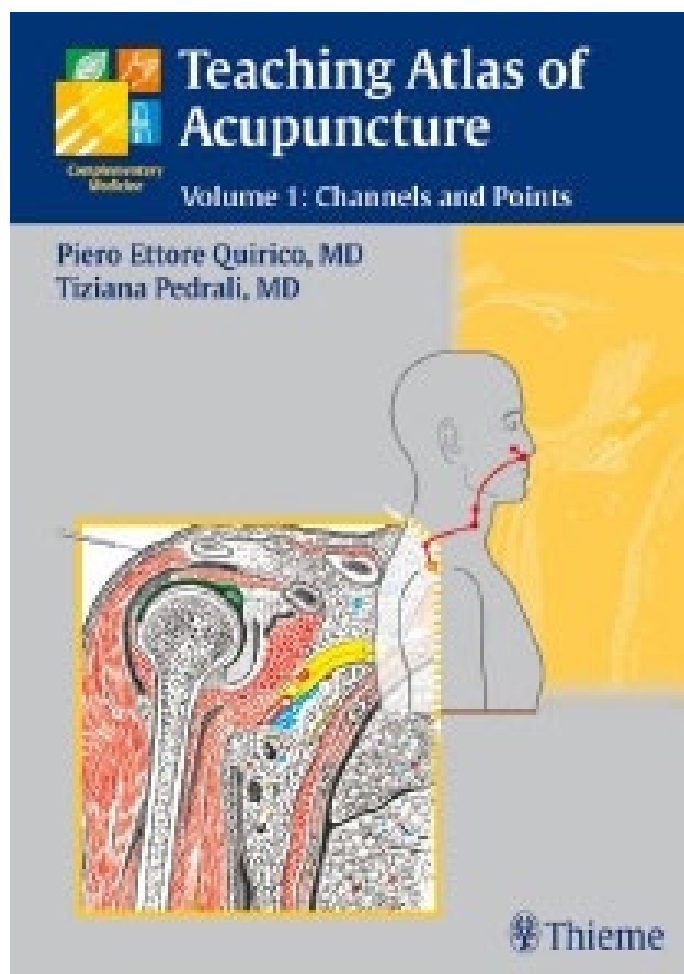




Piero Ettore Quirico Teaching Atlas of Acupuncture Volume 1: Channels and Points



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Preface

Ten years after the first successful edition of the atlas *Punti e Meridiani di Agopuntura*, we felt the need to modernize and enrich the content of this book, in order to bring it up to date and closer to the requirements of acupuncturists and acupuncture students.

The original plan of a corrected and integrated re-edition of the atlas was, during its long processing time, gradually left behind. We decided to create a new book that would, even if it maintained the iconography of the former edition, in reality be completely updated and revised in its content and in its general layout to produce a much more exhaustive yet concise and easy-to-use reference work. We are very happy to have the opportunity to review this new English edition of our book, and we thank Thieme Publishers for this interesting opportunity.

Over the past 15–20 years, European acupuncture has finally confronted itself with the Chinese discipline and has been obliged to revise and correct a large part of its doctrinal approach, thereby becoming more realistic.

The physiopathology of the internal organs and their syndromic patterns has been accepted by most acupuncture schools. Clinical indications of acupuncture points have been deeply revised, abandoning the strict frameworks of doubtful therapeutic effectiveness.

With this in mind, we have conformed—based on Chinese data—the pathways of the main and secondary channels and the location of some new acupunc-

ture points; artwork, that is, the cartography of the channels and the anatomic tables and sections, has been revised, and we have reviewed some clinical indications for acupuncture points and channels.

The aim of this book is to give acupuncturists and acupuncture students an effective learning and reference tool that can accurately provide the location, method of locating, anatomic relations, and main clinical indications for every acupuncture point.

Therapeutic acupuncture techniques often require a deep insertion of the needle, and the danger of provoking internal injuries is very high; for this reason the acupuncturist must have a strict knowledge of the different anatomic layers and of the cross-sections at the level of the acupuncture points.

Insertion of the needle into the acupuncture point cannot be separated from the achievement of the typical paraesthetic sensation named *de qi*, which confirms that the acupuncture point is being correctly stimulated. The first section of this book contains the *de qi* method for each acupuncture point and the detailed information on location, anatomic coordinates, and clinical indications.

Leaving it up to our readers to judge whether our goals have been reached, we present our new atlas and hope to provide students and qualified acupuncturists with a valuable support in their study and clinical practice of acupuncture.

The Authors

Foreword to the Italian Edition

The atlas *Punti e Meridiani di Agopuntura* is a new book by Piero Ettore Quirico, MD, Director of the Turin School of Acupuncture CSTNF. Established in 1978, the school is one of the main Italian educational institutes for this discipline. Dr. Quirico has visited China several times since 1984 in order to improve his knowledge of acupuncture, and in 1996 he visited my institute in Shanghai, with his wife Tiziana Pedrali, MD, co-author of the book.

This book has the particular feature of integrating Traditional Chinese Medicine with Western medicine in studying the fundamentals and clinical practice of acupuncture. It contains descriptions of all the main and secondary channels, of 361 regular acupuncture points, and of 50 extra points. For each point, details include the name, location, needling method, *de qi*, and clinical indications. The study of the main acupuncture points also includes anatomic sections derived from the books that I have published in China over previous years.

Considering the clear and extensive content of the book, I believe that it is an important tool for both learning and updating within the field of acupuncture.

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序言

《针灸经络俞穴学》是贵院克勤教授的新作。贵院克勤教授是意大利都灵针灸学院的院长，该院创建于1978年，是意大利国内规模最大的的一所针灸专业学院。自1984年以来，他多次率团来中国取经，对经络体系有较深入的研究，在此基础上，编写出版了这部教材和著作。谨此致以敬意。

贵院克勤教授的《针灸经络俞穴学》是一本由点线面结合与临床相结合的作品，汇集了100多条经络循行路线和穴位，包括经穴和50个经外奇穴，叙述了穴位的名称、定位、归经、主治、刺灸方法、部位穴位、适应症等，并附有解剖图，其中穴位解剖图的版面清晰明确和和文之字。全书体现了作者的研究。

《针灸经络俞穴学》可视为一本研究著作，对于研究经络、穴位、经络水平具有很大作用。全书内容详实，论述之理，内容充实，对广大中西医学工作者以及中西医学爱好者来说是一本很有价值的书，值得向读者推荐。

上海中医药大学 终身教授

陈仁寿、李维国博士

2005年8月于上海

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C Chōng Mài Extra Channel Thoroughfare Vessel

Main Branch

The *chōng mài* extra channel starts in the pelvic region (**A**₁) and runs downward at the level of the perineum. At CV-1 *huì yīn* it splits into two branches (**A** and **B**); the main branch (**A**) emerges from ST-30 *qì chōng* (from where branch **C** emerges) and runs through the abdomen along the kidney channel. It then reaches the chest, where it splits into branches and travels to the subclavicular region. From here it reaches the throat, runs around the lips, and ends level with the eyes.

Collaterals

- B** from CV-1 *huì yīn* it runs internally along the lumbar and dorsal spine.
- C** it starts from ST-30 *qì chōng* and runs along the medial surface of the thigh and lower leg. It passes beyond the posterior aspect of the medial malleolus, sends out branch **D** and ends on the plantar surface of the foot.
- D** it splits from branch **C** in the retromalleolar region and ends at the tip of the first toe, after running along the medial arch of the foot.

Function

Chōng mài is the vessel connecting all the main and secondary channels; for this reason it is also called the “sea of the 12 channels” and the “sea of blood.” Its origin from the kidney and its pathway across the points related to this *zàng* show *chōng mài* influence

on the reproductive function, especially on uterine physiology and on pregnancy. In addition *chōng mài* runs through the abdominal region and therefore also acts on the gastroenteric system, specifically controlling digestion and assimilation of nutrients. Another important indication of *chōng mài* is that it is the “rebellious or upward *qì*” and implies the perturbation or inversion of some physiological functions (nausea, vomiting, cough, palpitation, etc.).

Acupuncture Points

CV-1 *huì yīn*, ST-30 *qì chōng*, KI-11 *héng gǔ*, KI-12 *dà hè*, KI-13 *qì xué*, KI-14 *sì mǎn*, KI-15 *zhōng zhù*, KI-16 *huāng shū*, KI-17 *shāng qū*, KI-18 *shí guān*, KI-19 *yīn dū*, KI-20 *tōng gǔ (fù)*, KI-21 *yōu mén*.

Confluent Point

SP-4 *gōng sūn*.

Clinical Indications

Soma: thoracic and inguinal pain, paralysis and weakness of the upper limb.

Viscera: irregular menstruation, amenorrhea, metrorrhagia, spotting, infertility, leucorrhea, insufficient lactation. Nausea, vomiting, belching, gastric pain, lack of appetite, abdominal distension, flatulence. Oppression and fullness of the chest, arrhythmia, palpitations.

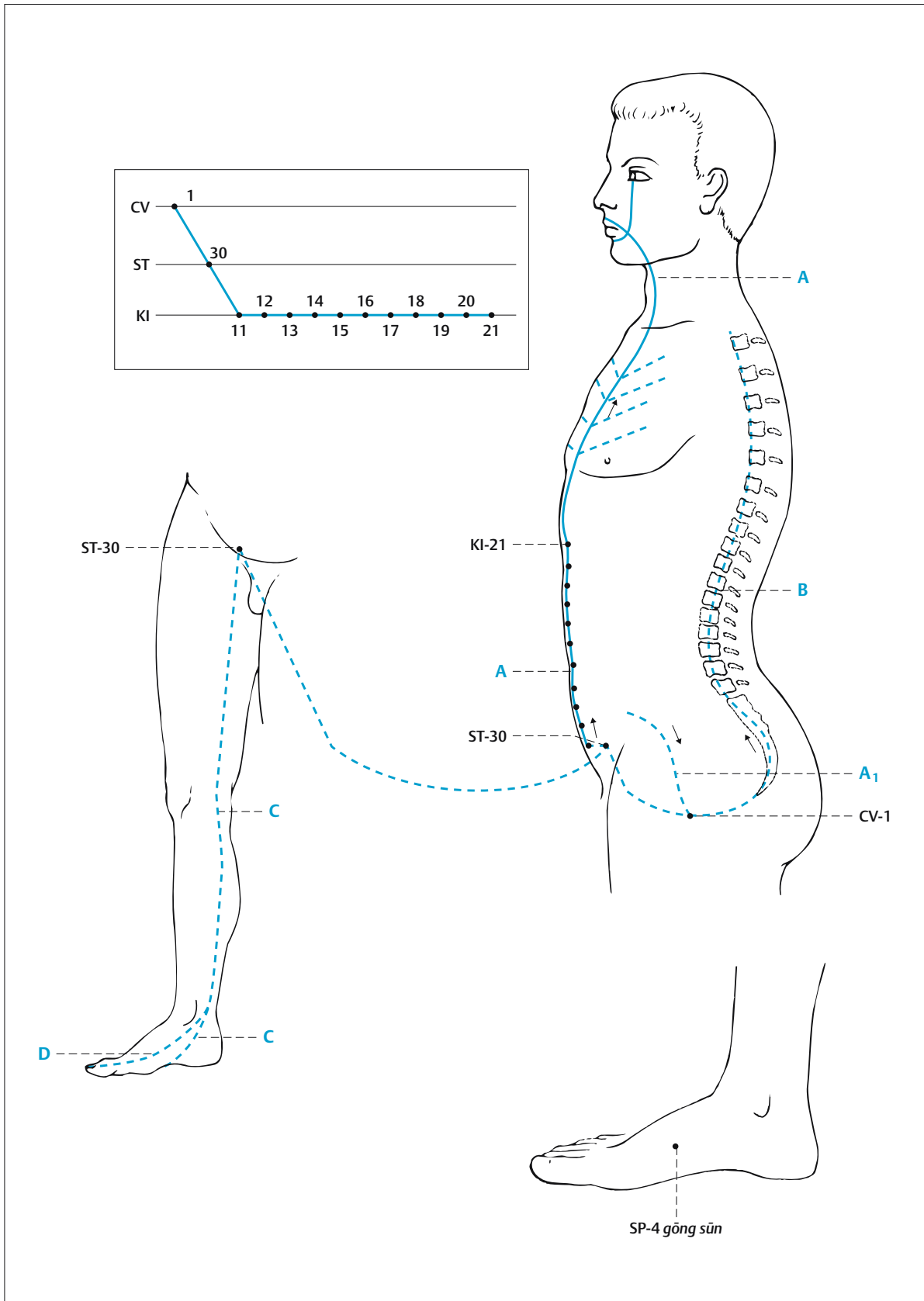


Fig. 4.3 The chông mài extra channel.

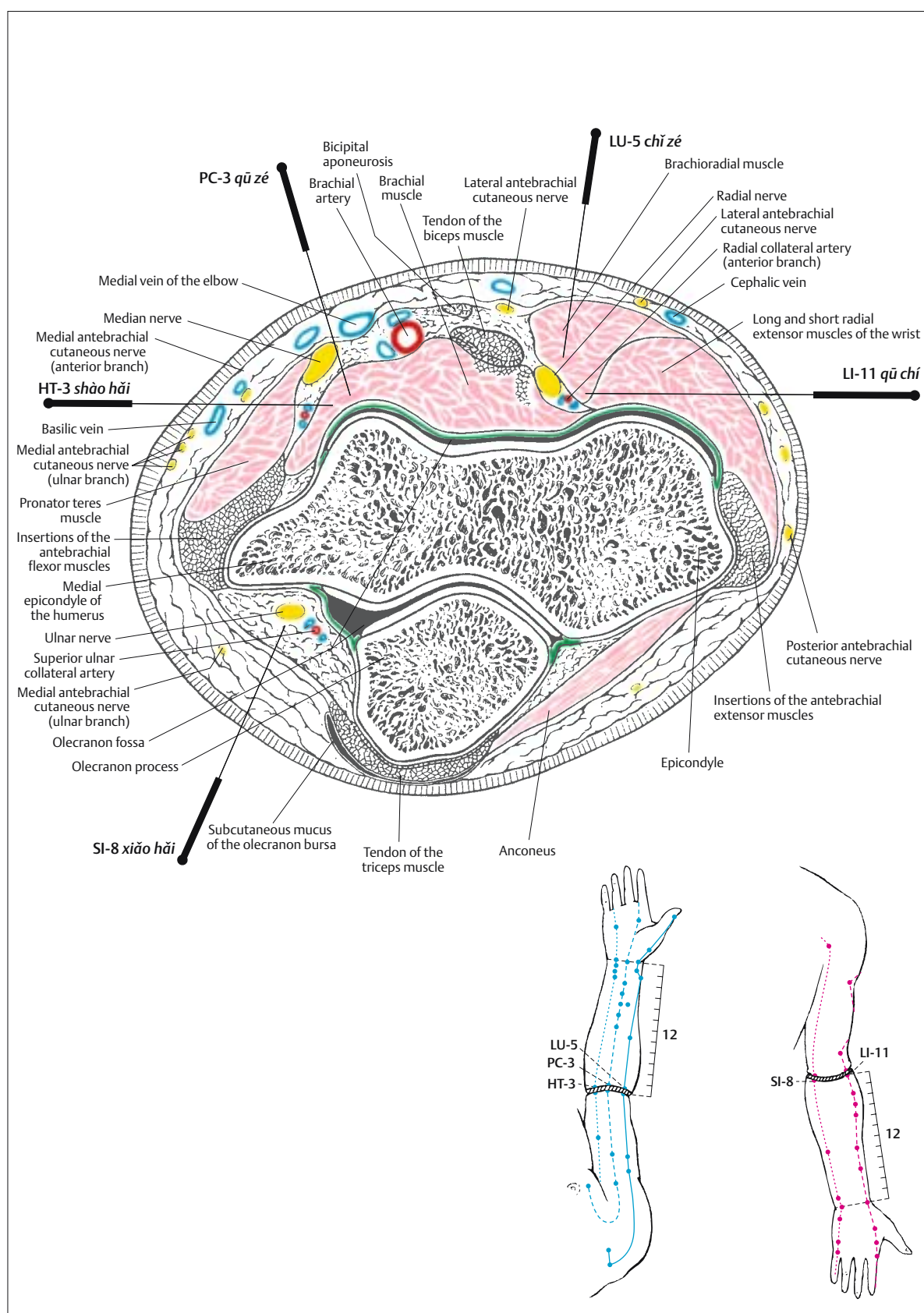


Fig. 8.34^s Cross-sectional study of points: LU-5 chǐ zé, LI-11 qū chí, HT-3 shào hǎi, SI-8 xiǎo hǎi, and PC-3 qū zé.

Point	Location	Method
ST-1 chéng qì Tear Container Fig. 6.1/6, 6.10/11 ^a	Under the pupil, at the lower edge of the orbit, looking straight ahead. Posture: seated or supine, eyes closed. The eyeball is pushed and fixed upward. ¹	Needling method: perpendicular, along the lower wall of the orbit. Depth: 0.5–1 cun. The needle is inserted very slowly. No manipulation is required. De qi: local distension and soreness or radiating toward the eye. Moxa: no moxibustion. Remarks: avoid damaging the eye and relevant vessels and nerves. ¹
ST-2 sì bái Four Whites Fig. 6.1/6	1 cun below the pupil, looking straight ahead. At the infraorbital foramen and half way between the external canthus and the tip of the nose. Posture: seated or supine.	Needling method: perpendicular. Depth: 0.3–0.5 cun. De qi: numbness and a light electric sensation, sometimes radiating to the upper lip. Moxa: not recommended. Remarks: avoid deep needling, in order not to reach the vessels and nerves of the infraorbital foramen.
ST-3 jù liáo Greater Bone-Hole Fig. 6.1/6	Along the vertical line of the pupil, looking straight ahead. At the lower border of the nasal wings. Posture: seated or supine.	Needling method: perpendicular. Depth: 0.3–0.5 cun. De qi: local distension and soreness. Moxa: 3–5 cones; moxa rolls 15 minutes. Remarks: avoid the facial vessels during deep insertion.
ST-4 dì cāng Earth Granary Fig. 6.1/6	Along the vertical line of the pupil, looking straight ahead, 0.4 cun lateral to the junction of the lips. Posture: seated or supine.	Needling method: transverse, in the direction of the corner of the mandible. Length: 1–2 cun. De qi: local distension and soreness, sometimes radiating toward that side of the face. Moxa: 3–5 cones; moxa rolls 10 minutes.
ST-5 dà yíng Great Reception Fig. 6.3/6	Anterior to the angle of the mandible, along the frontal edge of the masseter muscle, in the depression formed when plumping out the cheeks. Posture: seated or supine.	Needling method: oblique. Depth: 0.3–0.5 cun. Needling method: perpendicular. Depth: 0.3 cun. De qi: local distension and numbness of the hemiface. Moxa: 3–5 cones; moxa rolls 15 minutes. Remarks: avoid the facial vessels below the point.
ST-6 jiá chē Cheek Carriage Fig. 6.3/6	One transverse finger's breadth in front of and above the corner of the mandible, on the prominence that becomes visible on the masseter muscle when clenching the teeth. Posture: seated or supine.	Needling method: perpendicular Depth: 0.3–0.5 cun. De qi: local distension and soreness. Needling method: oblique. ² Moxa: 3 cones; moxa rolls 5–10 minutes.
ST-7 xià guān Below the Joint Fig. 6.3/6	Below the lower edge of the zygomatic bone, in the depression that can be felt in front of the condyle of the mandible when the mouth is closed. Posture: seated or lying down on one side.	Needling method: perpendicular. Depth: 0.5–1 cun. De qi: local distension and soreness, sometimes radiating to the surrounding area and to the upper dental arch. Puncture: transverse and oblique puncture. ³ Moxa: 3 cones; moxa rolls 5–10 minutes. Remarks: avoid the maxillary vessels during deep insertion.
ST-8 tóu wéi Head Corner Fig. 6.1/6	0.5 cun within the hairline, at the upper-outer corner of the forehead, at 4.5 cun from <i>dū mài</i> . Posture: seated or supine.	Needling method: transverse, subcutaneous, toward the rear. Length: 0.5–1 cun. De qi: local distension and soreness or radiating to the surrounding area. Moxa: no moxibustion.

Anatomy

The needle crosses the skin, the subcutaneous tissue, the orbicular muscle of the eye, and the orbicular fatty tissue; if the point is directed upward it can reach the inferior oblique and rectus muscles.

In the superficial layer lie the infraorbital vessels and nerves (lower palpebral branch, V2) and the zygomatic branches of the facial nerve (VII).

In the deeper layer lie the muscular branch of the oculomotor nerve, the ophthalmic vessels, and the ophthalmic nerve.

The needle crosses the skin and subcutaneous tissue and, crossing between the levator muscle of the upper lip and orbicular muscle of the eye, reaches the infraorbital foramen.

In the superficial layer lie the cutaneous branches of the infraorbital nerve (V2) and, internally and below these, the facial artery and veins.

In the deeper layer lie the infraorbital vessels and nerves as they emerge from the infraorbital foramen.

The needle crosses the skin and subcutaneous tissue and, crossing between the levator muscle of the upper lip, may reach the levator muscle of the angle of the mouth.

In the superficial layer lie the cutaneous branches of the infraorbital nerve (V2) and of the infraorbital and facial vessels.

In the deeper layer lie the branches of the infraorbital nerve, the buccal branch of the facial nerve, and the facial artery and veins.

The needle crosses the skin, the subcutaneous tissue, and the orbicular muscle of the mouth and can reach the buccinator muscle of the mouth.

In the superficial layer lie the cutaneous branches of the infraorbital nerve (V2), of the buccal nerve (V3), and of the infraorbital and facial vessels.

In the deeper layer lie the branches of the infraorbital nerve, of the buccal branch of the facial nerve, and, posteriorly, of the facial artery and veins.

The needle crosses the skin and subcutaneous tissue and reaches the anterior edge of the masseter muscle.

In the superficial layer lie the cutaneous branches of the buccal nerve (V3), the marginal mandibular branch of the facial nerve (VII), and the facial vessels and their cutaneous branches.

In the deeper layer lie the vascular and nervous branches supplying the masseter muscle.

The needle crosses the skin and subcutaneous tissue and reaches the masseter muscle.

In the superficial layer lie the cutaneous branches of the great auricular nerve (C1–C3), the marginal mandibular branch of the facial nerve (VII), and the facial vessels and their cutaneous branches.

In the deeper layer lie the vascular and nervous branches supplying the masseter muscle.

The needle crosses the skin and subcutaneous tissue, passes anterior to the parotid and posterior to the masseter muscle, and can reach the lateral pterygoid muscle.

In the superficial layer lie the cutaneous branches of the auriculotemporal nerve (V3), the zygomatic branches of the facial nerve (VII), and the facial vessels.

In the deeper layer lie the lateral branches of the mandibular nerve (V3) the maxillary vessels, the masseter vessels and nerves, and the pterygoid plexus.

The needle crosses the skin, the subcutaneous tissue, and the epicranial aponeurosis and reaches the subaponeurotic loose connective tissue.

In this region lie branches of the zygomatic temporal nerve (V2), the auriculotemporal nerve (V3), and the superficial temporal vessels.

Clinical Indications

Eyesight disorders and eye diseases, redness, swelling, and pain of the eye, night blindness, photophobia, myopia, cataract, glaucoma, optic neuritis, strabismus.

Allergic oculorhinitis, sinusitis.

Facial palsy.

Eyesight disorders and eye diseases.

Allergic oculorhinitis, sinusitis.

Headache, trigeminal neuralgia,

nervous tics, twitching of the eyelid.

Analgesia for eye surgery.

Eyesight disorders and eye diseases.

Allergic oculorhinitis, sinusitis.

Headache, trigeminal neuralgia,

nervous tics, twitching of the eyelid.

Facial paralysis.

Toothache, swelling and inflammation of the face and cheek.

Facial paralysis, trigeminal neuralgia,

twitching of the eyelid, facial tics.

Pain and contractures of the muscles

of the cheeks, toothache.

Salivary incontinence.

Facial paralysis, lockjaw, toothache,

parotitis.

Mandibular joint pain and ankylosis,

neck pain and stiffness, toothache.

Facial paralysis, lockjaw, trigeminal

neuralgia.

Parotitis.

Mandibular joint pain and ankylosis,

neck pain and stiffness, toothache.

Facial paralysis, lockjaw, trigeminal

neuralgia.

Ear pain, otitis, loss of hearing, deaf-

ness, tinnitus.

Headache, dizziness, facial paralysis.

Redness, swelling and pain of the eye,

twitching of eyelid, allergic oculorhinitis.

Manic depressive psychosis.