Ling Shu Acupuncture

Extraordinary Points
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The Extraordinary Points refer to a group of points that have a special name, location and indication. Because those points are different from the regular points of the meridians, and is believed to be miraculously effective, the Extraordinary Point is called “Qixue” (”miracle point” or “magic point”).

Nowadays acupuncture textbooks use the Extraordinary Point as one of the three major types of acupoints (Points from meridians, Ashi-point, and Extraordinary points), and even claim that the Extraordinary Point began from 《Ling Shu》. 《Ling Shu Chapter 75》 does mention “Qishu” (Shu means point, Qishu means the extraordinary point), however if the whole chapter is read the real meaning of “Qishu” becomes apparent.

“Huangdi asked: Can you tell me about the Qishu from the yang meridian that is applied to a special kind of febrile disease?
Qibo answered: This disease is due to an excess of yang and a deficiency of yin. Deficiency yin causes internal heat, and excess yang causes external heat. The patient suffers extreme heat due to the both internal and external heat, and the temperature of the body is like burning coal. The patient fears to approach silk and cotton cloth, and even fears to approach the bed. The patient feels dryness of the lip, tongue and throat, which is due to an inability to sweat, and also suffers from a loss of appetite.

Huangdi asked: How is this disease treated?
Qibo answered: One should needle LU 1, UB 11 and UB 29 to clear heat, and then reinforce the Hand and Foot-Taiyin meridians to cause perspiration; the fever will subside after sweating.” (《靈樞刺節真邪論第七十五》“黃帝曰：刺節言散衣，子乃言靈刺諸陽之奇輸，未有常處也。願卒聞之……岐伯曰：取之于其天戶、大杼三痹又刺中膂，以去其熱，補足手太陰，以去其汗，熱去汗稀，疾于散衣。”)

We know that to “reinforce the Hand and Foot-Taiyin meridians” we needle points from those two meridians. Therefore, it is clear that the Qishu mentioned here are the regular points from a meridian, such as LU 1 or UB 11.

In fact, the extraordinary point actually first appeared in the book 《Prescription Worth a Thousand Gold for Emergencies》 written by Dr. Sun Simiao (AD 650) the book lists one hundred eighty-seven extraordinary points and their functions. For example, “Shexiaxue is located on both sides (under) the tongue; it can be used to treat jaundice. Jiachengjiang (Extra 8) is located 1 cun lateral to Chengjiang (Ren 24); it can be used to treat epidemic disease.” (《備急千金要方》卷第十傷寒發黃第五中：“舌下穴，俠舌兩邊，針，治黃疸等病。俠承漿穴，去承漿兩邊各一寸，治馬黃疸等病。”)

Following the first extant description of the Extraordinary Point, much discussion has taken place throughout Chinese medical history. By 1966, during the Cultural Revolution in China, the Extraordinary Point had been widely studied and a multitude more had been identified; such as Anmian (Extra 13), Dannangxue (Extra 39), and Huatuojiaji (Extra 15). Also, various other textbooks dealing specifically with this topic have been published in the recent years such as 《The illustration of the extraordinary point》 and 《Master Tong’s special acupuncture points》 etc. The number of extraordinary points far exceeds regular meridian acupoints, and is still increasing each day. No one knows the exact number of extraordinary points existing today.

There are presently two opposing views in regards to extraordinary points. One group believes that the extraordinary point is discovered by acupuncturists who came after the writing of 《Huangdi Neijing》. Those acupuncturists have found this new group of points to be particular effective during their clinical practice. In this case the extraordinary point is regarded as a set of points that supplement regular points from meridians; an advancement and enrichment to the study and use of acupuncture.
The opposing group, on the other hand, believes that the boundless number of extraordinary points signals the demise of the study of acupuncture because there are actually infinite points on the human body, thus proving that the acupoint and meridian do not exist at all. Therefore, the research on Extraordinary Points is seen to undermine acupuncture rather than aid its development.

Of the two conflicting groups, the former is presently more popular among experts. However, before one decides whether the Extraordinary Point enriches or undercuts the acupuncture theories of 《Huangdi Neijing》, one need to gain a clear understanding of these types of the points.

First of all, let us look at the location of extraordinary points. While some are found along the meridian, others are not. And either way, the function and application of the extraordinary point presents no direct relationship with meridians. Using Yintang (Extra 2) as an example: the midpoint between the eyebrows is found along the Du meridian, according to 《Su Wen Chapter 60》. "If the Du meridian is dysfunctional, there will be chest pain with a rushing sensation from the lower abdomen, constipation and dysuria, infertility in females, hemorrhoids, and a dry throat, this is called the “Chong hernia”. A dysfunction of the Du Meridian will cause convulsion.” Nevertheless, Yintang is used primarily to treat headache, head heaviness, epistaxis, rhinorrhea, infantile convulsion, and insomnia. Except for convulsion, all the indications of Yintang are different from the dysfunctions of the Du meridian. Hence, the use of Yintang and the ailments related to the Du meridian are unrelated, and the location of the Extraordinary Point has no correlation with the meridian.

Another important fact about an extraordinary point is that its application depends entirely on its indication. So for Yintang, the indications are headache, head heaviness, epistaxis, rhinorrhea, infantile convulsion, and insomnia, and for any of these symptoms, Yintang can be applied. As a matter of fact, at present using the Extraordinary Point alone to treat an illness is more and more common. The extraordinary point can be employed to treat a symptom directly.

Also, the technique regarding Extraordinary Points is not found in any of the literature on Extraordinary Points. In other words, there is no technique to speak of when it comes the Extraordinary Points.

What do these points unveil about the extraordinary point? Does the Extraordinary Point complement a regular acupoint? Is the Extraordinary Point beneficial to the acclamation of acupuncture? The answer is altogether negative. The Extraordinary Point’s theoretical basis contradicts the entire theory of 《Huangdi Neijing》. The theory of the extraordinary point rejects the intimate relationship between the acupoint and its meridian, which constitutes one of the major principles of acupuncture theory. As we know, the meridian is the pathway of Qi and Blood, according to the statement in 《Su Wen Chapter 59》; all acupoints are emanated and formed by the Qi/Blood of the Meridian. In terms of Qi and Blood, the source of Qi and blood in an acupoint is its meridian, and the acupoint is a representative of that meridian.

Figure 4-10-8 The Relation Between Acupoint and Meridian
If the extraordinary point does not relate with the meridian, then where does the Qi and Blood in the extraordinary point come from? The alternative answer, supported by some acupuncturists is that extraordinary points are also acupoints of the meridian, and at the time 《Huangdi Neijing》 was written, not all of the meridians and acupoints were identified. This explains why some extraordinary points are located within the meridian while others are not.

Putting aside for now the underestimation that this conjecture implies, let us return to the extraordinary point. According to the relationship between point and meridian, all points are surface representatives of the meridian; therefore the function and application of acupoints are to treat the dysfunction of that meridian. For example, "the pathological manifestations of the Du meridian are chest pain with a rushing sensation from the lower abdomen, constipation and dysuria, infertility in females, hemorrhoids, convulsion, and dry throat which is called the “Chong hernia”(沖病).” Then the function and application of acupoints from the Du meridian is to treat the above symptoms of a dysfunction of the Du meridian. On the other hand, Yintang (Extra 2), found along the Du meridian, is used clinically to treat illnesses such as headache and dizziness due to dysfunction of any meridian or of Zang-Fu organs, not particularly the Du meridian. So although Yintang (Extra 2) is geographically linked to the Du meridian, it does not relate or belong to the Du meridian. The same applies to other extraordinary points that are geographically linked to a meridian. They are not located within the meridian, and needless to say; they neither correlate with a nearby meridian. The fact that extraordinary points have become completely unrelated to the meridian system challenges acupuncture theories of meridians and acupoints in 《Huangdi Neijing》.

Moreover, on extraordinary point’s clinical application; it is altogether based on its symptoms. The core of traditional Chinese medicine, however, holds that treatment must be based upon differentiation; to treat the root of an illness. Take the case of asthma for instance; if the asthma is due to the dysfunction of the Kidney meridian, then acupoints from the Kidney meridian and Bladder meridian should be used to treat asthma; if it is due to the dysfunction of the Liver then acupoints from the Liver meridian and Gallbladder meridian should be used to treat the asthma. However, no matter what the differentiation of the asthma is, the extraordinary point, Dingchuan (Extra 14) can be used to treat it. Therefore, employing the extraordinary point is to treat a symptom rather than the cause of a disease, which deviates from one of the most elementary principles of traditional Chinese medicine.

Then regarding needling techniques; 《Ling Shu Chapter 10》 states that “The principle treatment for the dysfunction of a Meridian is to reduce if in an excess condition, reinforce if in a deficient condition, retain the needle if it is a cold syndrome, puncture and quick withdrawal of the needle if it is a heat syndrome...” Clearly, one has to apply the corresponding technique at the selected acupoint depending on the differentiation. Nonetheless, there is no needling technique in regards to extraordinary points; no reinforcing/reducing is necessary because treatment targets symptoms rather than its differentiated pattern.

Therefore, extraordinary points do not supplement regular acupoints; much less enrich the development of acupuncture. The practice of extraordinary points has rendered acupuncture simplistic. Anyone who knows the location and application of extraordinary points can employ it without any understanding of the theories of traditional Chinese medicine.

Nowadays clinical acupuncture places its value on immediate and superficial results, which in turn has caused an extensive usage of the very popular extraordinary points.

If the prevalence of the experience point, which are at least somewhat akin to the regular acupoint around AD 1300 was considered a period of decline in the history of acupuncture, then how much more does the rise of the extraordinary point at present signify?!