



REPORT OF THE WORKING GROUP ON AURICULAR ACUPUNCTURE NOMENCLATURE

Lyon, France, 28-30 November 1990

CONTENTS

	<u>Page</u>
1. Introduction	2
2. Aim and objectives of the Working Group	
2.1 Aim	2
2.2 Objectives	2
3. Proceedings and discussions	
3.1 Opening session	3
3.2 Addresses by Dr H. Nakajima and Dr P. Nogier	3
3.3 Progress report on the Standardization of Auricular Acupuncture Nomenclature	3
3.4 Standardization of the anatomy of the ear	3
3.5 Standardization of the Nomenclature of Auricular Points	4
3.6 Standard Nomenclature of Auricular Points	4
3.7 Nomenclature of Auricular Points not yet considered	8
3.8 Auricular acupuncture charts	11
4. Future plans	11
5. Recommendations	11
Annex 1. Opening address by Dr Raphaël Nogier	12
Annex 2. Opening remarks by Dr Olayiwola Akerele	13
Annex 3. List of participants	15
Annex 4. Programme	17
Annex 5. Address by Dr Hiroshi Nakajima, Director-General, World Health Organization	18
Annex 6. Address by Dr Paul Nogier	19
Annex 7. Progress Report on the Standardization of Auricular Acupuncture Nomenclature	21
Annex 8. Closing remarks by Dr Olayiwola Akerele	23
Acknowledgement	24

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1. INTRODUCTION

Beginning in 1982, the World Health Organization (WHO) has been making concerted efforts to achieve international agreement on a common acupuncture language as a means to facilitate the teaching, research, and clinical practice of acupuncture, i.e., a standardized acupuncture nomenclature. These efforts have included working groups and regional consultations convened by the WHO Regional Office for the Western Pacific, and the meeting of a WHO Scientific Group.* This last activity resulted in the unanimous adoption of a proposed standard acupuncture nomenclature for international use. The main features of the recommended nomenclature are the use of the English translation of the name of each meridian and an alphanumeric code derived from the English names, and the use of the Chinese phonetic alphabet (Pinyin) names and the Han character names of the meridians and acupuncture points.

One of the recommendations made by the Scientific Group was the completion of the standardization of the auricular acupuncture points of proven therapeutic value, the location of which is generally accepted. This was the basis for organizing this Working Group meeting. Auricular acupuncture is a rapidly evolving therapy, one that generates new knowledge that is being widely disseminated throughout the world. As with the introduction of any new body of knowledge, there is likely to be some confusion or misunderstanding at the outset. This was an additional consideration for organizing the meeting.

The Groupe lyonnais d'Etudes médicales and the Municipal Council of the City of Lyon acted as hosts for the meeting.

2. AIM AND OBJECTIVES OF THE WORKING GROUP

2.1 Aim

The overall aim of the Working Group was to consider a standard international auricular acupuncture nomenclature.

2.2 Objectives

The objectives of the Working Group were:

- (i) to review progress on the standardization of auricular acupuncture nomenclature;
- (ii) to finalize the discussions already begun on other auricular points;
- (iii) to consider other items for review and discussion; and
- (iv) to recommend future activities in acupuncture for the consideration of WHO.

* Working Group on the Standardization of Acupuncture Nomenclature, Manila, 1982; Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, 1984; Second WHO Regional Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, 1985; Third WHO Regional Working Group on the Standardization of Acupuncture Nomenclature, Seoul, 1987; WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature, Geneva, 30 October - 3 November 1989.

3. PROCEEDINGS AND DISCUSSIONS

3.1 Opening session

The meeting was opened by Dr R. Nogier, who welcomed the participants on behalf of the Groupe lyonnais d'Etudes médicales and the City of Lyon, the joint hosts of this meeting. He stated that he was especially pleased to see the meeting of the Working Group take place in Lyon, for it was from this city that many outstanding and renowned scientists came (see Annex 1).

Dr Nogier's welcoming remarks were followed by an address delivered by Dr O. Akerele, Programme Manager of WHO's Traditional Medicine Programme. He stressed the importance not only of producing a standardized international nomenclature but of promoting its use so that it can be assessed and revised in the light of experience through usage. He then set out the four objectives of the meeting, and reminded the members of the Working Group that they were participating in the meeting in their own personal capacity and on the basis of their expertise in auricular acupuncture (see Annex 2).

The participants and observers were then invited to introduce themselves (see Annex 3). The following officers were nominated: Dr R. Nogier - Chairman; and Dr T. Tsiang - Rapporteur.

The proposed agenda was then adopted (see Annex 4).

3.2 Addresses by Dr H. Nakajima and Dr P. Nogier

On the afternoon of the second day of the meeting, Dr Hiroshi Nakajima, Director-General of the World Health Organization, addressed the Working Group. In his remarks, Dr Nakajima acknowledged the role that Dr Paul Nogier had played in developing the theory and clinical application of auricular therapy. He also reiterated the efforts of WHO, through its Programme on Traditional Medicine, to promote and recommend for international use a standardized auricular acupuncture nomenclature to facilitate research, teaching, and the clinical application of auricular therapy (see Annex 5).

In response, Dr Paul Nogier addressed the gathering and highlighted some of the changes that have taken place during his long career in medicine, particularly the spectacular technological advances in health care as well as the emerging popularity of natural medicine, including the growing importance of auricular acupuncture and auricular medicine. He fully agreed with the need for developing a standardized nomenclature and welcomed the contribution this would make for the recognition of the points of the ear and for teaching and research, the results of which would lead to better and more effective health care for everybody (see Annex 6).

3.3 Progress report on the Standardization of Auricular Acupuncture Nomenclature

Dr T. Tsiang traced the involvement of the World Health Organization since 1982 in efforts to standardize acupuncture nomenclature, and the achievements that have resulted from these efforts. Dr Tsiang also outlined to the Group the particularity of auricular points that are not encountered in classical acupuncture (see Annex 7).

3.4 Standardization of the anatomy of the ear

In relation to standardization of the auricular anatomy, the Working Group reached consensus on the anatomical areas and proposed the following using the alphabetic code MA (derived from "micro-system" and "auricular point").

Alphabetic code	Anatomical area of the ear
MA-HX	Helix ¹
MA-SF	Scaphoid fossa
MA-AH	Antihelix ¹
MA-TF	Triangular fossa
MA-TG	Tragus
MA-AT	Antitragus
MA-IC	Inferior concha
MA-SC	Superior concha
MA-LO	Lobule
MA-IT	Intertragal notch
MA-PP ²	Posterior-Peripheral part
MA-PI ²	Posterior-Intermediate part
MA-PC ²	Posterior-Central part
MA-PL ²	Posterior-Lobular part

¹ Helix and Antihelix are further divided into various segments, but for coding purposes, the segments were not named.

² After some discussion it was concluded that the posterior surface of the external ear should be divided into four parts (Fig. 1).

3.5 Standardization of the Nomenclature of Auricular Points

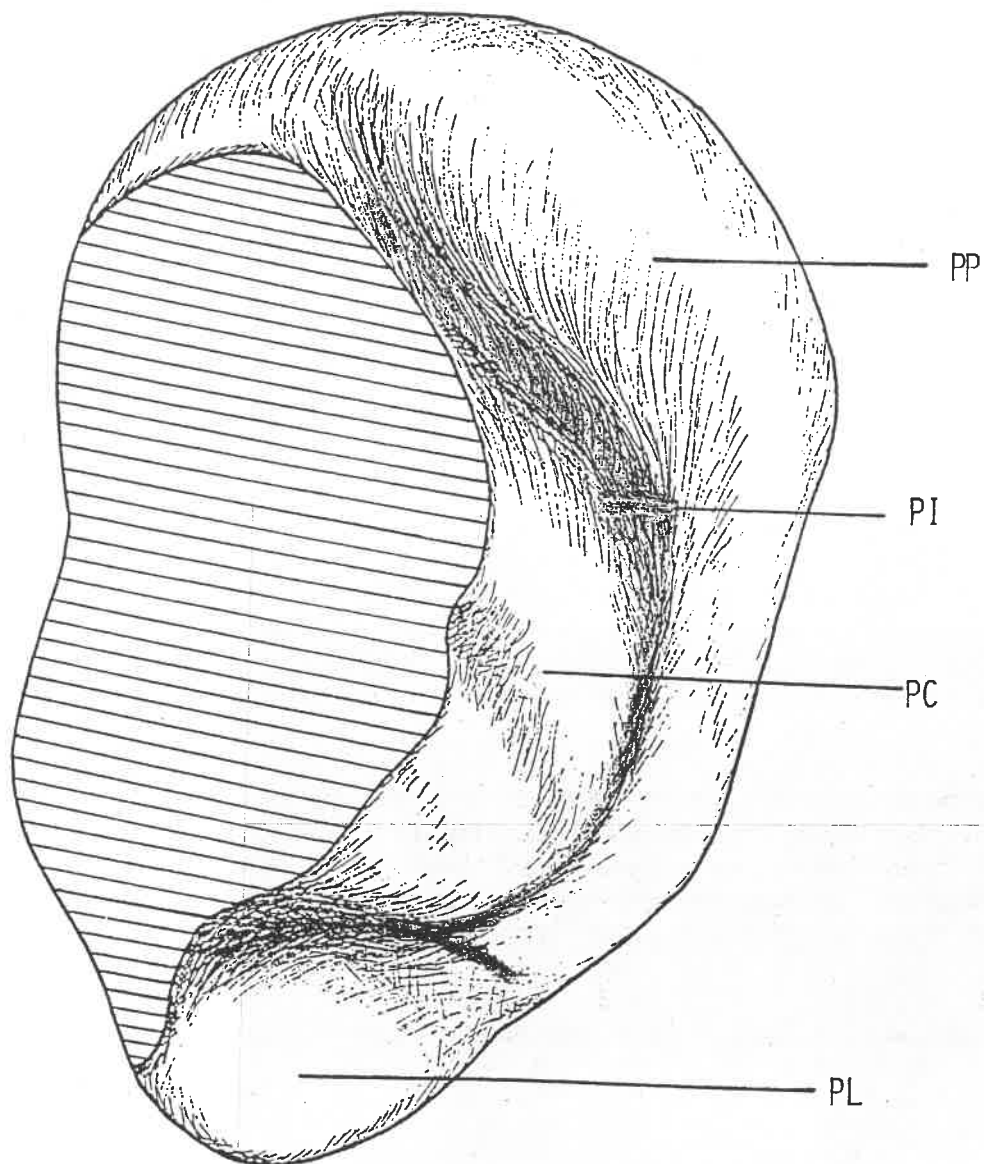
A standard nomenclature was adopted, according to three (3) main criteria:

- (i) Points that had international and common names in use.
- (ii) Points whose therapeutic values were well proven.
- (iii) Points whose location in the auricular area appeared to be generally accepted.

3.6 Standard Nomenclature of Auricular Points

The following 39 auricular points were discussed and adopted by the Working Group. All items marked with an asterisk (*) are Traditional Chinese Medicine terms that do not necessarily represent an anatomical site as understood in modern medicine.

FIG. 1. POSTERIOR SURFACE OF THE EXTERNAL EAR



- PP - Posterior-Peripheral
- PI - Posterior-Intermediate
- PC - Posterior-Central
- PL - Posterior-Lobular

Helix

MA-HX1	Ērzhōng	耳 中	Ear Centre
MA-HX2	Niàodào	尿 道	Urethra
MA-HX3	Wàishēngzhìqì	外 生 殖 器	External Genitalia
MA-HX4	Gāngmén	肛 门	Anus
MA-HX5	Ērjiān	耳 尖	Ear Apex

Scaphoid Fossa

MA-SF1	Zhǐ	指	Fingers
MA-SF2	Wàn	腕	Wrist
MA-SF3	Zhōu	肘	Elbow
MA-SF4	Jiān	肩	Shoulder Girdle

Antihelix

MA-AH1	Gēn	跟	Heel
MA-AH2	Huái	踝	Ankle
MA-AH3	Xī	膝	Knee
MA-AH4	Tún Kuān	臀 髋	Pelvic Girdle
MA-AH5	Zuògǔ Shénjīng	坐 骨 神 经	Sciatic Point
MA-AH6	Jiāogǎn	交 感	Autonomic Point
MA-AH7	Jǐngzhuī	颈 椎	Cervical Spine
MA-AH8	Xiōngzhuī	胸 椎	Thoracic Spine
MA-AH9	Jǐng	颈	Neck
MA-AH10	Xiōng	胸	Thorax

Triangular Fossa

MA-TF1	Ērshénmén	耳神门	Ear Shenmen
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Tragus

MA-TG1	Wàibí	外鼻	External Nose
MA-TG2	Píngjiān	屏尖	Apex of Tragus
MA-TG3	Yānhóu	咽喉	Pharynx and Larynx

Inferior Concha

MA-IC1	Fèi	肺	Lung
MA-IC2	Qìguǎn	气管	Trachea
MA-IC3	Nèifēnmì	内分泌	Hypothalamo-Hypophyseal Axis
MA-IC4	Sānjiāo	三焦	Triple Energizer
MA-IC5	Kǒu	口	Mouth
MA-IC6	Shí dào	食道	Esophagus
MA-IC7	Bēnmén	贲门	Cardia

Superior Concha

MA-SC1	Shī èrzhǐcháng	十二指肠	Duodenum
MA-SC2	Xiǎocháng	小肠	Small Intestine*
MA-SC3	Mángcháng Lánwěi	盲肠阑尾	Ceco-Appendix
MA-SC4	Dàcháng	大肠	Large Intestine*
MA-SC5	Gān	肝	Liver*
MA-SC6	Yí dǎn	胰胆	Pancreas-Gallbladder*
MA-SC7	Shūniàoguǎn	输尿管	Ureter
MA-SC8	Pángguāng	膀胱	Bladder

Lobule

MA-LO1	Mù	目	Eye
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3.7 Nomenclature of Auricular Points not yet considered

The Working Group decided that the following 36 points listed below do not meet the three main criteria, as agreed upon and therefore were not discussed and adopted. All items marked with an asterisk (*) are Traditional Chinese Medicine terms that do not necessarily represent an anatomical site as understood in modern medicine.

NOMENCLATURE OF AURICULAR POINTS NOT YET CONSIDERED

Fēngxǐ	风 溪	Wind Stream
Zúzhǐ	足 趾	Toe
Yāodǐzhuī	腰 骶 椎	Lumbosacral Spine
Fù	腹	Abdomen
Pénqiāng	盆 腔	Pelvis
Jiǎowōzhōng	角 窝 中	Middle Triangular Fossa
Nèishēngzhìqì	内 生 殖 器	Internal Genitalia
Jiǎowōshàng	角 窝 上	Superior Triangular Fossa
Shèshàngxiàn	肾 上 腺	Adrenal Gland
Duìpíngjiǎn	对 屏 尖	Apex of Antitragus
Yuánzhōng	缘 中	Central Rim
Zhěn	枕	Occiput
Niè	颞	Temple
É	额	Forehead
Xīn	心	Heart*
Pí	脾	Spleen*
Wèi	胃	Stomach*
Shèn	肾	Kidney*
Tǐngjiǎo	艇 角	Angle of Superior Concha
Yá	牙	Tooth

NOMENCLATURE OF AURICULAR POINTS NOT YET CONSIDERED (continued)

Shé	舌	Tongue
Hé	颌	Jaw
Chuíqián	垂 前	Anterior Ear Lobe
Yǎn	眼	Eye
Nèi'ěr	内 耳	Internal Ear
Miànjiá	面 颊	Cheek
Biǎntáotǐ	扁桃 体	Tonsil
Shàngěrgēn	上 耳 根	Upper Ear Root
Ěrmígēn	耳 迷 根	Root of Ear Vagus
Xiàěrgēn	下 耳 根	Lower Ear Root
Ěrbèigōu	耳 背 沟	Groove of Posterior Surface
Ěrbèixīn	耳 背 心	Heart* of Posterior Surface
Ěrbèipí	耳 背 脾	Spleen* of Posterior Surface
Ěrbèigān	耳 背 肝	Liver* of Posterior Surface
Ěrbèifèi	耳 背 肺	Lung* of Posterior Surface
Ěrbèishèn	耳 背 肾	Kidney* of Posterior Surface

3.8 Auricular acupuncture charts

The Working Group considered that the drawing in the Auricular Acupuncture Chart (B) on page 37/38, Annex 8 of the Report of the Third WHO Regional Working Group, contained many points, the localization of which are open to debate. Therefore, after discussion, the Group decided that this chart would not be used for purposes of further reference to localization of auricular points.

The Working Group also decided that the drawing in the Auricular Acupuncture Chart (A) on page 35/36, Annex 7 of the same report, is not to be used in view of the changes in the standardization of the anatomy of the areas of the ear that had just been agreed upon.

4. FUTURE PLANS

During the course of the discussions, many divergent points of view emerged concerning both localization and terminology of auricular points. On the basis of this free exchange of ideas and opinions, the Working Group agreed that as a priority a future activity should be the development of a standard reference chart of the ear, for use in auricular acupuncture. This chart should cover the following:

- (i) Correct anatomical illustration of the ear.
- (ii) An appropriate anatomical mapping of topographical areas, to be decided upon in consultation with experts in anatomy and auricular acupuncture.
- (iii) Illustrations of correct zones, in relation to auricular acupuncture and research.
- (iv) Actual delineation and localization of points, where possible.

5. RECOMMENDATIONS

Because of the importance and urgent need to develop a standardized and internationally accepted auricular acupuncture nomenclature to facilitate teaching, research, and practice, the Working Group made the following recommendations:

- (1) WHO should give urgent consideration to the organization of a subcommittee to study the anatomical mapping of the external ear, with a view to naming the zones and points, in relation to auricular acupuncture.
- (2) WHO should establish contacts with appropriate associations, research groups, institutions, etc. in countries such as the People's Republic of China and in the Union of Soviet Socialist Republics that have been involved in the education and practice of auricular acupuncture; and take steps to summarize and translate selected works that they have produced, which is often unavailable to others. This information would be disseminated to interested societies, etc. involved in teaching, research, and practice of acupuncture.
- (3) For the purpose of making up-to-date information on auricular acupuncture nomenclature accessible, the report of the Working Group should be produced and disseminated widely to acupuncture and auricular therapy societies everywhere.