

GB34 Hui Meeting Point
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Introduction

This essay is a humble attempt to seek a deeper understanding of acupuncture point Yanglingquan 'Yang Mound Spring' (GB34) examining its use in acupuncture prescriptions in the classical texts and continued relevance to modern-day practice, with a special interest in GB34's clinical use as Hui Meeting point for the tendons and sinews in the treatment of Bi Syndrome. Musculoskeletal disorders are commonly treated as Bi Syndrome (Legge & Vance, 2011) and at the time the *Neijing* was compiled, environmental factors such as cold, wind and dampness were aetiological causes of Bi Syndrome. Modern environmental influences of pollution, medications, surgical interventions, hormone-disrupting agents etc contribute to the development of contemporary Bi Syndrome (Neal, 2014). This modest inquiry focuses on GB34 point prescriptions translated from the *Ling Shu* (LS) '*the Spiritual Pivot of the Huang Di Neijing*', the *Jia Ya Jing* (JYJ) '*Systematic Classic of Acupuncture and Moxibustion*', *Ma Danyang's Song* '*Twelve Points Shining Bright as the Starry Sky and Able to Heal All the Many Diseases*' (1329 CE) and '*Ode to One Hundred Symptoms*' (1388CE) (Lewars & Bertschinger, 2013; Wang et al., 1997; Yang, 2010). There is a fascinating simplicity in the single point prescriptions found in the classical texts. Ma (2000) quotes that *Hua To* (108-203 CE) used no more than two points in his acupuncture treatments (Ma, 2000), which is in stark contrast to the modern practice of Traditional Chinese Medicine (TCM) with modern acupuncture protocols based on point action theory which seem to use many more points with little regard to needling strategies or techniques. If one acupuncture point can treat symptoms and diseases, this posits further examination on whether these points have anatomical or functional features that explain their clinical powers. This essay explores classical acupuncture theory, contemporary acupuncture scholars and biomedicine (BM) articles to provide further insights into the acupoint's physiological processes. It is envisaged that by gaining more knowledge of GB34's 'special powers', we may enhance our intent and consideration for using GB34 in contemporary acupuncture practice and thus potentially contribute to a reversing of the demise of the one-point prescription practice in modern acupuncture protocols.

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Point Actions of Yanglingquan 'Yang Mound Spring' GB34

Flaws (1999) translation of the *Nanjing* [Chapter 45] and the Acupuncture 'Ode to the Streamer in the Dark' introduces GB34 as the 'Hui meeting point' of the sinews 'where the tendons gather' (Bianque & Flaws, 1999; Lewars & Bertschinger, 2013) with no other information on its clinical uses or applications. Many centuries later 1123AD, the GB34 acupoint makes the legendary list as one of the 12 Ma Dan-yang 'Heavenly Star points' (Lewars & Bertschinger, 2013; Nugent-Head, 2012).

Deadman (2007) locates the acupuncture point GB34 "in the depression anterior and inferior to the head of the fibula" (Deadman et al., 2007). Lade (1989) translates the 'mound' referring to the "bony relief of the head of the fibula" and the 'Yang Spring' refers to a "deep and pure source of Yang Qi, like a spring at the base of the hill" (Lade, 1989). GB34 is also translated in *LS [Chapters 2 and 58]* as the 'He Sea' and 'Earth Shu [transport] point of the Gall Bladder' (GB) channel (Wang et al., 1997). The later *JYJ [Book 3 Chapter 34]* on 'Points of the Foot Shaoyang' translates GB34 as "the point where the foot Shaoyang channel submerges, and is, therefore a confluent point. It is needled to a depth of 6 fen and retained for a duration of ten exhalations, and it is moxaed with three cones" (Yang, 2010). Although Neal (2012) asserts that the phenomenon of breath is a first principle of Neijing Acupuncture (Neal, 2012), is exhalation counting lost in modern clinical practice?

BM physiology needling GB34 and Shaoyang's BM functions

Chen (1995) described the needling passage of GB34 as (one to three cun – far deeper than stated in the *JYJ*) insertion into the Tibialis anterior and Extensor digitorum longus muscles where branches from the deep peroneal nerve contains fibres from L4 to S1 innervate the muscles and the fibulotibial joint, where the needle can penetrate through the interosseus membrane (Chen, 1995). This closely associates with the neuropathic pain experienced in Sciatica Syndrome. Keown (2014) in his book, *The Spark in the Machine* explores the GB affiliation to the fascia and observes that many GB points are found in areas of high concentrations of fascia. Is it by chance that the GB channel runs down the only muscle with fascia in its name – the tensor fascia latae in the leg? (Keown, 2014). Keown (2014) speculates that the GB's Classical Chinese Medicine (CCM) connection to tendons

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may be comparable with BM anatomy and mechanisms. Wang & Robertson (2008) describe Shaoyang as associated with movement (a Yang function), in the joints (a pivot) and in the spaces (where synovial fluids flow) between the sinews and bones. Moreover healthy movement through the Shaoyang pivot is needed to deal with its associated external pathogen of Damp Heat (Wang & Robertson, 2008). Keown's (2014) hypothesis posits Shaoyang as mimicking the biomedical body's lymphatic channel and examines the coincidence of the Shaoyang channel location being so proximal to the both the *cisterna chyli* and anatomical GB (Keown, 2014). The *LS Chapter 2* translates the GB as the 'Fu of the central essences' (Larre & Rochat de la Vallée, 2003), which potentially matches its biomedical GB function storing the 'Gall' which it releases to ensure that fat is absorbed into the lymph. In CCM, the GB is the 'decision maker safeguarding the clear and pure essences' (Larre & Rochat de la Vallée, 2003) when this fails, fat (lipids) enter the lymphatic system and it is not a far stretch to correlate this dysfunction to the BM development of *xanthomas* found in the fascia and tendons (Keown, 2014). The Shaoyang link of the GB to fat, lymph and the lymphatic channels is potentially plausible. Tendons and fascia are nourished by lymph, although they appear bloodless, in BM the lymphatic vessels are located alongside the blood vessel circulation system (Keown, 2014). Keown's lymph theory may have further bioscience merit, as it concurs with Wang's (2012) research for metabolic biomarkers which found that acupuncture at GB34 is closely related to lipid metabolism and transport (Wang et al., 2012). The pathogenesis of Bi Syndrome (invasion of exogenous factors) may draw a parallel with BM's immune system. Ding's (2018) knee osteoarthritis rat model study tested the acupuncture mechanisms of GB34 and found that the Mast cells, which are located proximal to the lymphatic vessels, are likely acupuncture effector cells, and potentially underly the cross-talk between the circulatory, nervous and immune systems (Ding et al., 2018).

Acupuncture mechanisms of GB34

There is research investigating potential mechanisms of the acupoint GB34 in the search for new treatments for the Wei Syndromes of hemiplegia, stroke recovery and Parkinson's Disease. It has been found in fMRI studies that acupuncture at GB34 may increase motor-cognition connectivity (Chen et al., 2015; Na et al., 2009; Ning

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et al., 2017; Wang et al., 2022). The tendons and muscles facilitate functional movement and maybe the 'Hui meeting point for the tendons and sinews' implies that GB34 is the meeting point of functional movement. Did the ancients know of GB34's influence on the brain's motor functions? The '*Ode to the Streamer out of the Dark*' explains: "the two mounds (GB34, SP9), two Qiao points (KD6, BL62) and two crossings (SP6, GB35) connect the Great Five limbs of the body of both arms, both legs and the head" (Lewars & Bertschinger, 2013). This prescription appears to connect GB34 with the whole body, not just the GB channel, however, there are no symptoms or functions of this prescription are described. There are other experiments showing GB34's positive effects on GB organ diseases such as cholecystitis (H.-C. Zhang et al., 2021).

fMRI studies on GB34

There is an increasing number of neurobiological evidence studies that have used fMRI to investigate brain responses to acupuncture and GB34 has been the most commonly studied acupoint (J. Zhang et al., 2021). Na's (2009) electroacupuncture (EA) stimulation of GB34 activated the basal ganglia and cerebellar loops with motor areas of the cerebral cortex, related to movement components of circuits associated with the motor areas of the cortex (Na et al., 2009). Ning (2017) found enhanced functional connectivity between the bilateral primary motor cortices after EA at GB34 in right-hemiperic subcortical stroke patients and his study provides new evidence that acupuncture could accelerate the neural plasticity of motor function (Ning et al., 2017). Wang (2022) finds that patients who had EA at GB34 tended to have increased responses in the early stage of stroke (within one month) which decreased after one to three months (Wang et al., 2022). Wang (2022) posits the challenge as being an understanding of both the neural mechanisms of acupuncture and plasticity is necessary to optimise rehabilitation therapy for patients with post-stroke hemiplegia (Wang et al., 2022).

GB34 single point prescriptions

McDonald (2015) contends that modern practitioners use GB34 as the 'meeting point for tendons' as a general point for all musculoskeletal treatments (McDonald, 2015).

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Although a 'meeting point for tendons', McDonald asserts historically, the musculoskeletal actions of GB34 appear to be for diseases that seem to follow the lateral channel (McDonald, 2015; Wang & Robertson, 2008). Examples include: in the: Ming Dynasty '*Acupuncture Song of the Four Dominant Points*', "GB34 is surely older as the treatment for the shoulder" (McDonald, 2015); '*Ode to the Magnanimity of the Mat*' needle and heat GB34 as 'the very best for pain in the knee'; and '*Ode to the Importance of Penetrating the Dark Mystery*' reads to needle "GB34 for pain in the lower border of the ribs and it halts" (Lewars & Bertschinger, 2013). The acupoint GB34 is translated as a single point description in the *JYJ*'s [Books 8, 9, 10] which describe GB34 as the ruling point to treat "upper thigh Bi which radiates pain to the thigh and lateral aspect of the knee producing insensitivity and sinew tension" (Yang, 2010). This description of symptoms is very similar to today's Sciatica Syndrome, given that GB34 is where the deep peroneal nerve fibres from L4 to S1 innervates the muscles, this one-point acupuncture prescription dated (214-282 CE) seems to harmonise with modern biomedical anatomy.

The characteristics of ancient syndromes seem idiosyncratic compared to today's descriptions with for example, the *JYJ* [Book 9 Chapter 8] describing GB34 to treat lower back pain and heat, "with intense heat producing vexation and a sensation of a wooden bar crossing the inside of the body below the lumbus, in severe cases, there is even enuresis". The needling technique is very specific, "Make three punctures" (Yang, 2010) leaving us to contemplate the clinical reasoning behind the needling strategy.

In *Ma Danyang's Song 'Twelve Points Shining Bright as the Starry Sky and Able to Heal All the Many Diseases'*, GB34 can treat numerous symptoms such as, "heaviness of the knee with numbness and tingling; cold Bi and hemiplegia; able to lift the leg but unable to get up; seemingly like an old man when sitting or lying down; the needle enters six fen then stops, the healing results are miraculous without limit." (Lewars & Bertschinger, 2013).

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Classical GB34 prescriptions treating sinews and tendons

The *Nanjing* doesn't explain the use or symptomology of the 'Hui meeting points' or their clinical applications. Interesting pairings were found in the '*Ode to 100 Symptoms*' that GB34 and LI11 treats "If half the body is not moving easily" (Lewars & Bertschinger, 2013). Could this be an ancient prescription for hemiplegia?

GB34 is paired with local points SP9, BL40 and ST36 for knee and leg pain in the '*Ode to the Magnanimity of the Mat*' (Lewars & Bertschinger, 2013). In the '*Ode to the Jade Dragon*' the pairing of SP9 and GB34 gets "rid of a swollen knee keeping you awake at night" (Lewars & Bertschinger, 2013). GB34 is paired with GB30 in *The Old Teacher Mulberry's 'Secret of the Stars'* rhyme for Rheumatism Bi in cases of "cold malaria where the face is swollen and the intestines make a sound" (Lewars & Bertschinger, 2013). GB34 is part of a prescription for '*Beri Beri*' (BL57, KD3, GB21, ST36, GB34) if there are "twisted tendons along with blurred vision" and in the '*Ode to the Magic Brightness*' GB34 and SP9 are a pair for controlling '*Beri Beri*' (Lewars & Bertschinger, 2013).

Modern GB34 Prescriptions for Musculoskeletal disorders

A quick English language search for case reports or clinical trials found no single GB34 prescription for musculoskeletal disorders, modern manuals for musculoskeletal protocols, for example, Legge's (2011) '*Close to the Bone*' seems to incorporate GB34 as an adjunct point in prescriptions (Legge & Vance, 2011). The GB channel does transverse many of the muscle groups associated with musculoskeletal presentations e.g. neck, shoulders, knees, ankles and sciatic pain. However, in BM, not all musculoskeletal disorders involve tendinopathies e.g. back pain is commonly associated with spinal stenosis or disc herniation. The use of GB34 as a 'Hui meeting point' seems clinically reasonable if the disorder is on the GB channel, involves tendinopathies or Wei Syndromes such as hemiplegia. Ross (1985) in his book *Acupuncture Point Combinations* provides two GB34 formulas for muscle and tendon problems. The first is "GB21, GB34, LR3, PC6 Reduce, SP6 Reinforce", the second prescription is for GB channel problems "GB24, GB34, BL58, SP6 Reduce" for "hemiplegia, sciatica, pain, stiffness or weakness of hip and lateral

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thigh, knee or calf with wiry pulse which maybe empty thin, choppy or full” (Ross, 1995). Fast forward to Zhang’s Systematic Review and Meta-Analysis on acupuncture therapy for sciatica (as a GB channel disorder) included 30 Randomised Control Trial (RCT) studies from 2005 to 2021 (Zhang et al., 2023) where some of the acupoint formulas contained 23 points (ipsilateral? bilateral? contralateral?) manually needled once a day for 23 sessions. The acupuncturists did not report whether they tonified or sedated the 23 points, or if these large formulas balance Yin and Yang.

Conclusion

Neal (2012) insists that the CCM texts are an important resource for the modern practitioner (Neal, 2012). Neijing Classical Acupuncture Theory does not prioritise point action theory (Neal, 2013). The acupuncture prescriptions reported in contemporary RCT protocols reveal a great distance from the simplicity of the ancient texts and seem to understate the core essence of CCM balancing Yin and Yang. That said, the ancient texts do have many knowledge gaps. McDonald (2015) affirms that modern point functions summarise a considerable body of historical indications which each point has accumulated over 2000 years (McDonald, 2015), however it would be erroneous to consider them as routine prescriptions for treatment. Nugent-Head (2012) makes an important point that that we should not view acupuncture points as just a list of functions or symptoms, rather we should see the symptoms as manifestations of deficiency or excess with needling intent and techniques critical (Nugent-Head, 2012). Modern acupuncturists need to strategise: Are acupuncturists tonifying to defend against evil Qi invasion or to releasing them to the exterior? Are acupuncturists using needling techniques to disperse or to break Qi stagnation? The practitioner’s intent through clinical reasoning and needling technique actuates the acupoints performance. GB34 a ‘Hui meeting point for tendons’, may have some BM application in treating knee, shoulder, lateral leg, intercostal or pain or Wei Syndromes similar to hemiplegia. TCM requires RCTs that better document the clinical reasoning behind point prescriptions and needling strategies. The NICMAN scale is an attempt to source the formulation of acupuncture prescriptions in RCTs (Smith et al., 2017), which will be useful for practitioners to reference evidence sources. Dr Michael Popplewell is developing the

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'TCM Clinical Registry (TCMCR) Better Clinical Outcomes' software for acupuncturists and researchers to collect de-identified patient and treatment data for better clinical outcomes and research purposes (Popplewell, 2023). This practitioner experience-based case study series software continues the 2000-year tradition of writing case reports to forward learning for generations ahead.

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Definitions

Abbreviation	Description
BCE	Before the Common Era
Beri Beri	Beriberi is a Thiamine deficiency usually caused by poor diet or alcoholism. Symptoms include loss of appetite, weakness, pain in the limbs, shortness of breath and swollen feet or legs.
Bi Syndrome	also called "Painful Obstruction Syndrome" indicates pain, soreness, or numbness of muscles, tendons and joints
BL or UB	Bladder / Urinary Bladder organ / channel / acupoint
BM	Biomedicine or biomedical
CE	Common Era
cisterna chyli	large midline lymphatic collecting structure receives lymph from the right and left lumbar trunks, the intestinal trunk, and some of the lower intercostal vessels
CCM/CM	Classical Chinese Medicine/Chinese Medicine
CONSORT	Consolidated Standards Of Reporting Trials
EA	electroacupuncture
fMRI	Functional magnetic resonance imaging
Gall	Contents of the Gall Bladder
GB	Gall Bladder organ / channel / acupoint
GB34	Yang Mound Spring / Yang ling qian
Hua To	The Divine Physician, 'father of surgery' lived 140-208 CE
JYJ	The <i>Jia Yi Jing Systematic Classic of Acupuncture and Moxibustion</i> written around 214-282 CE
KD or KI	Kidney organ / channel / acupoint
L4 to S1	4 th lumbar vertebrae to 1 st sacral vertebrae
LI	Large Intestine organ / channel / acupoint
LR or LV	Liver organ / channel / acupoint
LS	The <i>Ling Shu / Spiritual Pivot of the Huang Di Nei Jing</i> written or compiled between 5 th to 1 st century BCE
Nanjing	The <i>Nanjing Classic of Difficulties</i> written between 1 st and 2 nd century CE
Neijing	The <i>Huangdi Neijing Yellow Emperor's Canon of Internal Medicine</i> written or compiled between 5 th and 1 st century BCE

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Abbreviation	Description
NICMAN Scale	Improves reporting on the acupuncture intervention (validity, standards, or adequacy) in RCT's, an adjunct to using STRICTA and CONSORT
RCT(s)	Randomised Control Trial(s)
SP	Spleen organ / channel / acupoint
ST	Stomach organ / channel / acupoint
STRICTA	STandards for Reporting Interventions in Clinical Trials of Acupuncture
TCM	Traditional Chinese Medicine
TCMCR	The TCM Clinical Registry Better Clinical Outcomes https://tcmcr.org/author/michael/
TE or SJ	Triple Energiser or San Jiao organ / channel / acupoint
Wei Syndrome	muscular flaccidity or atrophy of the limbs with motor impairment
xanthomas	a skin condition in which certain fats build up under the surface of the skin. They may be associated with an underlying lipid (cholesterol/triglyceride) abnormality