventh rib can be confusing as it is a landmark that falls in very different places on different physiques, either just anterior to the mid-axillary line or well onto the anterolateral aspect of the torso. In some people the tenth rib attaches only very lightly to those above, and can initially feel as if it is a floating rib. With experience it is easier to tell them apart as the free end of the eleventh rib has a distinctly sharp end (like the end of a pencil), whereas a partially floating tenth rib has a flattened end, somewhat akin to the rounded end of a spatula. Double checking by counting up and down the other ribs is always worthwhile.
- Guanyuan REN-4 is located three cun inferior to the centre of the umbilicus. The width of the four fingers at the level of the first interphalangeal joint of the index finger is supposedly three cun (Jarmey and Bouratinos, 2011, p.43), but using this shortcut is often wildly inaccurate. The distance between the centre of the umbilicus and the superior border of the pubic bone varies greatly between people. I once had to correct an assistant teacher showing the three cun hand shortcut - a quick look around the class showed that this frequently took one to the location of Shimen REN-5 - a point with very different actions, especially in relation to fertility.

This list is by no means exhaustive but gives an indication of the mistakes that can develop when insufficient attention is given to palpation and cun measurement when translating a written description into a physical location on a three dimensional body.

Conclusion

Even the most commonly-used acupuncture point - Zusanli ST-36 - can be given multiple locations. Whilst typically described as one finger-breadth lateral to the anterior crest of the tibia, on the tibias anterior muscle (Focks, p.164), practitioners such as Wang Ju Yi and Andrew Nugent-Head sometimes place the point on the lateral aspect of tibialis anterior, some way from its supposed 'correct' location. Why would this be so?

When the novice asks for feedback regarding the exact location of Zusanli ST-36, the true answer to their question

is perhaps too complicated for them to appreciate at that stage in their studies. The location of a point is dependent on what the practitioner wants to do with it. A point like Zusanli ST-36 has a multitude of functions that can be brought out according to where it is needed. Some of the systemic 'tonifying' actions of ST-36 are best achieved by avoiding contact with muscular or connective tissue, whilst if the intention is to course the qi in the channel then one should needle where the muscle and fascia can be strongly engaged to create a sensation of dragging or pulling along the channel. Thus what you intend to do with a point can dictate where you locate it.

Traditional Chinese Medicine is syncretic form of medicine, always absorbing the new whilst retaining the old (Scheid, 2013). It reconciles a multiplicity of ways of understanding, diagnosing and treating disease (yin yang, the three treasures, the four levels, the five phases, the six divisions, the seven emotions, the eight principles, zang fu pathology, and so on). Most contemporary practitioners can see that no one approach to understanding is wholly wrong or right. They all exist simultaneously. In the same way, point location can be understood in a multiplicity of ways, whether based on traditional concepts or modern understandings of fascia (Langevin & Yandow, 2002), myofascial trigger points (Hong, 2000), local conductivity (Lee et al, 2005) or segmental pathways (Cheng, 2011).

Does this mean that we can throw away traditional

locations for points and just put them anywhere? Not at all. When I assess a student's practical point location skills I am not necessarily looking for a location that is 100 per cent correct according to set texts, but more precisely for one which is 'less wrong' - a location that when palpated feels like it has the potential to be an acupuncture point. In order to find the place that an acupuncture point occupies, practitioners need to absorb the information that will get them to the correct area to start looking for it - including the channel pathway, cun measurement, anatomical landmarks, and tissue sensation under the palpating fingers. Once that skill is mastered, one can really start to look for the point.

Paul Johnson has taught point location skills at various acupuncture colleges for nearly twenty years, and is one of the demonstrators on How to Locate Acupuncture Points - the Definitive DVD, released by Silence Speaks in 2007. He is currently Joint Course Leader at The City College of Acupuncture in London where he continues to teach anatomy and point location skills. Paul practices from his private clinic in Chiddingfold (Surrey, UK).

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