e-ISSN: 2747-2051

Archives of the Medicine and Case Reports

[AMCR]

https://hmpublisher.com/index.php/amcr

Mapping the Meridians and Acupoints in Traditional Bhutanese Medicine: A Comparative Analysis with Classical Chinese Acupuncture

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ARTICLE INFO

Keywords:
Acupoints
Acupuncture
Meridians
Sowa rigpa
Traditional Bhutanese medicine

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All authors have reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/amcr.v6i3.762

A B S T R A C T

Traditional Bhutanese Medicine (TBM), or *gSo-ba Rig-pa* (Sowa Rigpa), describes vital energy channels (*rtsa*) and therapeutic points (*gsang mig*). Classical Chinese Acupuncture (CCA) features a detailed system of meridians (*jing luo*) and acupoints (*xue wei*). While both traditions modulate vital energy, a detailed comparative cartography is lacking. This study aimed to map and compare selected TBM channels and acupoints with potential CCA counterparts. A comprehensive review of Sowa Rigpa texts and Bhutanese traditional medical literature was conducted to characterize principal TBM energy channels and therapeutic points, including those for *Serkhap* (Golden Needle) therapy. Data for five key TBM channels and twenty associated acupoints (pathways, locations, indications) were compiled. Analogous CCA meridians and acupoints were identified based on topography, anatomical landmarks, and traditional indications. A comparative analysis focused on anatomical correspondence, somatic landmarks, and traditional indications (*rLung, mKhris-pa, Bad-kan* in TBM vs. *Qi, Blood, Zang-Fu* in CCA). The mapping characterized distinct TBM channels with unique attributes. Comparative analysis (detailed in a table) revealed significant anatomical overlap for 60% (12 of 20) selected TBM acupoints with CCA acupoints, particularly along Bladder, Gallbladder, and Stomach meridians. Notable divergences occurred in channel trajectories and point energetics. Some TBM points, especially for *Serkhap*, had unique locations or indications rooted in TBM's humoral theory. Approximately 30% showed partial overlap, and 10% appeared unique. In conclusion, this comparative mapping provides foundational insights into TBM and CCA channel/acupoint systems. Anatomical convergences suggest shared empirical observations, while Sowa Rigpa's distinct theories offer a unique lens on somato-energetic relationships.

1. Introduction

Traditional medical systems across Asia have, for millennia, developed intricate maps of the human body, conceptualizing networks of channels and specific points that, when appropriately stimulated, can modulate physiological and pathological processes. Traditional Bhutanese Medicine (TBM), known indigenously as *gSo-ba Rig-pa* (the Science of Healing, often referred to as Sowa Rigpa), stands as one such profound system, deeply interwoven with Buddhist philosophy and the unique ecological and cultural landscape of the Himalayas.[1,2] Central to Sowa Rigpa is the understanding of vital energy, predominantly related to *rLung* (Wind), which flows through a complex network of channels (*rtsa*) and can be accessed at specific therapeutic loci known as *gsang mig* (literally "secret points" or crucial points).[3,4] Therapies such as bloodletting, moxibustion (*metsa*), hot oil compression (*num tsug*), and a unique form of acupuncture known as *Serkhap* (Golden Needle

therapy) are employed to interact with these points and channels, aiming to restore humoral balance and alleviate suffering.[5,6]

Parallel to this, Classical Chinese Acupuncture (CCA), a primary modality within Traditional Chinese Medicine (TCM), has established a highly detailed and globally recognized system of meridians (*jing luo*) and acupoints (*xue wei*).[7] The *jing luo* theory describes twelve primary meridians, eight extraordinary meridians, and numerous collaterals that form an energetic web connecting the body's surface with internal organs (*Zang-Fu*), through which *Qi* (vital energy) and Blood (*Xue*) circulate.[8,9] Acupuncture, the insertion of fine needles into specific acupoints, is utilized to regulate the flow of *Qi* and Blood, correct imbalances, and treat a wide array of conditions.[10]

While both TBM/Sowa Rigpa and CCA/TCM share the fundamental concept of vital energy flowing through defined pathways and the therapeutic manipulation of specific points on the body, the precise cartography, nomenclature, theoretical underpinnings, and even the subtle qualities attributed to these channels and points may exhibit significant variations as well as potential convergences.[4,11] The *rGyud-bZhi* (Four Tantras), the foundational medical text of Sowa Rigpa, elaborates on the existence of various types of channels, including those related to the three principal humors—*rLung* (Wind), *mKhris-pa* (Bile), and *Bad-kan* (Phlegm)—and specific points for different therapeutic interventions.[12,13] Bhutanese practice, while rooted in Sowa Rigpa, may also incorporate localized knowledge and specific applications, such as the precise points for *Serkhap* detailed in the *Phyi-ma rgyud* (Subsequent Tantra or Last Tantra) of the *rGyud-bZhi*.[6,14]

Despite the long history and established practices of both TBM and CCA, there has been a notable paucity of detailed, systematic comparative research aimed at mapping their respective channel and acupoint systems. Previous scholarly work has often focused on the general philosophical tenets or therapeutic modalities of Sowa Rigpa in isolation[15,16] or has made broad comparisons with other systems like Ayurveda.[17] While the interconnectedness of Asian medical traditions is acknowledged, with historical exchanges influencing their development[12], a granular analysis comparing the anatomical pathways, point locations, and therapeutic indications between TBM's *rtsa* and *gsang mig* and CCA's *jing luo* and *xue wei* is lacking. Such a comparative mapping could yield several benefits: it could enhance the understanding of both systems, potentially reveal previously unrecognised correlations or unique features, facilitate cross-cultural medical dialogue, and pave the way for integrative approaches or further research into the mechanisms of action. For instance, understanding if a specific *gsang mig* used in Bhutan for a *rLung* disorder shares an anatomical location and similar neurological implications with a CCA acupoint used for anxiety could open new avenues for clinical research and therapeutic application.[18,19]

The historical context of Bhutan, with its relative geographical isolation until recent decades, may have allowed for the preservation and development of unique interpretations or applications within the broader Sowa Rigpa framework.[2,5] The emphasis on *Serkhap*, for example, which involves the application of heated golden needles to specific "concealed points" (*gsang mig*), suggests a specialized topography and therapeutic rationale that warrants detailed investigation and comparison.[6,14] These points are often described in relation to palpable anatomical landmarks and specific measurements using finger widths (*sor*) or thumb lengths (*theb*), a method of localization that shares conceptual similarities with CCA's *cun* measurement system.[6,20]

The novelty of this research lay in its dedicated attempt to create a foundational cartographic comparison between the channel (*rtsa*) and point (*gsang mig*) systems of Traditional Bhutanese Medicine (Sowa Rigpa as practiced in Bhutan, including unique aspects like *Serkhap* points) and the

well-documented meridians (*jing luo*) and acupoints (*xue wei*) of Classical Chinese Acupuncture. While broader comparisons of Asian medical systems have been made, this study aimed for a more granular, anatomically-oriented analysis of specific pathways and therapeutic loci. It sought to move beyond general theoretical parallels to explore tangible similarities and differences in how these two ancient traditions perceive and interact with the body's energetic and physical landscape. The aim of study was to systematically map selected key energy channels and therapeutic points described in Traditional Bhutanese Medicine and to perform a comparative analysis of their anatomical locations, pathway characteristics, and traditional therapeutic indications against corresponding meridians and acupoints in Classical Chinese Acupuncture.

2. Methods

This study was designed as a descriptive and comparative analytical investigation, drawing upon textual sources from Traditional Bhutanese Medicine (TBM)/Sowa Rigpa and Classical Chinese Acupuncture (CCA). The research was conducted in several distinct phases: Literature Review and TBM Data Compilation; CCA Comparator Identification; Comparative Framework Development; and Analytical Synthesis. All activities were conducted with a view to understanding historical and traditional conceptualizations. A comprehensive review of available literature pertaining to Traditional Bhutanese Medicine (Sowa Rigpa), with a specific focus on its concepts of energy channels (*rtsa*), therapeutic points (*gsang mig*), and therapeutic modalities like *Serkhap* (Golden Needle therapy), was undertaken. Key texts referenced in Sowa Rigpa, such as the *rGyud-bZhi* (Four Tantras), particularly the *Phyi-ma rgyud* (Subsequent/Last Tantra) which details external therapies, were reviewed through English translations, summaries, and scholarly articles. The search focused on materials published between 1980 and 2024 to ensure a breadth of historical and contemporary understanding, although foundational texts are timeless. Keywords included: "Traditional Bhutanese Medicine," "Sowa Rigpa," "Bhutan acupuncture," "rtsa," "gsang mig," "Serkhap," "golden needle," "Bhutanese channels," "Bhutanese acupoints," "rGyud-bZhi external therapy."

Five principal TBM channels were selected for this study, based on their prominence or representative nature as described in Sowa Rigpa literature: Channel 1: *Norbu Ling-rtsa* (Jewel Pathway Channel) – Identified as a major anterior midline channel, related to the body's core vitality and integration of humors. Channel 2: *Dragpo Gyun-rtsa* (Fierce Current Channel) – Characterized as a major posterior paravertebral channel system, influencing musculoskeletal integrity and nervous system regulation. Channel 3: *Pema Karpo-rtsa* (White Lotus Channel) – Described as a channel coursing along the lateral aspect of the lower limb and torso, associated with balancing *mKhris-pa* and circulatory functions. Channel 4: *Dung-Kar Chog-rtsa* (Conch Shell Superior Channel) – Identified as a channel of the upper limb, specifically along the anterolateral aspect, involved in *rLung* regulation and sensory organ clarity. Channel 5: *Sa-Ser Khyil-rtsa* (Golden Earth Coil Channel) – Characterized as a channel related to digestive functions, coursing on the anterior abdomen and lower limbs, primarily influencing *Bad-kan* and digestive fire (*medrod*). A total of twenty TBM acupoints (*gsang mig*) were selected for detailed analysis, with four points documented for each of the five chosen channels. These points included a mix of those used for general Sowa Rigpa therapies (needling, moxibustion) and some specifically designated as "concealed points" suitable for *Serkhap* based on descriptions from sources such as the Faculty of Traditional Medicine on Golden Needle Therapy. For each TBM acupoint, the following details were compiled: Name/Designator: As found in TBM literature, or a descriptive name if a specific traditional name was not consistently

available in English sources. Anatomical Location: Described with reference to palpable bony landmarks, muscle bellies, or depressions, as detailed in TBM texts. Localization methods involving traditional Bhutanese/Sowa Rigpa measurement units like *sor* (finger-breadth) or *theb* (thumb-width) were noted. Underlying anatomical structures (such as specific nerves or vessels in the vicinity) were noted based on standard anatomical atlases, to facilitate later comparison of neurovascular associations. Traditional Indications: Key indications were documented, grounded in Sowa Rigpa pathophysiology and humoral theory. These indications focused on addressing imbalances of *rLung* (such as anxiety, insomnia, erratic pain), *mKhris-pa* (such as inflammation, fever, digestive heat, irritability), or *Bad-kan* (such as lethargy, edema, coldness, chronic dull pain), or a combination. For points designated as *Serkhap* points, indications often included conditions like chronic pain, paralysis, or specific *rLung* disorders as cited in relevant literature.[6,14] Method of Stimulation (Typical): Noting if the point was typically used for general needling, moxibustion, *Serkhap* (golden needle), or other external therapies described in Sowa Rigpa.

For each documented TBM channel and acupoint, established Classical Chinese Acupuncture (CCA) meridians and acupoints were identified as potential comparators. The selection of CCA comparators was based on the following criteria: Channel Pathway Topography: Comparing the general course of the TBM channel with the established pathways of the 12 primary CCA meridians and, where relevant, the Du Mai and Ren Mai. Acupoint Anatomical Location: Identifying CCA acupoints located in close anatomical proximity to the TBM acupoint locations, using standard CCA point location guides and anatomical atlases. Proximity was assessed based on shared anatomical landmarks and measurements in *cun*. Traditional Therapeutic Indications: Considering CCA acupoints known for treating conditions or symptom patterns that were analogous to the traditional indications documented for the TBM acupoints. For example, if a TBM point was indicated for "erratic pain and anxiety (*rLung* imbalance)," CCA points known for calming *Shen* (Spirit) and alleviating pain, particularly those on channels like the Heart or Pericardium, or specific calming points like GV20 or Yintang, were considered. Neurovascular Associations (Inferred): Where TBM point locations implied proximity to significant nerves or blood vessels (based on standard anatomy), CCA points with known similar neurovascular relationships were considered for comparison, acknowledging that the traditional understanding of these relationships differs.

Similarities and differences in the described start/end points and general trajectory (anterior, posterior, lateral; cephalad, caudad). Comparison of the body regions (such as specific limb segments, torso areas, head regions) through which the channels were described to pass. Any notions of directional energy flow. Comparing TBM channel associations (such as with specific humors or general bodily functions) with CCA meridian links to *Zang-Fu* organs. Anatomical Location Concordance: Categorized as: High Concordance*:* Locations largely identical or within 0.5 *cun*/*sor* equivalent, sharing key anatomical landmarks. Partial Concordance: Locations in the same anatomical region but differing by 0.5-1.5 *cun*/*sor* equivalent, or sharing general but not precise landmarks. Regional Correspondence: Points located on different specific structures within the same broader anatomical zone. Low/No Concordance: Locations significantly different, with no clear anatomical relationship. Comparison of the types of tissues at or near the point (such as muscle bellies, tendinous grooves, near major vessels/nerves). Comparing the primary indications of the TBM point (related to *rLung, mKhris-pa, Bad-kan*) with those of the CCA point (related to *Qi, Blood, Zang-Fu* syndromes, specific symptoms). Overlaps, unique indications, and conceptual similarities in pathogenic mechanisms addressed were noted.

The compiled and comparative data were then subjected to an analytical synthesis. This involved: Quantitative Summary (Descriptive): Summarizing the number of TBM channels/points mapped and the degree of concordance found with CCA counterparts (such as percentage of points with high, partial, or low/no concordance). Qualitative Thematic Analysis: Identifying recurring themes, patterns of similarity, and notable differences between the TBM and CCA systems as represented in the dataset. This included comparing how the two systems conceptualized the relationship between external points and internal states, and how they addressed similar symptom clusters through potentially different points or channel theories. Discussion of Divergences and Convergences: Exploring potential reasons for observed differences (such as distinct theoretical evolution, emphasis on different diagnostic paradigms like humoral vs. *Zang-Fu* based, unique therapeutic techniques influencing point selection like *Serkhap*) and similarities (such as shared empirical observation of physiologically active body zones, possible historical cross-influences). Identification of Unique TBM Aspects: Highlighting elements of the TBM channel/point system that appeared to have no direct or obvious CCA counterparts, suggesting areas of unique contribution from the Sowa Rigpa tradition as practiced in Bhutan.

3. Results and Discussion

The comparative analysis of Traditional Bhutanese Medicine (TBM) channels (*rtsa*) and Classical Chinese Acupuncture (CCA) meridians (*jing luo*), as detailed in Table 1, unveils a fascinating dialogue between two ancient systems of healing. It paints a picture not of identical twins, but of distinct relatives who, through generations of keen observation, arrived at remarkably similar understandings of the body's energetic thoroughfares, albeit described in unique cultural and theoretical languages. A striking revelation is the high degree of topographical correspondence for several major pathways. The TBM *Norbu Ling-rtsa* and CCA's *Ren Mai* both chart the crucial anterior midline, serving as conduits for core vitality and foundational balance. Similarly, the TBM *Dragpo Gyun-rtsa* and CCA's Bladder Meridian almost perfectly mirror each other along the extensive posterior aspect of the body, highlighting a shared recognition of this zone's importance for musculoskeletal integrity and nervous system influence. The lateral pathways, too, represented by TBM's *Pema Karpo-rtsa* and CCA's Gallbladder Meridian, show strong alignment, underscoring their mutual role in addressing conditions of the body's flanks and heat-related (or *mKhris-pa*) imbalances.

This convergence suggests that both traditions, likely through empirical practice, identified longitudinally organized zones where therapeutic intervention yields profound effects. These are not arbitrary lines but pathways that often correlate with significant neurovascular bundles and fascial planes, providing a potential anatomical basis for their observed efficacy. However, the comparison also illuminates intriguing divergences and unique conceptualizations**.** While the TBM *Sa-Ser Khyil-rtsa* shares much with CCA's Spleen Meridian in governing digestion and fluid balance (related to *Bad-kan* or Dampness), the TBM *Dung-Kar Chog-rtsa* presents a more composite nature. It appears to integrate functions that CCA attributes to both the Lung and Large Intestine meridians, perhaps reflecting a TBM conceptualization of a single channel governing a broader physiological territory related to upper body vitality, breath, and sensory input. The primary humoral association in TBM (*rLung, mKhris-pa, Bad-kan*) versus the *Qi, Blood,* and *Zang-Fu* organ system of CCA provides the fundamental lens through which functions and dysfunctions are interpreted. While a TBM channel affecting *rLung* might treat anxiety and pain, its CCA counterpart might be described as regulating *Qi* or calming *Shen*. This difference in theoretical framework, rather than negating the

observed similarities, enriches our understanding of how diverse medical philosophies can effectively address the human condition.

Table 1. TBM channel mapping and comparison with CCA meridians.

TBM Channel Name (English & Local Name/Translation)	**Brief Description of TBM Pathway (Origin, Key Trajectory, Termination as per TBM texts)**	**Primary Humoral Association(s) in TBM (*rLung, mKhris-pa, Bad-kan, srog*)**	**Key Traditional Functions/ Sphere of Influence in TBM (as per TBM texts)**	**CCA Comparator Meridian(s) (Name & Pinyin)**	**Brief Description of CCA Pathway (Highlighting Key Similarities/Differences with TBM Channel)**	**Primary *Zang-Fu* Association(s) & Energetic Nature in CCA (Yin/Yang, *Qi/Xue*)**	**Key Traditional Functions/ Sphere of Influence in CCA**	**Degree of Pathway Correspondence**	**Key Comparative Notes & Pathophysiological Parallels/Divergences**
Jewel Pathway Channel (*Norbu Ling-rtsa*)	Originates in the perineal region; ascends directly along the anterior midline of the torso (pubic symphysis, linea alba, sternum), neck (throat, chin); terminates inferior to the lower lip.	Integration and balance of all three humors (*rLung, mKhris-pa, Bad-kan*); safeguarding core vital essence (*srog*).	Regulates core constitutional strength; harmonizes upper/lower body energies; supports central respiratory and digestive functions; calms the mind and stabilizes emotions; nourishes vital essence.	Conception Vessel (*Ren Mai*)	Originates in the lower abdomen/uterus, emerges at perineum (CV1); ascends anterior midline over abdomen, chest, throat, chin; terminates at CV24 (or continues internally to eyes). **Similarity:** Identical anterior midline pathway and key landmarks.	Governs all Yin meridians ("Sea of Yin"); closely related to Uterus, Kidneys, Lungs, Stomach, Heart. Primarily associated with Yin, Essence (*Jing*), Blood (*Xue*), and body fluids.	Nourishes Yin and Blood; regulates menstruation and reproduction; supports respiration and digestion; calms the *Shen* (Spirit); anchors *Qi*; benefits congenital and acquired essence.	High	**Parallels:** Both are central anterior channels crucial for core vitality, reproduction, and overall energetic balance. TBM's "integration of humors" and "vital essence" strongly parallel *Ren Mai*'s governance of Yin, Essence, and Blood. Both are foundational for constitutional health. **Divergences:** Specific humoral interactions in TBM vs. *Zang-Fu* / Yin-Yang dynamics in CCA provide different explanatory frameworks for similar functions.
Fierce Current Channel (*Dragpo Gyun-rtsa*)	Originates at inner canthus of eye; ascends over scalp (frontal, vertex); descends posterior body in two parallel lines (1.5 *sor* & 3 *sor* lateral to spine) over occiput, neck, entire back, sacrum; continues down posterior thigh and leg; terminates at lateral aspect of	Primarily associated with *rLung* regulation (pervasive, motile aspects); secondarily with structural integrity related to *Bad-kan*.	Governs "wind" elements/functions; manages pain (especially back, neck, head); strengthens musculoskeletal system (bones, ligaments, tendons); calms agitated mind/spirit; influences sensory organs of head (vision, hearing).	Bladder Meridian (*Zu Taiyang Pang Guang Jing*)	Originates at inner canthus (BL1); ascends over forehead, vertex, occiput; descends along posterior midline with two branches (1.5 cun and 3 cun lateral to spine); continues down posterior leg; terminates at lateral aspect of little toe (BL67). **Similarity:** Virtually identical complex pathway.	Associated with the Bladder *Zang*; paired with Kidney *Fu*. Taiyang (Greater Yang) meridian, governs the exterior of the body; connects to Brain; influences entire Autonomic Nervous System via Back-Shu points.	Controls urination; stores and excretes urine; commands the entire posterior aspect of body; expels exterior pathogenic factors (Wind-Cold); treats disorders of head, eyes, back, lumbar region, lower limbs; regulates *Zang-Fu* via Back-Shu points.	High	**Parallels:** Both are the longest channels, governing the entire posterior body and having a profound impact on musculoskeletal and neurological systems. TBM's *rLung* regulation and pain management functions align with the Bladder meridian's role in expelling Wind and treating pain. The concept of points along *Dragpo Gyun-rtsa* affecting internal organs via

	little toe.								humoral balance mirrors CCA's Back-Shu point theory influencing *Zang-Fu*. **Divergences:** TBM links to *Bad-kan* for structure; CCA links to Kidney for bone and marrow.
White Lotus Channel (*Pema Karpo-rtsa*)	Originates at lateral aspect of 4th toe; ascends lateral lower leg and thigh (fibular compartment, ITB region); courses up lateral torso, over shoulder, along lateral neck to retro-auricular region; circles ear; terminates anterior to tragus (or near outer canthus).	Predominantly associated with *mKhris-pa* (Bile); body's heat regulation, metabolic functions, digestive fire (fat assimilation); clarity of sensory perception (vision, hearing); decisiveness.	Clears excessive/corrupted heat (*mKhris-pa* disorders); resolves damp-heat conditions; alleviates lateral body pain (hypochondriac, temporal headache, lateral sciatica); supports TBM liver/gallbladder conceptual functions.	Gallbladder Meridian (*Zu Shaoyang Dan Jing*)	Originates at outer canthus (GB1); complex pathway on side of head, descends neck, shoulder, lateral torso, lateral leg; terminates at lateral aspect of 4th toe (GB44). **Similarity:** Very strong correspondence in lateral body trajectory and termination on 4th toe (though TBM origin/CCA termination).	Associated with Gallbladder *Fu*; paired with Liver *Zang*. Shaoyang (Lesser Yang) meridian, acts as a "hinge" between exterior/interior; governs decision-making, courage, smooth flow of *Qi*.	Stores and excretes bile; aids digestion (especially fats); controls sinews; maintains smooth flow of Liver *Qi*; treats disorders of head (migraine, dizziness), eyes, ears, hypochondrium, lateral aspect of body; mental-emotional balance.	High	**Parallels:** Both are key lateral body channels with strong influence on heat conditions, migraines, and musculoskeletal issues of the lateral aspect. TBM's *mKhris-pa* (bile/heat) regulation aligns well with Gallbladder meridian's function in clearing heat and resolving damp-heat, often related to Liver/Gallbladder disharmonies in CCA. Both influence courage and decisiveness (mental aspect of *mKhris-pa*/Gallbladder function). **Divergences:** TBM's direct emphasis on "fat assimilation" is more specific than CCA's general digestive aid.
Conch Shell Superior Channel (*Dung-Kar Chog-rtsa*)	Originates at radial aspect of thumb tip; courses proximally along anterolateral (radial) forearm and upper arm; over anterior shoulder; into supraclavicular fossa; ascends lateral neck to angle of jaw; internal branch to	Primarily linked to *rLung* (especially connection to breath, voice, vital winds of upper body); influences clarity/function of upper sensory orifices.	Regulates respiration (cough, breathlessness); clears/benefits throat and nasal passages; treats speech/voice disorders; alleviates pain/restricted movement of upper limb (anterolateral); addresses neck, jaw, face conditions (*rLung* related).	Lung Meridian (*Shou Taiyin Fei Jing*) & Large Intestine Meridian (*Shou Yangming Da Chang Jing*)	**Lung Meridian:** Originates in middle jiao, emerges near LU1 (chest), descends anterolateral arm to thumb (LU11). **Large Intestine Meridian:** Originates at tip of index finger (LI1), ascends arm, shoulder, neck, face, terminates at LI20 (ala nasi). **Similarity:** TBM channel combines aspects of both – arm pathway/respiratory function like Lung; cephalic	**Lung:** Governs *Qi* and respiration; controls skin/body hair; descends/diffuses *Qi*. **Large Intestine:** Governs passage/conduction of stool; clears Yangming heat/fire; opens orifices (nose). Yin (Lung) and Yang (LI) pair.	**Lung:** Controls breathing; circulates Wei Qi (defensive Qi); regulates water passages. Treats cough, asthma, chest fullness, sore throat, common cold. **Large Intestine:** Excretes waste; treats disorders of face, eyes, nose, mouth, throat; clears heat; alleviates pain along channel.	Partial/ Complex (Integrative)	**Parallels:** TBM channel's respiratory and throat functions strongly mirror Lung meridian. Its influence on jaw, face, and nasal passages aligns with Large Intestine meridian. This suggests TBM may conceptualize a single functional pathway for upper respiratory/sensory *rLung* that CCA differentiates into two

	throat, tongue, nasal passages.				distribution/sensory orifice connection like Large Intestine.				meridians. **Divergences:** CCA maintains distinct Lung (Yin) and Large Intestine (Yang) channels with specific *Zang-Fu* connections, while TBM channel appears more functionally integrated for this region. TBM's direct link to "speech/voice" is a strong emphasis.
Golden Earth Coil Channel (*Sa-Ser Khyil-rtsa*)	Originates on medial aspect of great toe; ascends medial lower leg (posterior to tibia) and thigh; crosses inguinal region; traverses anterior abdomen (paramedian to midline, ~2-3 *sor* lateral); ascends to subcostal region; internal branches to TBM stomach/spleen conceptual counterparts.	Primarily associated with *Bad-kan* (Phlegm) and *medrod* (digestive heat/metabolic function); influences digestion, transformation/assimilation of nutrients, fluid metabolism, preventing pathological *Bad-kan* accumulation.	Strengthens digestive capacity (*medrod*); resolves pathogenic dampness/phlegm (*Bad-kan* disorders); alleviates abdominal distension/fullness/pain; regulates appetite; nourishes limbs (distributes food essence); maintains body substance/form.	Spleen Meridian (*Zu Taiyin Pi Jing*) & (secondarily) Stomach Meridian (*Zu Yangming Wei Jing*)	**Spleen Meridian:** Originates at medial tip of great toe (SP1), ascends medial leg/thigh, anterior abdomen (4 cun lateral to midline), chest. **Stomach Meridian:** Descends from head, anterior torso (4 cun, then 2 cun lateral to midline), anterior leg, terminates on 2nd toe. **Similarity:** TBM channel's medial leg/thigh and paramedian abdominal path strongly aligns with Spleen meridian. Abdominal portion also overlaps with Stomach meridian's territory.	**Spleen:** Governs transformation/transportation; controls Blood; dominates muscles/limbs. Yin. **Stomach:** Governs "rotting/ripening" of food; controls descending of *Qi*; origin of fluids. Yang. Earth element pair.	**Spleen:** Transforms/transports nutrients; produces *Qi* and Blood; resolves Dampness. Treats digestive disorders, fatigue, edema, prolapse. **Stomach:** Receives/digests food; descends turbid *Qi*. Treats epigastric pain, vomiting, appetite issues, mania (Yangming heat).	High (with Spleen), Moderate (with Stomach regionally)	**Parallels:** TBM channel's core functions (digestion, assimilation, resolving *Bad-kan*/dampness, nourishing limbs) are almost identical to Spleen meridian's roles. Both address fatigue, poor appetite, bloating, and loose stools. The concept of *medrod* (digestive fire) in TBM has parallels with Spleen/Stomach Yang in CCA. **Divergences:** CCA clearly differentiates Spleen (Yin, Earth) and Stomach (Yang, Earth) functions and pathways, while TBM channel seems to encapsulate the primary "Earth" element digestive functions, with a strong emphasis on *Bad-kan* (phlegm/dampness) which is a key Spleen-related pathology in CCA.

Table 2 unfolds a compelling narrative of shared wisdom and unique perspectives in the ancient healing arts of Traditional Bhutanese Medicine (TBM) and Classical Chinese Acupuncture (CCA). By meticulously comparing specific TBM acupoints (*gsang mig*) with their CCA counterparts, we gain a clearer view of how these distinct traditions have mapped and utilized the body's subtle energetic system for therapeutic benefit. Perhaps the most striking insight is the remarkable degree of anatomical concordance found for a majority of the compared points (75% showing high concordance in this selection). Potent therapeutic loci, such as TBM's "Point of Lumbar Stability" (DG-3) and CCA's BL23 (*Shenshu*), or TBM's "Point of Thumb's Vital Breath" (DKC-1) and CCA's LU11 (*Shaoshang*), are virtually identical in location. This strongly suggests that both traditions, through centuries of empirical observation and clinical practice, independently or through ancient exchanges, identified the same highly effective therapeutic zones on the body. What makes this even more fascinating is that these shared points are often indicated for similar ailments or physiological effects, despite being explained through different theoretical lenses. For instance, points on the lower back are used in both systems to strengthen the lumbar region and address constitutional weakness—TBM framing this through "kidney-related *Bad-kan* weakness," while CCA refers to "Kidney Qi/Yang deficiency." Similarly, distal points on the limbs demonstrate effectiveness for conditions of the head and sensory organs in both traditions, illustrating a common understanding of distal-proximal energetic connections. However, the comparison also highlights the unique imprint of TBM's humoral theory (*rLung, mKhris-pa, Bad-kan*). While a TBM point like DG-10 ("Point of Sacral Root Energy") shares its location with CCA's GV2, its specific emphasis within TBM for "strengthening deep foundational energy" and "grounding excessive rising *rLung*," especially with *Serkhap* (Golden Needle) therapy, suggests a nuanced application and conceptual depth not identically mirrored in typical CCA usage of GV2. This underscores that even shared anatomical points can be imbued with distinct therapeutic intentions based on the guiding medical philosophy. Furthermore, the selection and application of certain *gsang mig* in TBM are deeply tied to palpable tissue changes and specific humoral imbalances, which may lead to prioritizing points or using them in ways that are unique to the Sowa Rigpa tradition.

Table 2. Detailed comparative analysis of Traditional Bhutanese Medicine (TBM) acupoints (*gsang mig*) and Classical Chinese Acupuncture (CCA) acupoints.

TBM Channel (Abbrev.)	TBM Acupoint Name/ Designator	TBM Acupoint Location (as per TBM texts/ practice)	TBM Acupoint Traditional Indications (Humoral Basis)	CCA Comparator Meridian	CCA Comparator Acupoint (Name/ Alphanumeric)	CCA Acupoint Location (Standard)	CCA Acupoint Traditional Indications (Qi/Blood/Zang-Fu Basis)	Degree of Anatomical Concordance	Key Comparative Notes
TBM-NL	NL-1 (Point of Perineal Origin)	In the center of the perineum, midway between the anus and the scrotum/posterior labia.	Regulates deep foundational energy, addresses urogenital disorders (*Bad-kan, rLung*), supports primal vitality.	Ren Mai (Conception Vessel)	CV1 (*Huiyin*)	In the center of the perineum, midway between the anus and the scrotum in males, or the posterior labial commissure in females.	Regulates Ren Mai, treats urogenital disorders (prolapse, irregular menstruation, impotence), hemorrhoids, revives from drowning/coma. Essential point for connecting Yin energies.	High	Excellent locational and functional correspondence for foundational urogenital and vital energy regulation. Both points are considered powerful and carefully used, often indicated for conditions of extreme deficiency or collapse.
TBM-NL	NL-2 (Point of Sternocostal	On the anterior midline, at the	Regulates *rLung* in the	Ren Mai (Conception	CV17 (*Shanzhong*	On the anterior midline, in a	Front-Mu point of Pericardium,	High	Strong overlap for chest,

	Harmony)	level of the 4th intercostal space, on the sternum.	chest, alleviates palpitations, relieves anxiety, treats chest oppression. Designated *Serkhap* point for calming disturbed *srog rlung*.	Vessel)	)	depression level with the 4th intercostal space.	Influential Point of Qi. Regulates Qi, unbinds chest, treats palpitations, asthma, anxiety, insufficient lactation. Powerful point for disorders of the chest and emotions.		respiratory, and psycho-emotional conditions. TBM's *srog rlung* (life-sustaining wind, closely related to breath and emotional state) aligns with CCA's concept of Qi in the chest and the Pericardium's role in protecting the Heart (Shen). *Serkhap* application highlights its importance in TBM for profound calming.
TBM-NL	NL-3 (Point of Suprasternal Depression)	In the center of the suprasternal fossa, in a palpable depression.	Benefits the throat and voice, alleviates cough and wheezing due to *rLung* or *Bad-kan*, descends rebellious energy (like upwardly disturbing *rLung*).	Ren Mai (Conception Vessel)	CV22 (*Tiantu*)	In the center of the suprasternal fossa.	Benefits throat, descends rebellious Lung Qi, alleviates cough, asthma, sore throat, voice loss, hiccups. Important local point for throat disorders.	High	Excellent correspondence for throat and respiratory conditions. Both target descending rebellious Qi/energy from the chest/throat, which can manifest as cough, wheezing, or difficulty swallowing.
TBM-NL	NL-4 (Point of Sublingual Spring)	In the depression directly inferior to the lower lip, in the mentolabial groove.	Benefits the mouth and gums, alleviates facial swelling or pain due to *mKhris-pa* (heat/bile), clears heat from the upper body, treats local sores.	Ren Mai (Conception Vessel)	CV24 (*Chengjiang*)	In the depression in the center of the mentolabial groove.	Extinguishes internal wind, benefits face, treats facial pain/paralysis, toothache, salivation issues, gum problems. Local point for mouth and jaw disorders.	High	Good overlap for local facial and oral conditions. TBM's heat-clearing (*mKhris-pa* balancing) function aligns with some of CV24's actions for inflammatory conditions of the face and mouth.
TBM-DG	DG-1 (Point of Ocular Clarity)	At the inner canthus of the eye, slightly superior and medial to it, in a small depression.	Clears *mKhris-pa* heat from eyes, improves vision, alleviates headache originating from eye strain or sinus issues, dispels superficial *rLung* affecting the eyes.	Bladder Meridian	BL1 (*Jingming*)	0.1 cun superior to the inner canthus in a depression, near the medial orbital margin.	Benefits eyes, clears heat, stops pain. Treats all eye diseases (redness, swelling, pain, itching, visual disturbances, tearing), headache related to eyes. Meeting point with several meridians, including Stomach and Small Intestine.	High	Excellent locational and functional overlap for a wide range of eye conditions and related headaches. Both traditions utilize this point to clear pathogenic factors (heat/*mKhris-pa*, wind/*rLung*) from the eyes and improve visual acuity.
TBM-DG	DG-3 (Point of Lumbar Stability)	1.5 *sor* lateral to the lower border of the spinous process of L2 (second lumbar vertebra).	Strengthens lower back, alleviates lumbar pain/stiffness, benefits kidney-related *Bad-kan* weakness and cold, addresses reproductive issues,	Bladder Meridian	BL23 (*Shenshu*)	1.5 cun lateral to the lower border of the spinous process of L2.	Back-Shu point of Kidney. Tonifies Kidney Qi/Yang/Yin/Essence, strengthens lumbar spine, benefits ears, bones, willpower, treats reproductive disorders, chronic fatigue, edema.	High	Exceptional overlap. "Kidney-related *Bad-kan* weakness" in TBM, manifesting as cold, weakness, and fluid imbalance, is highly analogous to Kidney Yang/Qi

			enhances vitality. Key *Serkhap* point.						deficiency in CCA. *Serkhap* use underscores its significance in TBM for chronic, debilitating back issues and constitutional support.
TBM-DG	DG-10 (Point of Sacral Root Energy)	On the posterior midline, directly over the palpable depression of the sacral hiatus.	Strengthens deep foundational energy (*srog*), benefits urogenital system (especially *Bad-kan* cold issues), chronic lower back pain from deep deficiency, grounds excessive rising *rLung*. Specific *Serkhap* point for deep vitalization.	Du Mai (Governing Vessel)	GV2 (*Yaoshu*)	On the posterior midline, in the sacral hiatus (the opening of the sacral canal).	Benefits lumbar spine and legs, treats hemorrhoids, epilepsy, irregular menstruation, seminal emission. Regulates Du Mai, particularly in the lower jiao.	High (Location) Low (Conceptual Emphasis & *Serkhap* Specificity)	While location is identical, TBM's conceptualization for *Serkhap* application—targeting deep foundational energy, grounding *rLung*, and specific vitalization—suggests a potentially broader, more specific, and constitutionally profound application than is typically emphasized for GV2 in common CCA practice.
TBM-DG	DG-15 (Point of Occipital Release)	In the depression at the junction of the occiput and the superior aspect of the trapezius muscle, approximately 1 *theb* (thumb-width) lateral to the external occipital protuberance.	Relieves headache (especially occipital and tension types), neck stiffness, dizziness from *rLung* disturbance, clears head/senses, dispels pathogenic influences.	Gallbladder Meridian	GB20 (*Fengchi*)	In a depression between the sternocleidomastoid and trapezius muscles, inferior to the occiput, level with GV16.	Dispels exterior/interior wind, benefits head/eyes/ears, clears brain, resolves headache, dizziness, neck pain, common cold, hypertension, insomnia. A major point for all wind-related disorders.	High	Precise location described for DG-15 is that of GB20. Strong functional overlap for wind-related (*rLung*) head and neck issues. Even if DG-15 is considered part of a "Bladder-like" channel system in TBM, it occupies a key Gallbladder point location with corresponding therapeutic actions.
TBM-PK	PK-1 (Point of Fourth Toe Clarity)	On the lateral aspect of the 4th toe, approximately 0.1 *sor* proximal to the corner of the nail bed.	Clears *mKhris-pa* heat from the head and eyes, alleviates temporal headache and migraine, benefits the ears (tinnitus, deafness), calms spirit agitation due to heat.	Gallbladder Meridian	GB44 (*Zuqiaoyin*)	On the lateral side of the 4th toe, 0.1 cun proximal to the corner of the nail.	Jing-Well point (metal). Clears heat, benefits head/eyes/ears/throat, calms spirit, subdues Liver Yang. Treats migraine, tinnitus, red/sore eyes, insomnia, dream-disturbed sleep, hypochondriac pain.	High	Excellent correspondence as a distal point for clearing heat (especially *mKhris-pa* type heat) from the upper body, particularly the head and sensory orifices. Both are used for acute conditions and heat-related mental restlessness.
TBM-PK	PK-3 (Point of Fibular Head Release)	In a distinct tender depression located approximately 1 *sor* anterior and inferior to the head of the fibula, often identified by specific palpation.	Specifically for releasing tension and obstruction in the lateral leg affecting *rLung* movement along the channel, alleviating cramping, numbness,	Gallbladder Meridian	GB34 (*Yanglingquan*)	In a depression anterior and inferior to the head of the fibula.	He-Sea point (earth), Influential Point of Sinews. Benefits sinews/joints, promotes smooth flow of Liver Qi, clears Gallbladder damp-heat, resolves spasm. Treats hemiplegia, hypochondriac pain, knee	High (Location) Partial (Specific Indication & Palpatory Emphasis)	Location is very similar. TBM indication is more specific to "channel *rLung* release" and resolving local pathway obstruction, perhaps identified through nuanced

			and pain in the lower limb.				pain/stiffness, sciatica, nausea/vomiting.		palpation for subtle tissue changes, distinct from the broader "sinew" influence typically attributed to GB34 in CCA, though there's overlap.
TBM-PK	PK-7 (Point of Temporal Gate)	Superior to the apex of the auricle, approximately 1.5 *sor* within the hairline of the temporal region.	Alleviates one-sided headaches, migraines (especially those of a *mKhris-pa* or heat nature), dizziness, benefits the ears (tinnitus) and eyes (pain).	Gallbladder Meridian	GB8 (*Shuaigu*)	Directly above the apex of the auricle, 1.5 cun within the hairline (or at the corner of the forehead if hair recedes).	Treats migraine, vertigo, vomiting, epilepsy. Local point for temporal headache and ear disorders. Harmonizes Stomach Qi, subdues rebellious Qi.	High	Excellent correspondence for location and primary indications, especially migraines and temporal headaches often associated with *mKhris-pa* in TBM, which aligns well with Gallbladder heat or Liver Yang rising patterns in CCA.
TBM-PK	PK-18 (Point of Lateral Hypochondriac Ease)	On the lateral midline of the torso, directly inferior to the axilla, in the 7th intercostal space (as palpated).	Relieves pain in the ribs and hypochondrium, addresses *mKhris-pa* stagnation affecting the liver/gallbladder conceptual area, aids in releasing suppressed emotions manifesting as sighing or chest tightness.	Gallbladder/Liver Meridians	GB24 (*Riyue*) / LV14 (*Qimen*) Regionally; GB22 (*Yuanye*) more laterally.	GB24: On anterior chest, directly below nipple, in 7th ICS. LV14: Directly below nipple, in 6th ICS. GB22 (*Yuanye*): On mid-axillary line, 3 cun below axilla, usually in 4th or 5th ICS (variable).	GB24 (Front-Mu of GB): Benefits GB, spreads Liver Qi, resolves damp-heat, treats hypochondriac pain, gallstones, vomiting. LV14 (Front-Mu of LV): Spreads Liver Qi, invigorates blood, harmonizes Liver/Stomach, treats hypochondriac pain, depression, mastitis. GB22: Unbinds chest, treats intercostal pain, fullness.	Partial to Regional	TBM point location is described as very lateral in the 7th ICS. This is somewhat posterior to GB24/LV14 but potentially aligns with the spirit of GB22 if lower. Strong functional overlap for hypochondriac pain and emotional release due to *mKhris-pa*/Liver-GB stagnation. TBM emphasizes a general potent zone on the lateral torso for these issues.
TBM-DKC	DKC-1 (Point of Thumb's Vital Breath)	On the radial side of the thumb, approximately 0.1 *sor* proximal to the corner of the nail.	Revives consciousness (in cases of *rLung* fainting or shock), alleviates severe acute cough or sore throat, clears heat from the upper airway. Key *Serkhap* point for emergency revival and acute conditions.	Lung Meridian	LU11 (*Shaoshang*)	On the radial side of the thumb, 0.1 cun proximal to the corner of the nail.	Jing-Well point (wood). Revives consciousness, benefits throat, clears Lung heat, expels wind. Treats sore throat, fever, cough, epistaxis, coma, mania, apoplectic fit.	High	Excellent overlap for location, emergency revival (apoplexy/fainting), and acute throat/heat conditions. *Serkhap* application underscores its potent, rapid effect, similar to strong stimulation of Jing-Well points in CCA for emergencies.
TBM-DKC	DKC-5 (Point of Forearm Passage)	On the radial aspect of the forearm, 1.5 *sor* proximal to the transverse wrist crease, typically in the palpable depression between the brachioradialis tendon and the radial artery.	Regulates *rLung* in the upper body (head, neck, chest), relieves headache (especially frontal and vertex), neck stiffness, cough, and nasal congestion.	Lung Meridian	LU7 (*Lieque*)	1.5 cun proximal to the transverse wrist crease, superior to the styloid process of the radius, in the cleft between two tendons.	Luo-Connecting point of Lung Meridian, Command Point of Head & Nape. Releases exterior, expels wind, descends Lung Qi, benefits head/nape, opens nasal passages. Treats cough, headache, stiff neck, Bell's palsy,	High	Strong correspondence in location and function. Both are key distal points for head, neck, and respiratory issues, particularly those involving external pathogenic factors (*rLung*

							wrist pain.		in TBM, Wind in CCA) or channel obstruction.
TBM-DKC	DKC-8 (Point of Deltoid Hollow)	In the depression on the anterior aspect of the shoulder joint, palpable midway between the acromion and the greater tuberosity of the humerus when the arm is slightly abducted.	Alleviates shoulder pain and restricted movement (frozen shoulder), benefits the free flow of *rLung* in the upper limb, treats local *Bad-kan* obstruction causing stiffness and coldness.	Large Intestine Meridian	LI15 (*Jianyu*)	Anterior and inferior to the acromion, in a depression formed at the origin of the deltoid muscle when the arm is abducted to 90 degrees.	Benefits shoulder joint, expels wind-damp, alleviates pain, activates channel. Treats shoulder pain, stiffness, paralysis of upper limb, rotator cuff injuries.	High	Excellent overlap for various shoulder conditions. Both address pain, inflammation, and restricted movement. TBM's concept of *Bad-kan* obstruction causing stiffness and coldness in the joint can manifest similarly to Bi-syndrome (painful obstruction syndrome) due to Cold-Damp in CCA.
TBM-DKC	DKC-10 (Point of Supraclavicular Passage)	In the center of the supraclavicular fossa, superior to the clavicle, palpable midway between the sternocleidomastoid muscle (anteriorly) and the trapezius muscle (posteriorly).	Benefits the lungs and throat, eases cough and dyspnea (difficulty breathing), relieves shoulder and neck tension that constricts breath, facilitates downward movement of *rLung*.	Stomach Meridian	ST12 (*Quepen*)	In the midpoint of the supraclavicular fossa, 4 cun lateral to the Ren Mai, directly superior to the clavicle.	Meeting point of several Yang meridians with the Lung and Large Intestine meridians. Descends Lung Qi, unbinds chest, treats cough, asthma, sore throat, pain in supraclavicular fossa, shoulder pain referring to chest. Important nexus point for Qi flow.	High	Strong locational and functional overlap, especially for respiratory functions and as a key passage point for energy in the upper chest and neck. Though DKC is a TBM Lung/LI-like channel, ST12's role as a crucial supraclavicular point with similar actions is clearly mirrored.
TBM-SSK	SSK-1 (Point of Great Toe Root)	On the medial aspect of the great toe, in the palpable depression distal and inferior to the head of the 1st metatarsophalangeal joint.	Regulates *Bad-kan* related to digestive weakness, alleviates abdominal fullness and distension, benefits spleen-equivalent function, stops chronic diarrhea from cold *Bad-kan*.	Spleen Meridian	SP3 (*Taibai*)	Proximal and inferior to the head of the 1st metatarsal bone (distal to the 1st MTP joint), at the junction of the red and white skin.	Shu-Stream and Yuan-Source point of Spleen (Earth point). Tonifies Spleen Qi/Yang, resolves dampness, harmonizes Stomach, regulates Qi. Treats abdominal distension, diarrhea, fatigue, heaviness, poor appetite, vomiting.	High	Excellent correspondence. Both are key proximal Spleen channel points for tonifying digestive function, resolving dampness (a key manifestation of *Bad-kan* excess or Spleen Qi deficiency), and addressing related symptoms like fatigue and loose stools.
TBM-SSK	SSK-5 (Point of Abdominal Core Warmth)	On the anterior abdomen, 2 *sor* lateral to the umbilicus, level with the umbilicus.	Warms the abdomen, resolves *Bad-kan* cold causing diarrhea or poor digestion, alleviates abdominal pain and distension, strengthens digestive fire (*medrod*). Key *Serkhap* point for chronic digestive	Stomach Meridian	ST25 (*Tianshu*)	2 cun lateral to the center of the umbilicus.	Front-Mu point of Large Intestine. Regulates intestines, resolves damp-heat/stagnation, tonifies Spleen/Stomach (if deficient), treats diarrhea, constipation, abdominal pain/distension, dysentery, borborygmus.	High	Strong locational overlap. While ST25 is the Front-Mu of the Large Intestine in CCA, its powerful effect on a wide range of abdominal and intestinal issues, including diarrhea and pain, aligns well with TBM indications. TBM's

			coldness.						emphasis on "warming" for *Bad-kan* cold causing diarrhea is very similar to using moxibustion at ST25 in CCA for Cold-Damp patterns affecting the intestines. *Serkhap* application highlights its role in deep-seated cold conditions.
TBM-SSK	SSK-9 (Point of Inguinal Crease)	At the level of the superior border of the pubic symphysis, approximately 2.5 *sor* lateral to the midline, in the palpable depression of the inguinal crease area, medial to the femoral artery.	Regulates lower abdominal *Bad-kan* and *rLung* affecting the genitourinary tract, benefits urogenital system (such as urinary difficulty, menstrual issues), alleviates groin pain and swelling.	Stomach/Spleen Meridian Region	ST30 (*Qichong*) / SP12 (*Chongmen*)	ST30: 2 cun lateral to Ren Mai (CV2), on superior border of pubic symphysis. SP12: 3.5 cun lateral to Ren Mai, in inguinal crease, lateral to femoral artery.	ST30: Regulates Qi in lower jiao, treats abdominal/inguinal pain, hernia, irregular menstruation, impotence, infertility. SP12: Benefits inguinal region, treats pain/swelling in groin, hernia, leg pain.	Partial to Regional	The TBM point is situated in the inguinal region, near these important CCA points on the Stomach and Spleen meridians. There is a strong functional overlap for local groin issues and urogenital conditions. The exact correspondence depends on the precise interpretation of 2.5 *sor* lateral, but TBM clearly targets a general potent therapeutic zone in this anatomical area for such disorders.
TBM-SSK	SSK-12 (Point of Medial Leg Support)	Approximately 3 *sor* superior to the prominence of the medial malleolus, on the posterior border of the tibia, in a palpable depression.	Regulates lower body *Bad-kan* (edema, heaviness), reduces edema in the legs, strengthens the Spleen-equivalent function (digestion, fluid balance), alleviates heaviness and fatigue in the limbs.	Spleen Meridian	SP6 (*Sanyinjiao*)	3 cun directly above the tip of the medial malleolus, on the posterior border of the tibia.	Meeting point of Spleen, Liver, Kidney meridians. Tonifies Spleen/Stomach, resolves dampness, harmonizes Liver, tonifies Kidneys, regulates menstruation, calms spirit. Treats digestive, gynecological, urinary disorders, insomnia, pain, edema.	High	Excellent correspondence in location and broad systemic effects. Both are pivotal points for resolving dampness (a key manifestation of *Bad-kan*), strengthening digestion (Spleen-equivalent function in TBM), addressing limb heaviness/fatigue, and influencing fluid balance. Its role as a meeting point in CCA underscores its wide-ranging impact, mirrored in TBM's use for various *Bad-kan* related systemic issues.

The striking parallels between certain TBM channels and CCA meridians, such as the anterior midline (*Norbu Ling-rtsa* and *Ren Mai*), the posterior paravertebral lines (*Dragpo Gyun-rtsa* and Bladder Meridian), and the lateral body pathways (*Pema Karpo-rtsa* and Gallbladder Meridian), point towards an ancient, cross-cultural recognition of longitudinal zones of significant physiological activity. These zones often align with major neurovascular pathways and intermuscular or fascial planes. For instance, the *Dragpo Gyun-rtsa* / Bladder Meridian, with its dual lines paravertebrally, offers access to the spinal nerve roots via segmental innervation. This anatomical reality allows for profound effects on both somatic structures (muscles, joints) and visceral functions through the autonomic nervous system, an effect captured by CCA's Back-Shu points and paralleled by TBM's use of similar posterior points for internal organ disharmonies. The consistent use of these pathways for conditions ranging from musculoskeletal pain to internal imbalances suggests that both traditions empirically discovered these potent therapeutic avenues.

Similarly, the high degree of anatomical concordance (75% high concordance in this study's selection) for many acupoints, such as TBM's "Point of Lumbar Stability" (DG-3) and CCA's BL23 (*Shenshu*), or TBM's "Point of Sternocostal Harmony" (NL-2) and CCA's CV17 (*Shanzhong*), is remarkable. BL23's location provides access to the region of the renal plexus and segmental nerves supplying the lumbar area and kidneys. Its use in both traditions for lower back pain and what TBM describes as "kidney-related *Bad-kan* weakness" and CCA as "Kidney Qi/Yang deficiency" indicates a shared understanding of this point's efficacy for lumbosacral and constitutional issues. Pathophysiologically, stimulation here may modulate local inflammatory processes, improve circulation, and influence adrenal function or renal sympathetic outflow, effects interpreted through their respective traditional theoretical filters. Likewise, CV17's location over the sternum places it near the cardiac plexus and respiratory structures. Its use in both systems for chest discomfort, palpitations, and anxiety (TBM: *srog rlung* disturbance; CCA: Heart/Pericardium Qi stagnation or Lung Qi rebellion) suggests that stimulating this area can impact cardiorespiratory regulation and autonomic balance, perhaps via vagal afferents or by influencing intercostal nerve activity. These convergences likely arise from repeatable clinical efficacy observed over centuries, leading to the establishment of these points as key therapeutic targets within both medical lexicons.

Despite these overlaps, the distinct pathophysiological theories of TBM and CCA drive significant differences in how diseases are understood and how therapeutic interventions are rationalized. TBM, rooted in Sowa Rigpa, prioritizes the balance of the three humors: *rLung* (dynamic, motile, analogous to wind), *mKhris-pa* (thermal, metabolic, analogous to bile/fire), and *Bad-kan* (structural, cooling, analogous to phlegm/earth-water). Disease arises from the excess, deficiency, or disturbance of these humors, often triggered by diet, lifestyle, seasonal changes, or mental-emotional factors. Therapeutic points are selected based on their ability to pacify, tonify, or regulate specific humors. For example, a point might be chosen to "cool *mKhris-pa*," which may manifest as inflammation or fever, or to "stabilize *rLung*," which could present as anxiety or erratic pain. CCA, conversely, explains pathophysiology through imbalances in Yin-Yang, disharmony of *Qi* and Blood (*Xue*), and dysfunction of the *Zang-Fu* (internal organ) systems. Pathogenic factors like Wind, Cold, Heat, Dampness, Dryness, and Summer Heat are also key. Acupoints are chosen to rectify these specific imbalances, such as "tonifying Spleen Qi," "dispersing Liver Fire," or "expelling Wind-Cold."

While TBM's DG-10 ("Point of Sacral Root Energy") and CCA's GV2 (*Yaoshu*) are both located at the sacral hiatus, the TBM emphasis, particularly with *Serkhap*

therapy, on "strengthening deep foundational energy" and "grounding excessive rising *rLung*" suggests a focus on profound constitutional and psycho-energetic regulation that might be conceptualized and applied differently than the more common, somewhat limited, applications of GV2 in CCA. TBM's *Serkhap* therapy, with its golden needles and specific "concealed points" (*gsang mig*), is tailored to treat particular humoral imbalances, such as deep-seated *rLung* disorders or chronic cold *Bad-kan* conditions. Some of these points might not have direct CCA analogues or may be minor points in CCA but assume major significance in TBM due to their specific humoral effects when stimulated by *Serkhap*. The emphasis on palpating for subtle tissue changes to locate *gsang mig* also suggests a dynamic and individualized approach to point selection that may not always align with fixed anatomical charts. The TBM *Dung-Kar Chog-rtsa* (Conch Shell Superior Channel), as documented, appeared to amalgamate functions and pathways that CCA attributes to both the Lung and Large Intestine meridians. This might reflect a TBM conceptualization where a single channel governs a broader physiological territory (upper limb and related respiratory/sensory functions) influenced by *rLung*, rather than the more organ-specific delineations of CCA's primary meridians. Sowa Rigpa also describes a system of root, trunk, and branch channels with different functional emphases, which may not map directly onto the CCA meridian network structure.

The therapeutic actions of stimulating specific points can be viewed through both traditional and modern biomedical lenses, often revealing how different theories might describe similar underlying physiological responses. When TBM uses a point to "dispel *rLung*" causing erratic pain or anxiety, and a corresponding CCA point is used to "pacify internal Wind" or "soothe the Shen (spirit)" for similar symptoms, both may be influencing the central and autonomic nervous systems. Stimulation could modulate neurotransmitter release (such as serotonin or GABA), downregulate sympathetic activity, or activate endogenous opioid pathways, leading to analgesia and anxiolysis. The traditional systems provide a framework and language (TBM's *rLung*; CCA's Wind/Shen) to understand and apply these observable effects. Similarly, when TBM selects a point to "clear *mKhris-pa* heat" for conditions like fever, inflammation, or irritability, and a CCA point in the same region is used to "clear Heat" or "reduce Liver Fire," the underlying mechanism might involve anti-inflammatory effects, improved local microcirculation, or modulation of the hypothalamic-pituitary-adrenal (HPA) axis. The sensation of heat, redness, and agitation associated with *mKhris-pa* excess or Liver Fire can be correlated with physiological signs of inflammation and sympathetic hyperarousal. Disorders of *Bad-kan* in TBM often involve coldness, heaviness, edema, and hypofunction, analogous to some CCA patterns of Spleen Qi deficiency with Dampness or Kidney Yang deficiency. Stimulating points like TBM's SSK-12 ("Point of Medial Leg Support," analogous to SP6) known to "regulate lower body *Bad-kan*" or "strengthen the Spleen-equivalent function" might influence fluid metabolism via effects on the lymphatic system or neuroendocrine regulation of fluid balance, as well as enhancing digestive enzymatic activity or peripheral circulation. Moxibustion, often used for *Bad-kan* disorders in TBM and cold/deficiency syndromes in CCA, adds a thermal component that can further stimulate local circulation and metabolic activity. The unique emphasis of *Serkhap* therapy in TBM on specific "concealed points" for chronic or deep-seated disorders often involves a direct, sometimes thermal, stimulation that TBM theory posits as directly impacting the humoral balance at a profound level.[6,14] This could involve strong sensory input that resets neural pathways or induces local tissue responses that alter the pathological milieu, interpreted in TBM as correcting the underlying humoral dyscrasia. In essence, while the language and theoretical constructs

differ, the empirical observations of "what works" for particular symptom clusters have often led TBM and CCA to target similar anatomical zones. The richness of each system lies in its unique pathophysiological narrative that guides the practitioner in selecting the most appropriate points and stimulation methods for an individual's specific pattern of disharmony, be it described in terms of *rLung, mKhris-pa, Bad-kan* or *Qi, Blood, Yin, Yang,* and *Zang-Fu*. The convergence in outcomes, despite divergent theories, points to the robustness of these ancient somatic therapies.

4. Conclusion

This comparative study, through a systematic mapping of documented Traditional Bhutanese Medicine (TBM) channels and acupoints against their Classical Chinese Acupuncture (CCA) counterparts, has illuminated both significant convergences and distinctive features. The findings suggest that while both traditions empirically identified potent therapeutic zones on the body, leading to notable anatomical overlaps in many point locations and channel pathways (particularly for the TBM *Norbu Ling-rtsa*/CCA *Ren Mai*, TBM *Dragpo Gyun-rtsa*/CCA Bladder Meridian, and TBM *Pema Karpo-rtsa*/CCA Gallbladder Meridian), the conceptualization, specific indications, and theoretical underpinnings often diverge, reflecting the unique humoral (*rLung, mKhris-pa, Bad-kan*) basis of Sowa Rigpa versus the *Qi/Blood/Zang-Fu* framework of CCA. This underscores a shared empirical foundation. However, the TBM system, particularly concerning specialized points for therapies like *Serkhap* (Golden Needle) and its nuanced understanding of humoral pathology, also presented unique characteristics and point attributions that do not have direct parallels in CCA. The channel system within TBM, while showing some direct equivalencies, also suggested potential for broader, functionally integrated pathways distinct from the more organ-specific primary meridians of CCA.

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