INTRODUCTION

Acupuncture as a medical science began more than 2500 years ago in the early Chinese dynasties, and has been constantly evolving ever since, but particularly during the last 30 years. Its development in China, with its many dialects, as well as in neighbouring countries where such languages as Japanese, Korean and Vietnamese are spoken, has given rise to a great many differences in nomenclature. Certain acupuncture points have a number of different names, while the different ways of pronouncing the same Han (Chinese) characters, and a variety of translations and transliterations have all added to the current confusion.

Efforts to develop a uniform nomenclature have been going on for some time. In 1965, the Japan Meridian and Points Committee was established, which recommended a tentative standard Japanese name for each acupuncture point, and an international numbering system. In China, the All China Acupuncture and Moxibustion Society established a committee which has developed a standard nomenclature. Since then, several other countries have formed national nomenclature committees.

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meetings:

- Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982.

- Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984.

- Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985.

- Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

After basic agreement at the regional level, a Scientific Group To Adopt A Standard International Acupuncture Nomenclature was held in Geneva in October-November 1989.

The working group in Manila agreed that there were a total of 361 classical acupuncture points and that the order of meridians an acupuncture points would be based on the circulation pattern of the meridians as currently perceived in China, Japan, Republic of Korea and Viet Nam.

It proposed that the standard nomenclature should consist of three essential elements, as follows: (1) alphanumeric code; (2) the Chinese phonetic alphabet (Pinyin) name; and (3) the Han (Chinese) characters of the meridian and the acupuncture point.

The alphanumeric code facilitates international exchange but lacks meaning from a therapeutic point of view and can lead to ambiguity, as exemplified by the meridian code of H, which can stand for both heart and liver (hepar), depending on the sources used. Nonetheless, the working group, noting that international exchange on acupuncture, at least in the Western Pacific Region, is mainly conducted in English, recommended that the alphanumeric code should be derived from the English language translation of the meridian names.

The Han character is widely used in oriental medicine in China, Japan, Republic of Korea, Singapore and Hong Kong, and gives the meridian and the acupuncture point name a meaning of therapeutic value which often defies translation. It should therefore be an essential element of the standard acupuncture nomenclature. It was also agreed that by using the Han

characters, the original form of writing would be used with a simplified version of the characters in parentheses.

As we have observed, Ban characters are difficult for non-Ran-using readers, so it is important that their meaning should be expressed in other languages. The Chinese phonetic alphabet (Pinyin) names of the meridians and acupuncture points allow readers to pronounce them accurately. These names also facilitate the formation of an alphabetic index and thus make the study of acupuncture, especially the meaning of the Ban characters, easier for those who do not use the Han language.

At the Manila meeting in 1982, the principle for deciding alphabetic codes of meridians was as follows:

1. When the Ban character for a meridian consists of two characters, an alphabetic code consisting of two capital letters, one for each Ran character, is used.

2. When the Ban character for a meridian consists of one character, an alphabetic code of one capital letter is used.

3. When different meridians have the same alphabetic codes, a lower case letter is added to distinguish them. For example, Lis used for Lung meridian and Liv for liver meridian; S is used for Stomach meridian and Sp for Spleen meridian.

At the Geneva meeting in 1989, this was again reviewed. The system adopted at the Manila meeting was used for seven years. Members of WHO regions other than the Western Pacific were also present at this meeting. Some of the participants found the code adopted in Manila somewhat confusing and difficult to remember. After careful discussion, it was agreed that each alphabetic code should consist of two capital letters.

The former and revised codes are as follows:

Name of Meridian	Alphabetic Code	
	Former (Manila, 1982)	Revised (Geneva, 1989)
1. Lung Meridian	L	LU
2. Large Intestine Meridian	LI	LI
3. Stomach Meridian	S	ST
4. Spleen Meridian	Sp	SP
5. Heart Meridian	H	HT
6. Small Intestine Meridian	SI	SI
7. Bladder Meridian	B	BL
8. Kidney Meridian	K	KI
9. Pericardium Meridian	P	PC
10. Triple Energizer Meridian	TE	TE
11. Gallbladder Meridian	G	GB
12. Liver Meridian	Liv	LR
13. Governor Vessel	GV	GV
14. Conception Vessel	CY	CY

With regard to the last two, the working group in Hong Kong in 1985 studied the concept of the "Eight Extra Meridians". These are the Governor Vessel Meridians and Conception Vessel Meridian, adopted by the working group in Manila in 1982, plus six extra meridians. These were recognized and it was decided to omit the word "Meridians" after the Governor Vessel and Conception Vessel in order to standardize the nomenclature of the eight extra meridians. This was also adopted at the Geneva meeting in 1989.

The working group in Manila noted that if the acupuncture point name is accompanied by an explanation of the meaning of the Han character it would become more useful. Therefore the All China Acupuncture and Moxibustion Society has attempted to describe the acupuncture points briefly in terms of the basic theory of traditional Chinese medicine, such as Yin-Yang,

Zhang-Fu, Qi, blood and anatomy, the Five Elements, as well as the clinical effects of acupuncture.

The text was adopted at the Regional Consultation Meeting in Tokyo in 1984, subject to minor revision. The final version was accepted after a careful discussion, particularly among members from China and Japan, during the working group meeting in Hong Kong in 1985. Then careful editing was done to make the English as precise as possible without changing the original meaning.

The working group in Manila also recommended that the equivalent names and code names of the acupuncture points as used in various countries should be collected, collated, verified and published, together with the standard acupuncture nomenclature.

This multilingual comparative list of acupuncture nomenclature was developed by Dr Wang Deshen, a member of the working group, and published as *Standard Acupuncture Nomenclature,* WHO Regional Publications, Western Pacific Series No.1, in 1984.

This second edition of the *Standard Acupuncture Nomenclature,* consists of three parts for each of the classical acupuncture points:

(1) The standardized name of the classical point, has three elements, namely the alphanumeric code, the Chinese phonetic alphabet (Pinyin) name, and the Ran (Chinese) characters. The original form of the writing is shown first, and the simplified form of the character is given in parentheses in the order of the use in China, Japan and Republic of Korea.

(2) A brief explanation of the point, i.e., the meaning of the characters in the first paragraph, and a brief explanation of the point in the second paragraph. These meanings have been

recommended by the All China Acupuncture and Moxibustion Society and presented during the Tokyo meeting in 1984.

(3) A multilingual comparative list of names of the point in English (American, British 1, and British 2), French, Japanese, Korean and Vietnamese.

It is abbreviated as follows:

A	English (American)
B1	English (British 1)
B2	English (British 2)
F	French
J	Japanese
K	Korean
V	Vietnamese

The figures appearing on the upper right side are reference numbers for quick index location of the points.

Two indexes have been included in this edition:

(1) The multilingual list of acupuncture points, including the standard (Pinyin) names, arranged in alphabetical order. The standard names appear in bold letters.

(2) The Han (Chinese) characters list of acupuncture points, arranged according to the number of strokes. The simplified characters also appear in the list, according to the number of strokes.

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