International Standard

ISO 16843-1

First edition
2025-11

Health informatics — Categorial structures for representation of acupuncture —

Part 1: Acupuncture points

Informatique de santé — Structures catégoriques pour la représentation de l'acupuncture —

Partie 1: Points d'acupuncture

Reference number
ISO 16843-1:2025(en)

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Published in Switzerland

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Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 215, *Health informatics*.

This first edition of ISO 16843-1 cancels and replaces ISO/TS 16843-1:2016, which has been technically revised.

The main changes are as follows:

— the categories such as 'Applicable Therapy,' 'Adverse Event' and 'efficacy' have been removed and simplified from the diagram (Figure 1) to be consistent with other documents in the ISO 16843 series.

A list of all parts in the ISO 16843 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Introduction

Acupuncture therapy originated from scrubbing or pressing sensitive areas on the body surface. Wood sticks or stones were primarily used as a stimulation tool, then, in the course of improvement, needling was gradually developed. Today, those points or zones which we call acupuncture points are used not only in acupuncture practices but also in other kinds of interventions such as acupressure, moxibustion, cupping or classic massage. New acupuncture points, such as auricular points and oral acupuncture points, have also been discovered in diverse acupuncture practices.

Although traditional medicine is still the subject of scientific criticism, many contemporary scientific papers or reports on interventions using acupuncture points show considerable therapeutic effects.

Thus, in the last two decades, many clinical trials have been conducted to prove efficacy[10,11], and many research projects on the mechanism of acupuncture have been undertaken using modern scientific methodology. However, among various medical systems and across countries and regions, many synonyms and polysemes[3-5] exist, impeding meta-analysis, accurate information exchange, data processing and knowledge acquisition related to the principles and practice of acupuncture.

To solve these problems, a definite concept system[2-5] for representing acupuncture points with concept harmonization is essential[2]. The resultant categorial structure will support the development of reliable terminological systems, information models, and mapping among terminological resources.

Notably, even in countries with high GDPs, only a small portion of the population can receive modern medical services at will. Also, the WHO Western Pacific Regional Office reports that a high percentage of the population uses traditional medicine in the nations within the region.[23] These are the reasons why WHO is trying to explore ways of collecting statistical data that depend on both modern medicine and traditional medicine concepts.

As expected, the accuracy of statistics depends upon consistent and agreed-upon terms and definitions harmonized with the backbone of a concept system.[1-5]

For these two reasons, there is a strong need for a standard conceptual model regarding acupuncture points.

There are many different medical systems, such as modern medicine, traditional Chinese medicine, Ayurveda, and Thai medicine, and their concept systems vary. If the concepts of each medical system are represented in different conceptual models, it can be challenging to find the common elements among them. This situation means mapping or semantic correspondence among terminological resources will be costly and potentially error-prone. In turn, such a situation obstructs knowledge management and acquisition.

It has been estimated that between 0,5 and 45 million concepts need to be adequately described[5] in acupuncture. There is no intention to specify conceptual models for each as an international standard. Instead, the concepts with similarities have been harmonized at a high level in this document.[1-5]

This document defines, with a categorial structure, the minimum elements for common descriptiveness, exchangeability, accountability, reproducibility, and verification necessary for representing acupuncture points of various medical systems.

Any specific characteristics needed in one particular medical system should be specified in projects of other technical committees and domestic or international organizations, along with their specific values or code systems.

Traditional medicine often uses terms with unique meanings that are also used in mainstream medicine and other scientific fields. To avoid confusion with concepts commonly used in mainstream medicine or general scientific terminology, such as sinew, meridian, blood and fluid, the abbreviations for medical systems (“TCM” for traditional Chinese medicine, “Ayur” for Ayurveda) are used in parentheses in this document.

For example, the terms ‘Meridian’, ‘Vessels’ and ‘digestive system’, which are often referred to in traditional Chinese medicine and Ayurveda, are described as ‘Meridian (TCM)’, ‘Vessels (TCM)’, and ‘digestive system (Ayur)’, to distinguish them from their common scientific and medical meanings.

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Health informatics — Categorial structures for representation of acupuncture —

Part 1: Acupuncture points

1 Scope

This document specifies the categorial structure within the subject field of acupuncture by defining a set of domain constraints of sanctioned characteristics, each composed of a semantic link and an applicable characterizing category, in order to represent the concept of acupuncture point.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at https://www.electropedia.org/

3.1 General

3.1.1
stimulation
application of a stimulus to a targeted *acupuncture point* (3.1.3) with the intention of medical diagnosis or care

3.1.2
acupuncture
acupuncture therapy
remedial procedure of somatic *stimulation* (3.1.1) to *acupuncture point* (3.1.3)

EXAMPLE A round-pointed needle is used for massaging; a spoon needle is used for pressing.

Note 1 to entry: Pricking, scratching, scrubbing/massaging, or pressing on a particular area of the body surface with a needle is also called acupuncture.

3.1.3
acupuncture point
small region or area of body located by either body features or uses, or both, where stimulus is applied with intention to induce reactions for diagnosis or therapeutical purpose in *acupuncture* (3.1.2)

EXAMPLE 1 Location of the LI4 is a body region or area “on the dorsum of the hand, between the first and second metacarpal bones, in the middle of the second metacarpal bone on the radial side” and is palpated with a *detecting technique* (3.1.6) with the findings such as concavity, tenderness and so on.

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EXAMPLE 2 In Nogier's Auricular acupuncture treatment, location of the ovary and testicular points is "slightly above the supratragic notch, on the inside of the ascending helix".[15]

EXAMPLE 3 Location of the Y-point of the large intestine is the anatomical zone "in the angle formed by the temple hairline and the upper edge of the zygomatic arch".[15]

Note 1 to entry: The *stimulation* (3.1.1) that can be applied to acupuncture points depends on the characteristics of each point.

3.1.3.1
named point
named acupuncture point
acupuncture point (3.1.3) that has a designation or *designation of point* (3.1.10)

3.1.3.2
anonymous point
anonymous acupuncture point
acupuncture point (3.1.3) that has no designation for it

3.1.4
anatomical landmark
anatomical landmark for acupuncture
reference location on the body surface used to identify an *acupuncture point* (3.1.3)

EXAMPLE 1 In auricular acupuncture treatment, anthelix and tragus are often used as anatomical landmark.

EXAMPLE 2 In oral acupuncture treatment, each tooth is used as anatomical landmark.

3.1.5
measuring system
measuring system for location of acupuncture point
traditional measuring method for somatometry in *acupuncture* (3.1.2)

EXAMPLE 1 In traditional Chinese medicine, proportional bone (skeletal) cun, finger cun, and finger breadth.

EXAMPLE 2 In Ayurveda, anguli, or anguli parimana.

3.1.6
detecting technique
acupuncture point detecting technique
the technique to find an *acupuncture point* (3.1.3) which is appropriate for applying *stimulation* (3.1.1)

EXAMPLE Inspection, palpation, and electric conductivity test.

3.1.7
stereotactic restriction
specification of a body position or posture, or both, to permit an appropriate *approach* (3.1.8) for keeping away non-targeted material physical anatomical entities

3.1.8
approach
approach to acupuncture site
appropriate track of *stimulation* (3.1.1) to reach a stimulation site with *stereotactic restriction* (3.1.7)

Note 1 to entry: Approach is determined by *stereotactic restriction* (3.1.7), as well as by the direction and the lean of the stimulating tool and by the depth of stimulation for reaching a stimulation site.

Note 2 to entry: Approach may be selected based on reference descriptions or the practitioner's diagnosis.

3.1.9
anatomy of acupuncture point
anatomical structure of *acupuncture point* (3.1.3)

Note 1 to entry: Anatomy of acupuncture point includes both regional anatomy and layered anatomy.

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3.1.10
designation of point
term or code, or both, that denotes *acupuncture point* (3.1.3) concept

EXAMPLE 1 The deepest point in the concave of a foot sole is designated by both terms such as "Yongquan" and "Yusen" and the code "KI 1" in a terminological resource of the World Health Organization (WHO).[6] On the other hand, in marma therapy of Ayurveda, the same point/area is designated by the term Talahridaya (of foot).[22]

EXAMPLE 2 In Yamamoto New Scalp Acupuncture, the point ventral to the mastoid apex immediately behind the earlobe is designated by the code "G1".[15][24]

EXAMPLE 3 In Ayurveda, the centre of the palm of the hand is designated by the term Talahridaya (of hand).[22]

EXAMPLE 4 In Nogier's Auricular acupuncture treatment system, some of the points are named after corresponding organ such as ACTH.[15]

EXAMPLE 5 The point of GV26 has alternative locations; different locations are used in Japan and China.

Note 1 to entry: Some points only have either a term or a code.

Note 2 to entry: In clinical practices, anonymous areas called Ashi points are often used for *acupuncture* (3.1.2).

Note 3 to entry: To avoid confusion arising from polysemy, the class of designation of point includes medical system as an attribute.

3.1.11
applicable therapy
applicable therapy for acupuncture points
therapy or type of intervention suitable for application to an *acupuncture point* (3.1.3)

EXAMPLE 1 Needling, moxibustion, acupressure, oil massage, aromatherapy, asana, meditation.

EXAMPLE 2 LU9 is applied with its applicable therapy of needling, moxibustion, and acupressure. A mammary nipple is usually inhibited from insertion of needle.

Note 1 to entry: Applicable therapy or intervention varies according to medical systems because of their different theories.

3.1.12
life force specifics
characteristics and features of a *life force* (3.1.13) at a certain *point location* (3.2.1)

EXAMPLE Life force specifics are described as *life force flow channel* (3.1.14), *connection to life force flow channel* (3.1.15), *correspondence to life force flow channel* (3.1.16), *feature in life force flow channel* (3.1.17) and *viscus and bowel* (3.1.18).

3.1.13
life force
basic element that constitutes the universe and produces everything and sustains life activities

Note 1 to entry: One of the fundamental beliefs of traditional philosophies, life force is the basic element and life-sustaining force. The movements or changes or transformations of life force produce everything including the human body, and they sustain life activity.

Note 2 to entry: Life force tends to refer to multiple aspects, the element itself, nutritive substances and its functional activities, organs and their functions and activities. In addition, life force can refer to one of its subcategories. In other words, the term that represents life force tends to have polysemes.

EXAMPLE 1 In ancient Chinese medicine, Qi: Qi, Blood (TCM), Fluid (TCM).

EXAMPLE 2 In Ayurveda, Prana; Vata, Pitta, Kapha.

EXAMPLE 3 In traditional Thai medicine, Lhom, or Lhom Pran.

EXAMPLE 4 In traditional Tibetan medicine, rLung.

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Note 3 to entry: In ancient Chinese medicine, Qi: Qi, Blood (TCM), Fluid (TCM). In this context, these are not blood or water in the traditional meaning of modern medicine and science, rather, they are produced or transformed from *Qi* and have each ideological function. The same can be said in other traditional medicines.

3.1.14
life force flow channel
channel
ideological channel within or around the human body in which the *life force* (3.1.13) travels

EXAMPLE 1 In ancient Chinese medicine, Meridians (TCM), Collaterals (TCM), Vessels (TCM), Divergences (TCM). Cutaneous Regions (TCM) and Sinews (TCM) are occasionally associated with each other, but it is regarded that Sinews (TCM) are not connected to Viscera and Bowels (TCM).

EXAMPLE 2 In Ayurveda, Nadi, Srotas.

EXAMPLE 3 In traditional Tibetan medicine, Tsa.

EXAMPLE 4 In traditional Thai medicine, Sen, or Sen sib (Sen sip).

Note 1 to entry: One of the fundamental beliefs of traditional philosophies is that these ideological channels in which a *life force* (3.1.13) travels within or around the human body form networks and can also connect *viscus and bowels* (3.1.18) in the context of traditional medicines based on holism.

Note 2 to entry: The terms listed in EXAMPLE 1 designate superordinate concept according to channel, so, there are terms for subordinate concepts, e.g. Lung Meridian (TCM), Conception Vessel (TCM) and so on.

Note 3 to entry: Life force flow can be regarded as having a regular flow direction along a channel.

3.1.15
connection to life force flow channel
ideological connection between an *acupuncture point* (3.1.3) and the corresponding *life force flow channels* (3.1.14)

EXAMPLE 1 In ancient Chinese medicine, LU9 connects to Lung Meridian (TCM), then also to Lung (TCM) and Middle Energizer (TCM). See also *correspondence to life force flow channel* (3.1.16).

EXAMPLE 2 In Ayurveda, Guda connects to Alambusha Nadi.

Note 1 to entry: One of the fundamental beliefs of traditional philosophies in the context of traditional medicines based on holism.

3.1.16
correspondence to life force flow channel
ideological correspondence between an *acupuncture point* (3.1.3) and *viscus and bowels* (3.1.18) via *life force flow channel* (3.1.14)

EXAMPLE 1 In ancient Chinese medicine, the Lung Meridian (TCM) has 11 acupuncture points: the first point is the LU1, the second one is the LU2, the seventh is LU7, the ninth is LU9, and the eleventh is LU11. All these connect via the Meridian (TCM) to the Lung (TCM) and the Middle Energizer (TCM). Lung Meridian (TCM) terminates at LU11 but Qi flows to the next channel, the Large Intestine Meridian (TCM).

EXAMPLE 2 At LU7, the Lung Median (TCM) connects to the Conception Vessel (TCM). The life force of the Vessel (TCM) converges to the LU9, which is one of eight influential points.

EXAMPLE 3 In Ayurveda, Yashasvati Nadi originates from the Muladhara (Root Chakra) and goes up to the Manipura (Naval Chakra) where it diverges to the right hand and foot. The Nadi then radiates from the centre of the right hand and right foot to the five fingers and toes, ending in the right thumb and big toe.

EXAMPLE 4 Talahridaya, Muladhara and Manipura also connect to Kshipra.

Note 1 to entry: One of the fundamental beliefs of traditional philosophies in the context of traditional medicines based on holism.

Note 2 to entry: The correspondence to life force flow channel is not identified in some acupuncture points, e.g. extra points (TCM).

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3.1.17
feature in life force flow channel
ideological features or functions of an *acupuncture point* (3.1.3) in the relation with the *life force flow channel* (3.1.14)

EXAMPLE 1 In ancient Chinese medicine, the LU1 is one of the alarm points (TCM); the LU7 is one of the connecting points (TCM), and at the same time, one of the confluence points of the eight vessels (TCM); the LU9 is one of the source points (TCM), transport points (TCM), and eight meeting points (TCM); the LU11 is one of the well points (TCM).

EXAMPLE 2 The LU9 belongs to the Lung Meridian (TCM) of the hand; therefore, the acupuncture to this point is effective to the problems of the respiratory system (TCM). This therapeutic action is called 'dispersing the external Wind Pathogen' (TCM) for relieving the exterior pattern/syndrome (TCM). Therefore, this point, combined with the LU7, is used to treat coughing and wheezing.

EXAMPLE 3 The LU9 is the influential point (TCM) on the pulse and the Vessels (TCM); therefore, the acupuncture to this point is effective in addressing problems of the circulatory system (TCM). This therapeutic action is called 'replenishing Heart and freeing Yáng' (TCM), and 'defusing Vessels stasis and relieving Vessels' (TCM).

EXAMPLE 4 In Ayurveda, Nabhi marma is located in the same position with Manipura (Naval Chakra) and belong to Vishvodhara nadi which controls the digestive system (Ayur). Therefore, acupressure to this acupuncture point targets digestive problems (Ayur).

EXAMPLE 5 Vitapa marma is influential point on the Shukravaha Srotas which controls the reproductive system (Ayur); therefore, acupuncture to this point addresses infertility or menstrual problems (Ayur) in females and sperm deficiency (Ayur) in males.

Note 1 to entry: One of the fundamental beliefs of traditional philosophies in the context of traditional medicines based on holism.

Note 2 to entry: Feature in life force flow channel characterizes the therapeutic action of the acupuncture point, mainly due to *connection to life force flow channel* (3.1.15) or *correspondence to life force flow channel* (3.1.16), or both.

Note 3 to entry: Many acupuncture points have more than one therapeutic action.

Note 4 to entry: Combining several acupuncture points accentuates a particular therapeutic action.

Note 5 to entry: Acupuncture points can have harmful action when inappropriate intervention is applied or based on inappropriate diagnosis.

3.1.18
viscus and bowel
viscera and bowels
<traditional medicine> the ideological and functional internal organs

Note 1 to entry: One of the fundamental beliefs of traditional philosophies in the context of traditional medicines based on holism.

Note 2 to entry: Viscera and bowels have two aspects: one is abstract of the physiological functions which consist of some functions of different organs or body systems in modern medicine and the other is materialistic and anatomical substance.

EXAMPLE In ancient Chinese medicine, viscus means the internal organ (TCM) where Qi and Qi derivatives are formed and stored. On the other hand, bowel means a part of the digestive organs (TCM), but three bowels (TCM), i.e. Triple Energizers (TCM), do not correspond to any anatomical organ.

3.1.19
representation system
<healthcare> structured human and machine-readable representation of healthcare concepts and relationships

Note 1 to entry: Can have associated rules and definitions.

Note 2 to entry: It is used directly or indirectly to describe health concepts such as health conditions and healthcare activities, and to allow their subsequent retrieval for analysis.

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[SOURCE: ISO 17117–1, 2018, 3.4.2, modified — The preferred terms “terminological system”, “terminology” and “concept representation system” were removed, and the term was changed to “representation system”; the original Notes 1 and 2 to entry were removed, and a new Note 1 to entry was added.]

3.2 Characterizing categories

3.2.1
point location
acupuncture point (3.1.3) or the anatomical zone on the body surface which leads to the acupuncture point

Note 1 to entry: The class of Point location that is valid for representation of acupuncture point includes such attributes as *anatomical landmark* (3.1.4), direction, distance and *measuring system* (3.1.5).

Note 2 to entry: Values for point location of *named points* (3.1.3.1) are described in References [12] to [22], but not limited to them.

EXAMPLE 1 LU1 is_located_at the same level as the first intercostal space, lateral to the infraclavicular fossa and 6 body-cun lateral to the anterior median line. In this case, body cun is adopted as measuring system.

EXAMPLE 2 LU9 is_located_at between the radical styloid process and the scaphoid bone, in the concave ulnar to the abductor pollicis longus tendon.

EXAMPLE 3 Lohitaksha leg arma is_located_at femoral triangle, where the femoral artery passes and 2 anguli lateral to the symphysis pubis. In this case, anguli is adopted as measuring system.

3.2.2
clinical finding
unusual finding that appears or is detected at or around the *point location* (3.2.1) before *acupuncture* (3.1.2)

EXAMPLE 1 Referred pain, tenderness, pressure pain, swelling, piriform concaved area, trigger point, electric conductivity.

EXAMPLE 2 Lower electrical resistance observed at the target *acupuncture point* (3.1.3) than around the point.

Note 1 to entry: Clinical findings during or after acupuncture are called elicited responses. Adverse effects are called adverse events.

Note 2 to entry: Clinical findings that are valid for representation of acupuncture point can include *detecting technique* (3.1.6).

Note 3 to entry: Values for clinical findings are described in References [10], [11], [12], [13], [15], [17], [18], [20] and [21], but not limited to them.

Note 4 to entry: Clinical findings identify point location in the context of searching appropriate *stimulation* (3.1.1) site of *named points* (3.1.3.1). Clinical findings locate point location in the context of searching appropriate stimulation site of *anonymous points* (3.1.3.2). See also 4.2.1 and 4.2.2.

Note 5 to entry: Clinical findings is not a delimiting characteristic but an essential characteristic.

4 Categorial structure

4.1 Overview

A categorial structure is a minimal set of domain constraints, and a domain constraint is a set of sanctioned characteristics that is composed of a semantic link and the applicable characterising category to which the semantic link refers.[3-5]

In the formal concept representation system for the subject field, acupuncture point has semantic links to the characterizing categories ‘point location’ and ‘clinical findings’. The characterizing categories are specified in 3.2, and the semantic links among them are specified in 4.2. Those and the concept system around them are illustrated in the concept diagram of Figure 1.

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