

Revisiting Extra Acupoints: Past, Present, and Future

Tong-zheng Hong*

As-You-Wish Healthcare Institute, freelance, Taiwan

*Corresponding author: Tong-zheng Hong, As-You-Wish Healthcare Institute, freelance, Taiwan, Tel: 093-3086-399; E-mail: ty8876@ms24.hinet.net

Received: 23 Nov, 2017 | Accepted: 08 Dec, 2017 | Published: 18 Dec, 2017

Citation: Hong TZ (2017) Revisiting Extra Acupoints: Past, Present, and Future. J Network Med Target Ther 1(1): dx.doi.org/10.16966/2577-1906.105

Copyright: © 2017 Hong TZ. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Extra acupoints distinguish themselves from the acupoints on the traditional fourteen meridians with the unique indications, actions, and the great effectiveness in acupuncture theory and treatment. Pattern identification, one of the Traditional Chinese Medicine theories and should be taken into account in the treatment, cannot be applied to extra acupoints with the lack of Yin and Yang. However, this cannot depreciate the value of extra acupoints in the acupuncture.

The extra acupoints selected in combination with traditional acupoints for cosmetic acupuncture can benefit women like natural botox, marking the beginning of a new chapter. This promising development with the convincing efficacy and time-effectiveness deserve clinical and academic attention in the future.

Introduction

Traditional Chinese medicine (TCM) originated in China, which was accepted and viewed as the mainstream medicine in the past two thousand years [1].

The Yin-Yang balance is a unique concept and one of the key principles of traditional Chinese medicine, which has been described throughout the history of Chinese medicine for many centuries. The concept serves as the foundation and the guide for the explanation of etiology of diseases and treatments [2].

The balancing of Yin and Yang can be achieved by stimulations at acupoints, including acupuncture, acupressure, moxibustion, cupping, and Tui Na. The classic protocol of Four Gates (LV3, Yin, and LI4, Yang) demonstrating the application and importance of the Yin-Yang balance was used for the successful treatment of the sub-health [3].

The Five Shu points on the traditional fourteen meridians bear Yin and Yang. However, extra acupoints are totally excluded from this theory simply because they have not been incorporated into the traditional fourteen meridians.

Brief History of Acupuncture and Extra Acupoints

Extra acupoints and Ashi (Ah Shi, 阿是) points, the foundations of acupoints on the traditional fourteen meridians, were discovered accidentally in the daily life in the ancient time when ancient people used Bian stones and realized that pressing Bian stones, hot stones, against certain parts or sites of the body could alleviate pain and certain sicknesses.

Theory of the meridian system is established on the experiences and knowledge of the extra acupoints and Ashi, and medical instruments like Bian stones, bronze, iron, gold and silver needles are created as medical instruments for healing [4]. A large part of the entire medical system was formed and presented during the Warring States Period (476-221 BC). The meridian systems and needling therapy were presented and discussed in the earliest concise traditional Chinese medicine classic Huang Di Nei Jing (黃帝內經, Yellow Emperor's Inner Classic). The second Volume Lingshu (靈樞, The Vital Axis) presents a whole section dedicated to the use of acupuncture and moxibustion, which is regarded as the guideline for acupuncturists [4].

In the Ming Dynasty (1368–1644), Zhen Jiu Da Cheng (針灸大成, The Systematic Classic of Acupuncture and Moxibustion) presented the clear descriptions of the full set of 365 acupoints (recognized and accepted in TCM and acupuncture Classics in China, Hong Kong, and Taiwan) still in use today [5]. However, this set of acupoints is greatly different from the 361 acupoints the WHO proposed [6].

The concept of painful points as a treatment site in the Chinese literature was first presented in Jing Jin Di Shi San (經筋第十三, Thirteenth Writing: Sinew Channels) of the Volume of Ling Shu (靈樞). The term Ashi, literally “Ah yes” in Chinese, was coined to refer to the painful points by Sun Si-Miao, the great Chinese medicine physician in the Tang Dynasty, in his book Qian J Qian Jin Yao Fang (千金要方, Thousand Ducat Formulas) [7]. In other words, the certain “tender spot or pathological sites” on the body with responding

signal of pain for diagnosis are Ashi points, which have not been formally recognized and accepted to be incorporated into the traditional fourteen meridians in the TCM literature. Some of the frequently used for long and recognized Ashi points are finally accepted with the locations and indications like the acupoints on the traditional fourteen meridians and named as extra acupoints in the acupuncture literature.

Extra acupoints were mentioned in Huang Di Nei Jing (黃帝內經, Yellow Emperor's Inner Classic), widespread and often utilized during the spring and autumn period (春秋時期, 770-476 BCE). Examples like "tip of finger poking", "between eyebrows", and "stabbing the Shaoyin beneath the tongue" explain the locations of extra points.

The specific names of extra points were not given until the Sui Dynasty (隋, 581-618 CE) and the Tang Dynasty (唐, 618-907 CE). During these two Dynasties, acupuncture experienced the great developments. Up to 187 extra points were incorporated into Qian Jin Yao Fang (千金要方, Thousand Ducat Formulas) by Sun Si-Miao (581-682 CE) in the Tang Dynasty.

Not until the Ming Dynasty were extra points formally discussed in the classic Qi Xiao Liang Fang (奇效良方, Wonderful Well-Tried Recipes). 26 extra points were collected in the Chapter Extra Point in Volume 5, which is the beginning of collecting extra points. The trend went on, and 35 extra points were collected in Zhen Jiu Da Cheng (針灸大成, The Systematic Classic of Acupuncture and Moxibustion); 84 extra points collected in Lei Jing Tu Yi (類經圖翼, Illustrated Supplement to the Classic of Categories); 144 extra points collected in Zheng Jiu Ji Cheng (針灸集成, Compilation of Acupuncture of Moxibustion). Extra acupoints were officially separated from the Traditional 14 Channels when the TCM doctors of the Tai Yi Yuan (太醫院, Imperial Medical Institute) in the Qing Dynasty (清, 1644-1911 CE) revised Yi Zong Jin Jian (醫宗金鑑, Golden Mirror of Medicine), and built its own unique system [5].

Most of the extra acupoints are not associated with a specific meridian; however, some extra acupoints like Yintang (印堂, M-HN-3), Sishencong (四神聰, M-HN-1) are located on the Governing vessel, one of the Erbai (二白, M-UE-29) is on the PC meridian, and Taiyang (太陽, M-HN-9) is on the Sanjiao meridian [1].

What attracts our attention and interests us can be the standards of incorporating extra points into the traditional fourteen meridians. The present literature cannot explain how the acupoints are included on the fourteen meridians while there are 5 criteria listed by the WHO [6].

Therapeutic Perspectives

Without the consideration of Yin and Yang, good results cannot be expected. An extra acupoint may be on the meridians or may not, which is closely associated with Yin and Yang. In the Five Shu-Point, each acupoint corresponds to one of the

specific phases of the Five Elements, which highlights the importance of Yin and Yang. Unfortunately, the Five Elements theory cannot be applied to extra acupoints because they are not on the traditional fourteen meridians.

The historical developments of extra points show that an extra point can surely play an essential role in acupuncture and be used alone for the treatment, even though they do not have the corresponding phases. Without the components of Yin-Yang shown in figure 1, whether or not extra points can be selected in combination with traditional acupoints in a protocol for the more effective results of the treatments attracts attention.

Extra acupoints can be selected alone, but the present studies show there is the positive efficacy when an extra acupoint is used in combination with the acupoints on the traditional meridians.

Patterns are unique and pattern identification plays the most critical factor for the treatment and correlates closely with the outcomes. The following studies show in table 1 [1,8-10] are the combinations of traditional acupoints and extra acupoints used in clinic and research but patterns were not included for discussion.

As one of the oldest forms of the natural healing arts, acupuncture began its development and employment for anesthesia in a surgical operation in the late 1950's. The use of acupuncture anesthesia for open heart surgery in the late 1960's attracted attention and generated profound interests around the world. In a pilot study by Wang et al. (2005), 12 parents were randomized to an acupressure bead with occlusive tape covering at the Extra 3 Yintang point for 20 minutes. Parents in the acupressure group had significantly less anxiety at 20 minutes post-intervention compared with parents in the sham group [11].

Patients and healthcare providers are concerned about side effects. The finding of a study on the severity of venipuncture pain among hospitalized 6-12-year-old children shows extra point extra 1 (印堂, Yintang) in combination with the P-8 (勞宮, Laogong) point are recommended instead of pharmacological pain management agents on account of its greater safety, cost-effectiveness, and applicability [12].

It was discussed in Huang Di Nei Jing that many meridians either commence or terminate on the face and some have internal branches that go to the face, correlating the relationship of health and appearance. The hair and the skin are the representations closely related to the state of the internal Zang Fu organs. Beauty and skin health are becoming important factors in the perceived quality of life with extended life expectancy. The positive result of facial acupuncture reported

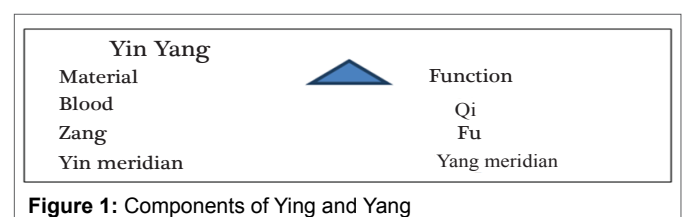


Figure 1: Components of Ying and Yang

Table 1: The combinations of traditional acupoints and extra acupoints used in clinic and research

Uses of extra acupoints in clinic and researches			
Author(s)	TCM Pattern	Acupoints	Outcomes
Hong TZ et al. 2017 [1]	Kidney qi deficiency	Extra point Gangshui was (肝水) selected in combination with traditional acupoints of LV3, ST36, and SJ5 for treating sub-acute cough.	85% of the cough was cured with this protocol for one treatment. This new extra point can be used alone for chillness and frequent urination when the pattern is Kidney qi deficiency.
Zhu ML, et al. 2016 [8]	-	Bilateral extra acupoints Dingchuan (定喘, EX-B 1) were selected together with traditional acupoints such as Fengmen (風門, BL12), Lieque (列缺, LU7), Feishu (肺俞, BL13), and Shenshu (腎俞, BL23) for post-cold cough.	The acupuncture was conducted once a day, with an interval of 1 day after 6 days; 6 times was considered as 1 course, and 2 consecutive courses were administered. The good result was concluded that the total effective rate was 96.0%. 8 patients were cured, 16 cases were effective, and 1 case was ineffective among the 25 patients.
Yu SY, et al. 2015 [9]	-	In the treatment of primary dysmenorrhea, extra acupoint Shiqizhui (十七椎, EX-B8) was used in combination with Sanyinjiao (三陰交, SP6), Ciliao (次膠, BL32), and Dijì (地機, SP8).	This protocol provided a superior analgesia 10 minutes after the needle insertion compared with needling Shiqizhui (EX-B8) alone.
Paraskeva A, et al. 2004 [10]	-	Extra-1 (印堂, Yin-Tang) was selected alone for understanding the efficacy.	Extra-1 (印堂, Yin-Tang) acupoint can decrease bis values and preoperative anxiety.

by Donoyama et al. [13] showed the protocol of BL1, GB1, ST1, ST3, ST4, ST7, SI19, CV24, Ex-HN3 (印堂, Yintang) and Ex-HN4 (魚腰, Yuyao) could increase the water and oil content of the facial skin [13].

Discussion

The extra acupoints can be chosen alone or combined with other acupoints on the fourteen meridians on the basis of Yin or Yang of the meridian. Present studies show the extra acupoints can be effective alone, but better results of extra acupoints used in combination with traditional acupoints are reported in some research.

Tung's acupuncture is the typical school of extra acupoints in the world. This school emphasizes the use of a single extra acupoint for treatment, which proves extra acupoints can be effective as the traditional acupoints. On the other hand, the new extra acupoint Gangshui (肝水) discovered and used for a sub-acute cough demonstrates there may be numerous extra acupoints that remains undiscovered [1].

The concept of pattern (證, Zeng) identification based on differential diagnosis is out of doubt the key to treatment. Taiyang (太陽, M-HN-9), for example, can be selected for a one-sided headache as GB20 when the pathogen is exterior Wind [1]. This report indicates it is for sure that extra points can be selected for the same actions as the fourteen meridian points as long as patterns are identified correctly. Unfortunately, it is seldom to take patterns into consideration for research design and discussed in current research.

The awareness should be presented that literature review of Extra-1 in this study for acupuncture anesthesia shows Extra-1 in the previous research could be inaccurate. Extra-1 refers to Sishencong (四神聰), instead of Yintang (印堂) in accordance with A Proposed Standard International Acupuncture Nomenclature: Report of a WHO Scientific Group published by the WHO [6].

Although one of the functions of Extra-1 (四神聰, Sishencong) is to calm the spirit, which bears similarity with that of Extra-3 (印堂, Yin-Tang), to calm the Shen, the definitions of Shen and spirit may be confusing to a certain extent.

Conclusion

Acupuncture is a component of Traditional Chinese Medicine, attracting more and more attention all over the world for the effectiveness, safety, low cost, and few side effects.

Currently, cosmetic acupuncture has been introduced as an intervention for skin rejuvenation and anti-skin aging such as treatments for facial wrinkles, facial muscle tone, and elasticity. It is predictable that facial acupuncture for cosmetic purposes will gain more popularity all over the world in the future because it is effective, low cost, non-surgical, painless way to reduce the appearance of fine lines and deeper wrinkles, while simultaneously revitalizing the whole body.

The discovery of new extra acupoint Gangshui (肝水) and studies searched indicate extra acupoints are increasingly discovered and used as part of the modality of acupuncture. However, additional research are needed to understand if extra points can be used in combination with traditional acupoints for more effective results.

References

1. Hong TZ (2017) Exploring a New Extra Point for Sub-acute Cough: A Case Report. Scholar's Press, Germany.
2. Maciocia G (1989) The foundations of Chinese Medicine. Library of Congress Cataloging in Publication Data. NY.
3. Hong TZ (2009) Application of Four Gates to Treating Sub-health. Hsinchu City Community Policing 15: 13-17.
4. Development of Acupuncture and Moxibustion in China. Shennong limited.
5. Kuo S J, Wang N. Systematic Review of Extra Points.

6. Essential Medicines and Health Products Information Portal: A World Health Organization resource. (2017) A Proposed Standard International Acupuncture Nomenclature: Report of a WHO Scientific Group.
7. Nugent-Head A (2013) Ashi Points in Clinical Practice. *J Chin Med* 101: 5-12.
8. Zhu ML, Jiang HC, Zeng HW (2016) Acupuncture combined with acupoint injection for 25 cases of post-cold cough. *World J Acupunct Moxibustion* 26: 65-67.
9. Yu SY, Yang J, Yang MX, Yan G, Chen J, et al. (2015) Application of Acupoints and Meridians for the Treatment of Primary Dysmenorrhea: A Data Mining-Based Literature Study. *Evid Based Complement Alternat Med*: 1-5.
10. Paraskeva A, Melemini A, Petropoulos G, Sifaka I, Fassoulaki A (2004) Needling of the extra 1 point decreases bis values and preoperative anxiety. *Am J Chin Med* 32: 789-794.
11. Wang SM, Gaal D, Maranets I, Caldwell-Andrews A, Kain ZN (2005) Acupressure and preoperative parental anxiety: a pilot study. *Anesth Analg* 101: 666-669.
12. Pour PS, Ameri GF, Kazemi M, Jahani Y (2017) Comparison of Effects of Local Anesthesia and Two-Point Acupressure on the Severity of Venipuncture Pain Among Hospitalized 6-12-Year-Old Children. *J Acupunct Meridian Stud* 10: 187-192.
13. Donoyama N, Kojima A, Suoh S, Ohkoshi N (2012) Cosmetic acupuncture to enhance facial skin appearance: a preliminary study. *Acupuncture in Medicine* 30: 152-153.