



Candidate Handbook

Pan-Canadian Entry-Level Examinations for
Traditional Chinese Medicine (TCM) and Acupuncture

November 2024

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The following description of changes includes any substantive changes to this document following the last publication but excludes formatting changes and updates to the cover page, contents page, and footer.

November 29, 2024 document revisions:

- Clarification added regarding candidate preferred test centre location (p.22)
- Added section for candidates requesting a Compassionate Withdrawal (p.23)
- Updated examination procedure section (p.25)
- Removal of Appendix D (Exam Room Policy); see Examination Procedures (p. 25) for test centre policies on permissible items

The Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is the national forum of provincial regulatory bodies that govern and monitor the practice of Traditional Chinese Medicine (TCM) Practitioners¹, Acupuncturists and/or TCM Herbalists.

This publication is the official guide for the *Pan-Canadian Entry-Level Examinations in Traditional Chinese Medicine and Acupuncture*. It contains information about the examinations, application and examination procedures, program policies, examination content, and scoring. Candidates are responsible for knowing the contents of this handbook as well as any additional applicable policies.

All correspondence and requests for information should be sent to the appropriate regulatory body, as noted below. CARB-TCMPA does not discriminate on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity, or other individual characteristics.

Contact Information

For questions about this handbook and the *Pan-Canadian Examinations*, please contact CARB-TCMPA at admin@carb-tcmpa.org.

For questions or further information about your registration application, please contact your provincial regulatory body.

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¹Traditional Chinese Medicine (TCM) Practitioner is a restricted title that comprises the dual usage of acupuncture and herbology in the scope of practice.

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About CARB-TCMPA

Founded in 2012, the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is a group of five provincial regulatory bodies that govern and monitor professionals practising Traditional Chinese Medicine (TCM) and Acupuncture in Canada to ensure that they provide safe, quality, and ethical health care services. The founding members comprise the regulatory bodies of TCM and/or Acupuncture of Alberta, British Columbia, Newfoundland and Labrador, Ontario, and Quebec.

Through collaborative activities, CARB-TCMPA promotes quality practice and labour mobility of TCM professionals in Canada. They serve as a resource to members, governments, and the public. They work collaboratively and act on the opportunities that could have an impact on the regulation, quality, education and training of TCM professionals.

About the Pan-Canadian Examinations

CARB-TCMPA administers the *Pan-Canadian Entry-level Examinations in TCM and Acupuncture* (the “*Pan-Canadian Examinations*”). The *Pan-Canadian Examinations* assess occupational competencies of entry-level TCM professionals that are required for safe, competent, and ethical practice. Successful completion of the Pan-Canadian Examinations is required for registration as a TCM Practitioner, Acupuncturist or TCM Herbalist, along with other requirements imposed in (where the participating Canadian provinces titles are available).

The *Pan-Canadian Examinations* include the following three examinations:

1. *Pan-Canadian Entry-level Examinations for TCM Practitioners* (the “*TCM Practitioners Examination*”),
2. *Pan-Canadian Entry-level Examinations for Acupuncturists* (the “*Acupuncturists Examination*”), and
3. *Pan-Canadian Entry-level Examinations for TCM Herbalists* (the “*TCM Herbalists Examination*”).

The *TCM Practitioners Examination* assesses occupational competencies that are common to acupuncture and herbology, as well as competencies that are specific to acupuncture and herbology. The *Acupuncturists Examination* assesses the common competencies as well as those specific to acupuncture. The *TCM Herbalists Examination* assesses the common competencies as well as those specific to herbology.

To pass a *Pan-Canadian Examination*, a candidate must demonstrate the minimum level of competence expected of an entry-level TCM professional in the designated role. Unsuccessful candidates on the *Pan-Canadian Examinations* are the ones that have not yet acquired the required occupational competencies.

The *Pan-Canadian Examinations* must be written by all candidates who applied for registration as a TCM Practitioner, TCM Herbalist, or Acupuncturist (where the titles are available) in Alberta, British Columbia, Newfoundland and Labrador, Ontario, and Quebec. This requirement extends to the graduates of Canadian and international programs in Acupuncture, TCM Herbology, and TCM Practitioner.

Purpose of the Handbook

The purpose of this handbook is to inform candidates regarding the process of registering for and completing the *Pan-Canadian Examinations*. According to testing standards, examination candidates should have access to the information regarding examination application and eligibility, examination content and format, examination administration, and scoring and reporting.

Reading this handbook will help examination candidates navigate their path to successfully completing the *Pan-Canadian Examinations* and obtaining their professional designation in TCM in Canada. The Candidate Handbook is not intended to be used for program or curriculum development or other third-party purposes. Furthermore, the Candidate Handbook is not designed to serve as a study guide, nor does it reflect the exam's difficulty level or predict your performance on test day.

Eligibility Requirements

The eligibility requirements for taking the *Pan-Canadian Examinations* vary from province to province. In general, they include completion of a post-secondary program of study in Acupuncture, TCM Herbology and TCM Practitioner, and an acquisition of relevant clinical experience under the supervision of a qualified professional. For eligibility requirements to write a *Pan-Canadian Examination* in each province, individuals should refer to their provincial regulatory body.

Examination Content and Format

This section presents an overview of three *Pan-Canadian Examinations*, along with their examination blueprints.

General Description

The purpose of the *Pan-Canadian Examinations* is to evaluate candidates' ability to practice safely and competently as a TCM Practitioner, Acupuncturist, or TCM Herbalist at an entry-level. Examination content is derived from the *Pan-Canadian Standard for Traditional Chinese Medicine Practitioners and Acupuncturists: Entry-Level Occupational Competency Profile* (the "National Competency Profile") published by CARB-TCMPA. These competencies refer to the

professional tasks that individuals seeking registration as a TCM Practitioner, Acupuncturist, or TCM Herbalist in their province must be able to carry out with an entry-level proficiency.

All candidates for registration as a TCM Practitioner, Acupuncturist, or TCM Herbalist in one of the five participating provinces must pass the relevant *Pan-Canadian Examination* to be eligible to earn the credential. Each examination consists of two components:

1. Multiple-choice (MC) question component, and
2. Clinical case (CC) question component.

Each component has equal weight towards the passing mark (i.e., the MC component is worth 50% of the total mark, and the CC component is worth 50% of the total mark).

Depending on the examination, the MC component includes 125 or 175 MC questions with four possible answers and only one correct answer. The CC component includes a mixture of 40 or 55 case-based and independent MC and multiple-select questions.

The examination questions are scored as follows:

- All questions are worth a maximum of *one* mark.
- To obtain one mark for a multiple-select question, the required number of correct responses must be selected.
- Partial marks are awarded for multiple-select questions.
 - For example, if a multiple-select question asks for 2 options, each option is worth 0.5 marks. However, if you select more than the required options, you will receive zero (0) marks. For example, if you select 3 options, when only 2 options were required, you will receive zero (0) marks.
- There is no penalty for incorrect responses or missed questions.

Please note, for multiple-select questions, the computer administered examination platform will not notify you if you select more or less options than required.

Case-based questions on the CC component are linked to a scenario, also termed a case, that features a patient with a commonly encountered clinical problem. The purpose of the case-based questions is to test candidates' ability to apply their knowledge and skills to a clinical problem. The candidate is expected to analyse the problem and respond to a number of questions that follow. The case has all the information that is needed to respond to the questions. Below is a list of common categories of information found in the case:

- Age, gender (e.g., a 45-year-old man),
- Chief complaint and duration (e.g., headache for 2 days),
- Patient history,
- Physical findings,
- +/- Results of diagnostic tests,
- +/- Initial treatment, and
- Subsequent findings.

Each *Pan-Canadian Examination* is comprised of operational and experimental questions. The experimental questions are not included in the candidate's score. The purpose of experimental questions (i.e., pre-testing) is to evaluate the quality of questions through statistical analyses to determine if they can become operational on future examinations. To ensure that the *Pan-Canadian Examinations* are up-to-date, secure, and always improving, new questions must be continuously introduced and evaluated.

Pre-testing is an accepted testing practice that enhances examination quality and contributes to consistent scoring. The experimental questions are spread throughout the examination and candidates will not know which questions are experimental when they take the examination. Therefore, candidates should answer all examination questions to the best of their ability because points are not deducted for wrong answers.

Table 1 on the next page provides a general description of the format of the *Pan-Canadian Examinations*, including time limits, examination length, and question types.

Table 1. Examination Format of the Pan-Canadian Examinations

Exam Component	Length of Exam	Number of Questions	Type of Questions
TCM Practitioners Examination			
Multiple-choice	3.5 hours	175 questions, including up to 10% experimental questions	Independent multiple-choice questions
Clinical case	3.5 hours	55 questions, including up to 10% experimental questions	Mixture of case-based and independent multiple-choice and multiple-select questions
Acupuncturists Examination			
Multiple-choice	2.5 hours	125 questions, including up to 10% experimental questions	Independent multiple-choice questions
Clinical case	2.5 hours	40 questions, including up to 10% experimental questions	Mixture of case-based and independent multiple-choice and multiple-select questions
TCM Herbalists Examination			
Multiple-choice	2.5 hours	125 questions, including up to 10% experimental questions	Independent multiple-choice questions
Clinical case	2.5 hours	40 questions, including up to 10% experimental questions	Mixture of case-based and independent multiple-choice and multiple-select questions

Examination Blueprints

Each *Pan-Canadian Examination* has an examination blueprint that describes how an examination is to be developed. The *Pan-Canadian Examinations* blueprints outline:

- which competencies from the National Competency Profile may be tested on the examination, and
- how the competencies are to be expressed (i.e., the number of questions and approximate distribution of the questions among the competencies).

The link between examination blueprints and the National Competency Profile provides important evidence of validity of examination scores. It gives the regulatory bodies for Traditional Chinese Medicine Practitioners and Acupuncturists the assurance that they make accurate credentialing decisions about candidates based on their examination scores.

Tables 2 and 3 provide examination blueprints for the MC and CC components of the *Pan-Canadian Examinations*.

Table 2. Examination Blueprint for the Multiple-choice Question Component of the Pan-Canadian Examinations

PAN-CANADIAN EXAMINATIONS - MULTIPLE CHOICE QUESTION COMPONENT				
Structural Variables				
Length and Format	The examinations are computer-administered. The examinations consist of operational questions that are scored as well as up to 10% of experimental questions that are not scored.			
		TCM Practitioners	Acupuncturists	TCM Herbalists
	Total Questions	175 questions	125 questions	125 questions
	Duration	3.5 hours	2.5 hours	2.5 hours
Question Form and Presentation	The component contains independent multiple-choice questions.			
Cognitive Ability Levels	Remembering	20% – 30%		
	Comprehension & Application	35% – 50%		
	Analysis and Interpretation	20% – 30%		
Percentage of Examination Questions by Practice Areas		TCM Practitioners	Acupuncturists	TCM Herbalists
	Interpersonal Skills	5% - 9%	5% - 9%	5% - 9%
	Professionalism			
	Practice Management			
	Traditional Chinese Medicine Foundations	23% - 33%	23% - 33%	26% - 36%
	Fundamentals of Biomedicine	11% - 17%	11% - 17%	11% - 17%
	Diagnostics and Treatment	25% - 35%	26% - 36%	25% - 35%
	Acupuncture Techniques	5% - 9%	10% - 16%	n/a
	Herbal Dispensary Management	5% - 9%	n/a	8% - 14%
	Safety	5% - 9%	5% - 9%	5% - 9%
	Contextual Variables			
Patient Demographics	The component may include questions pertaining to individuals, families, and groups such as populations and communities.			
Lifespan	Questions are included that relate to lifespan, from preconception through to advanced age, including end of life.			
Practice Environment	The practice environment can be any setting or circumstance within the scope of practice defined by provincial legislation and regulation. TCM Practitioners, Acupuncturists and/or TCM Herbalists can practice in a variety of settings and because most of the competencies are not setting dependent, the practice environment is only specified when required.			
TCM Illnesses and Formulae	Questions pertaining to the TCM illnesses include, but are not limited to, Internal Medicine (<i>Nei Ke</i>), External Medicine (<i>Wai Ke</i>), Obstetrics and Gynecology (<i>Fu Ke</i>), Pediatrics (<i>Er Ke</i>), Orthopedics and Traumatology (<i>Gu Shang Ke</i>).			

Table 3. Examination Blueprint for the Clinical Case Question Component of the Pan-Canadian Examinations

PAN-CANADIAN EXAMINATIONS - CLINICAL CASE QUESTION COMPONENT				
Structural Variables				
Length and Format	The examinations are computer-administered.			
	The examinations consist of operational questions that are scored and up to 10% of experimental questions that are not scored.			
		TCM Practitioners	Acupuncturists	TCM Herbalists
	Total Questions	55	40	40
	Duration	3.5 hours	2.5 hours	2.5 hours
Question Form and Presentation	The examinations contain a mixture of case-based and independent multiple-choice and multiple-select questions.			
Cognitive Ability Levels	Remembering	10% – 15%		
	Comprehension & Application	35% – 55%		
	Analysis and Interpretation	35% – 55%		
Percentage of Examination Questions by Practice Areas	Practice Areas	TCM Practitioners	Acupuncturists	TCM Herbalists
	Interpersonal Skills	5 - 9%	5 - 9%	5 - 9%
	Professionalism			
	Traditional Chinese Medicine Foundations	27 - 37%	29 - 39%	25 - 35%
	Fundamentals of Biomedicine	5 - 9%	8 - 12%	4 - 8%
	Diagnostics and Treatment	33 - 43%	36 - 46%	34 - 44%
	Herbal Dispensary Management	6 - 10%	n/a	8 - 12%
	Safety	6 - 10%	6 - 10%	6 - 10%
	Contextual Variables			
Patient Demographics	The component may include questions pertaining to individuals, families, and groups such as populations and communities.			
Lifespan	Questions are included that relate to lifespan, from preconception through to advanced age, including end of life.			
Practice Environment	The practice environment can be any setting or circumstance within the scope of practice defined by provincial legislation and regulation. TCM Practitioners, Acupuncturists and/or TCM Herbalists can practice in a variety of settings and because most of the competencies are not setting dependent, the practice environment is only specified when required.			
TCM Illnesses and Formulae	Questions pertaining to the TCM illnesses include, but are not limited to, Internal Medicine (Nei Ke), External Medicine (Wai Ke), Obstetrics and Gynecology (Fu Ke), Pediatrics (Er Ke), Orthopedics and Traumatology (Gu Shang Ke).			

As can be seen from the examination blueprints, approximately two-thirds of questions on each examination component pertain to the *TCM Foundations* and *Diagnostics and Treatment* practice areas of the National Competency Profile. Each practice area represents a logical grouping of occupational competencies that detail the job-related functions in that area. In addition, most examination questions (70-90%) assess candidates' ability to apply knowledge to simple or complex clinical situations (i.e., these examination questions are also termed *Application* and *Critical Thinking* questions).

The *Pan-Canadian Examinations* questions feature patients of different age groups and with a variety of illnesses, which include but are not limited to: Internal Medicine (*Nei Ke*), External Medicine (*Wai Ke*), Obstetrics and Gynecology (*Fu Ke*), Pediatrics (*Er Ke*), Orthopedics and Traumatology (*Gu Shang Ke*), and Ophthalmology and Otorhinolaryngology (*Yan, Er Bi Hou Ke*). The practice environment in the questions can be any setting or circumstance within the scope of practice of TCM Practitioners, Acupuncturists, or Herbalists, as defined by provincial legislation and regulation.

The MC component of the *Pan-Canadian Examinations* is comprised of MC questions only, while the CC component utilizes both multiple-choice and multiple-select question types throughout its case-based and independent questions.

There are no specifications regarding the percentage of alternative question types on the CC component. All examination questions are designed to assess an entry-level ability of a candidate, and it is not necessary to “balance” the examination regarding question type. The examinations are content balanced according to their respective examination blueprints.

Multiple-choice and multiple-select questions are all worth one mark. For multiple-select questions, candidates receive partial marks for each correct response selected, up to a maximum of 1 mark. For example, if a candidate selects two correct responses out of four, the candidate receives 0.5 (2/4) marks for the multiple-select question. Negative marks are not given for selecting an incorrect option. However, if more than the required number of responses are selected the candidate will receive a zero. For example, if the candidate is asked to select 3 options, and they select 4 options (or 5 options or 6 options etc.), they will receive zero (0) marks.

Table 4 on the next page provides a detailed description of question types on the CC component of the Pan- Canadian Examination. Sample questions of each type are included in Appendix A.

Table 4. Description of Question Types on the Clinical Case Component of the Pan-Canadian Examinations

Question Type	Description	Sample uses of Question Type
Multiple-choice	<ul style="list-style-type: none"> • Question stem with four answer options • Only one correct answer • Scored out of 1 mark (0 for incorrect and 1 for correct response) 	Assess all practice areas
Multiple-select	<ul style="list-style-type: none"> • Question stem with four to eight answer options • More than one correct answer • The stem indicates how many answers are correct • Partial marks are allotted for each correct answer, to a maximum of 1 mark • If the question is skipped (i.e., no response), zero marks are awarded • Responses with more answers than indicated in the question are zero marked. 	Determine what characteristics are associated with a particular disease, drug, treatment plan, etc. (i.e. symptoms of a disease, side effects of a drug, and steps of a treatment plan).

Examination Development Procedures

All *Pan-Canadian Examinations* questions are developed by the national and representative panels of subject matter experts (SMEs) who are recognized by CARB-TCMPA for their expertise in one or more areas of examination content. Examination question development is facilitated by a psychometrician and guided by standards accepted by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education. The examination development process includes:

1. Development of Examination Blueprints

A national and representative panel of SMEs develops an examination blueprint that specifies examination length and duration, question type and presentation, and a breakdown of examination questions by practice area of the national competency profile and cognitive type.

2. Item Writing and Review

Examination questions are developed by geographically and culturally diverse groups of SMEs who receive training on the principles of question writing. All examination questions are tied to examination blueprint specifications and referenced to an acceptable text or document.

3. Examination Assembly

The examinations are assembled in accordance with examination blueprint specifications and approved by the Steering Committee. As noted in the blueprint, there can be up to 10% of experimental questions in each component. Questions deemed “experimental” are not scored and do not count towards a candidate’s total score.

4. How the Minimum Passing Score is Established

Pass marks are set through statistically equating to previously administered examination forms to ensure the new pass marks have the same interpretation as the reference form pass marks. When all examination forms are built to the same blueprint, equating adjusts for the differences in difficulty of the forms so that each candidate has the same probability of passing regardless of which form they took.

A total scaled score of at least 400 is required to pass. Candidates with a total scaled score of less than 400 have not met the minimum passing standard, and therefore did not pass the examination.

Computer-Based Administration

1. Examination Delivery

Online proctoring was initially introduced at the outset of the COVID-19 pandemic to ensure continuity of service for candidates writing the *Pan-Canadian Examinations*. In October 2023, the Acupuncturists, TCM Herbalists and TCM Practitioners exams returned to an in-person format at computer-based testing centers. This change increased the security of the examinations and reduced the number of technical issues experienced by candidates on examination day. Test centers are not available outside of Canada.

Effective August 2024, CARB-TCMPA no longer publishes a list of test centre locations. Test centre locations are subject to change and periodically locations are unavailable on examination dates. When applying to write the Pan-Canadian Examinations through their provincial regulatory body, candidates may indicate their first and second preferred locations.

While CARB-TCMPA makes every effort to book candidates at their preferred location, the location cannot be guaranteed due to test centre availability. If a candidate is not booked into their preferred location, it is because the location was not available on examination day and CARB-TCMPA has selected the closest available location for the candidate.

2. Computer Platform and Test Environment

The *Pan-Canadian Examinations* are computer-based assessments, with one question appearing on the screen at a time. In multiple-choice questions, candidates will simply use a mouse to point to the desired answer option and click on it to select it. In multiple-select questions, candidates will select the number of answer options specified in the question.

Each question may be viewed as long as a candidate wishes. It is expected that some alternative question types will take less time to answer than traditional MC questions, and some will take more time. Response-time data for all questions is reviewed, and any question that exhibits an inordinately long response time is removed from the examination.

During the examination, candidates can bookmark a question to return to it later or simply skip it and move to the next one. At the end of the examination, candidates are reminded to go back to any questions that they bookmarked or skipped. The candidates can return to any question simply by clicking on the question number.

All *Pan-Canadian Examinations* are closed book. Accessing external reference materials during the examination is not permitted. There is a notes field in the testing platform, in which candidates can type notes during the examination. These notes are for personal use, and they will not be reviewed by CARB-TCMPA. The test centres will provide candidates with 1 writing utensil and 1 piece of paper. Candidates must return both items before leaving the exam site.

Language

The *Pan-Canadian Examinations* are available in English. In Quebec and Ontario, the examinations can be offered in French on request and with sufficient notice. In British Columbia and Ontario, the examinations are also offered in Simplified Chinese and Traditional Chinese in addition to English, depending on the administration (please visit the [CARB-TCMPA website](#) for more information).

Examination Integrity

A key to an effective credentialing examination is its integrity. Examination integrity is one of the prerequisites of examination score validity. When examination integrity is compromised, a regulatory body cannot have confidence in examination results.

CARB-TCMPA takes strict security measures to protect the content of the *Pan-Canadian Examinations* before, during, and after examination administration. These security measures include but are not limited to:

- Restricting access to the online item banks only to the qualified individuals involved

- in examination development and administration,
- Creating password-protected examination administration accounts for candidates,
- Delivering the examinations in secure computer-based testing centers, and
- Having trained proctors invigilate the examinations.

In addition to using the state-of-the-art item banking, examination administration, and proctoring methods, CARB-TCMPA relies on the ethical behavior of candidates, members, and registrants to maintain the security of the *Pan-Canadian Examinations*.

All examination materials are protected by copyright. CARB-TCMPA requires that prior to taking an examination, candidates read and accept the terms of the *Code of Conduct for the Examination* (see Appendix B). When registrants or candidates reveal the information about the content of examinations, they violate the terms of this code, as well as the code of ethics and professional conduct of their provincial regulatory body. Registrants or candidates who violate the Code of Conduct harm those who abide by the Code of Conduct.

CARB-TCMPA pursues actions against organizations and individuals who reveal information about the content of the *Pan-Canadian Examinations*, individuals who are caught cheating during the examinations, and individuals who fraudulently claim or misrepresent their identity while taking the examinations. Penalties for candidates may include CARB-TCMPA invalidating examination results and regulatory bodies barring candidates from participating in the *Pan-Canadian Examinations*, rejecting a candidate's application for licensure and/or revoking a candidate's license to practice.

Preparing for the Examination

There are various approaches to prepare for the *Pan-Canadian Examinations*. Candidates are encouraged to:

1. Develop a study plan;
2. Become familiar with the testing platform; and
3. Developing a test-taking strategy.

1. Develop a Study Plan

To prepare for an examination, candidates are encouraged to design a study plan based on the *National Competency Profile* and examination blueprints. The examination blueprints show which practice areas from the *National Competency Profile* will be on the examination, and how they will be weighted. Candidates are encouraged to review their knowledge of all practice areas, not just those they identify as their weakness.

When preparing for the examination, candidates should review sample questions enclosed as Appendix A to this handbook. These questions are intended to help candidates become familiar with various question types used on the *Pan-Canadian Examinations*.

In addition, there are several appendices which, although not exhaustive, may be helpful to candidates in preparation for the *Pan-Canadian Examinations*. For convenience, the following appendices will be made available to candidates during the exam:

- Appendix D: Common Terminology
- Appendix E: Standard Acupuncture Nomenclature
- Appendix F: Terminology Related to Tongue Diagnosis
- Appendix G: Terminology Related to Pulse Diagnosis
- Appendix H: Index of Materia Medica
- Appendix I: List of TCM Formulae
- Appendix J: List of Biomedicine Conditions
- Appendix K: List of TCM Conditions

Finally, examination candidates should familiarize themselves with standard terminology used on the *Pan-Canadian Examinations* (please see the Appendices).

2. Become Familiar with Examination Delivery Platform

There is a tutorial and sample test available to candidates to help familiarize themselves with the testing platform and various question types used on the *Pan-Canadian Examinations*. The tutorial can be taken at any time between examination registration on the testing platform and examination administration day. There are unlimited attempts and the score of this assessment does not count towards any other assessment. Candidates receive information about accessing the tutorial and sample test form CARB-TCMPA when they are booked into their examinations.

It is important to note that the sample test is not intended to reflect the difficulty of the exam or predict a candidate's performance on examination day. As a result, candidates will not receive an overall score or confirmation whether their answers are correct. Each sample test form is based on the examination blueprints. Candidates must not remove copies of exam questions and/or answers from the sample test and may not share, discuss, post or otherwise disseminate the content of the sample test with anyone (i.e., questions, answers seen, or general content).

3. Develop a Test-taking Strategy

Knowing how to take an examination will help candidates improve their score. The goal is to answer as many questions correctly as possible in the time allotted for the examination. There is no penalty for selecting an incorrect answer. However, only correct answers will count toward an examination score. In the case of multiple-select questions, *you will receive zero marks if more options are selected than required, regardless of how many correct answers are in the selection.*

Here are some strategies to consider during the examination:

- *Read each question carefully.* Candidates should try to anticipate the answer before looking at the available answer options. The questions are designed in such a way that all the information that is needed to answer the question is in the stem (i.e., the question part).
- *Take each question at face value.* There are no questions that are intended to be misleading, and there is only one correct (or the best) answer to multiple-choice questions. The number of correct answers to a multiple-select question is specified in the question stem.
- *Use the tools in the testing system to flag questions for review and return to them later if unsure of an answer.*
- *Manage the time wisely.* Keep an eye on the time. Spending an excessive amount of time on a question is counterproductive because it may impede the candidate's ability to finish all the examination questions on time.

Registering for the Examination

The instructions on how to register for the *Pan-Canadian Examinations* can be found on the websites of provincial regulatory bodies:

Regulatory Body	Website
College of Acupuncturists of Alberta	http://acupuncturealberta.ca
College of Complementary Health Professionals of British Columbia	https://cchpbc.ca/for-professions/traditional-chinese-medicine-and-acupuncturists/
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	https://www.ctcmpao.on.ca/applicant/pan-canadian/
Order of Acupuncturists Quebec	https://www.o-a-q.org/fr/Devenir-membre/Candidats-en-provenance-du-Canada.aspx
College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL	https://ctcmpanl.ca/about-us/regulation-information/registration-info/pan-canadian-written-examinations/

Prior to booking an examination, candidates need to receive approval from their regulator. When booking for a *Pan-Canadian Examination*, candidates are required to specify their selected administration dates, as well as their preferred writing location. When selecting your preferred exam locations, please provide your first and second choices based on what is most accessible to you. While there is no pre-set list of locations, this approach allows us to assess demand and seek partnerships in regions that are most convenient for candidates. We offer the exam in most major cities across Canada, including multiple locations in the Greater Toronto and Vancouver areas, which are determined based on provincial capitals and geographical size. Although we cannot guarantee your chosen locations, we will do our best to accommodate your preferences.

The regulator will review the examination application information to ensure only candidates who are registered and approved by provincial regulatory bodies are moved forward to the next step in the process. Upon approval of the booking, the examination delivery provider will begin sourcing high quality testing reservations to ensure a successful examination experience for candidates.

Approximately 4 weeks prior to the examination date, approved candidates are emailed a booking confirmation which will include the following:

- Testing Location and Reporting Address
- Reporting Room and Building Number (if applicable)
- Google Map Links for the Testing Location
- Campus Details and Information (if applicable)
- Examination day Policy and Procedures
- Permissible and non-permissible items

If a candidate has not received a booking confirmation email within two weeks of the examination date, they should contact CARB-TCMPA for support at admin@carb-tcmpa.org.

On examination day, candidates will have access to on-site proctor(s) for support.

Examination Fees

Examination fees are published on the [CARB-TCMPA website](#).

Testing Accommodations

CARB-TCMPA is committed to accessibility, to improve opportunities for people with disabilities, and to support a more representative and inclusive TCM/A profession. CARB-TCMPA will provide reasonable testing accommodations for candidates with extraordinary requests, for candidates with a religious reason that prevents them from writing on the scheduled examination date, or for other medical situations deemed appropriate by the organization.

Please see the [CARB-TCMPA Candidate Accessibility Guide](#) for more information. Candidates must submit an [Accommodation Request Form](#), including the enclosed Verification of Candidate's Functional Limitations Form if seeking accommodation for a disability or health-related circumstance.

Changes to Contact Information

Changes to a candidate's contact information must be made through the provincial regulator that they applied to. The provincial regulator will review and approve requests and forward the updated information to the exam delivery provider.

The name used to register for an examination must match the name on the valid ID presented at the examination center.

Cancelling the Examination

Requests to cancel or reschedule an examination must be made in writing and must be received by the regulatory body before the cancellation deadline to obtain a full or partial refund of the examination fee. Verbal cancellations are not accepted. If cancellation requests are NOT received by the deadline, no portion of the examination registration fee will be refunded. Deferrals must be approved by the regulatory body.

Candidates should refer to the examination application package of their regulatory body for specific information on deadlines and refunds.

Compassionate Withdrawals

Candidates who experience a medical or personal emergency before or on the day of their examination and who are unable to sit for their examination may apply for a compassionate withdrawal. Compassionate withdrawal is intended to support candidates who are unable to write their examination due to a verifiable medical or personal emergency.

Candidates must submit a [Compassionate Withdrawal Application Form](#) to CARB-TCMPA before or on examination day and must pay the current withdrawal fee to confirm their request to withdraw from the examination. The Compassionate Withdrawal Application must include supporting documentation verifying the emergency (see the [Withdrawal and Appeals Policy](#) for information on acceptable documentation).

Approval of a compassionate withdrawal is in the sole discretion of CARB-TCMPA in accordance with this policy. Candidates will receive a decision within five (5) business days after a complete *Compassionate Withdrawal Application* is submitted. If the withdrawal application is approved, CARB-TCMPA will waive the Candidate's examination fees for the current administration. Once

a compassionate withdrawal is approved, the Candidate's booking is cancelled, and they will no longer be able to write the examination during the current administration, regardless of a change in medical or personal circumstances.

Late Arrival and No-show

A candidate who arrives to the examination centre between 1 and 29 minutes AFTER the scheduled start time of the session is permitted to write, however, no additional time will be granted to compensate for the late arrival. For example, if you have 4 hours to write the examination and the scheduled start time is at 9:00am, all candidates will be required to submit their completed responses at the scheduled end time of 1:00pm. No added time is granted to candidates.

Any candidates who arrive to the examination centre 30 or more minutes late will not be permitted to write the examination. Invigilators at the examination site will contact the examination delivery provider for confirmation prior to the candidate leaving the examination centre.

Candidates who do not arrive on time to take the examination, and who do not cancel or withdraw their registration are considered a 'no-show' and will forfeit the examination fee. Should they wish to take the examination at a later date, they would need to register and pay the examination fee again.

Extreme Circumstances

A candidate who is absent from the examination due to unforeseen circumstances (e.g., illness, death in the family) are encouraged to submit a [Compassionate Withdrawal Application](#) under the [Withdrawal and Appeal Policy's](#) grounds for a medical or personal emergency.

If an examination is disrupted due to the circumstances beyond the control of the examination centre and CARB-TCMPA, such as power failure, fire alarm, or extreme weather, the invigilator will contact CARB-TCMPA about adjusting the timing of the examination. If the disruption requires the examination to be cancelled, then CARB-TCMPA will use best efforts to find an opportunity at a later date to offer the examination. Since examination writing centres are often booked months in advance, the next availability may not be for six months.

On examination day, if a candidate cannot reach the examination site because of circumstances beyond their control, the candidate must contact their provincial regulatory body before the start of the examination.

On Examination Day

The *Pan-Canadian Examinations* are administered via the secure internet-based examination

delivery system at proctored examination centres in Canada. Examination administration conditions are standardized across examination sites to ensure the validity of examination score interpretations. The proctors receive testing training on examination administration procedures to create a uniform test-taking experience for all candidates.

Note for candidates writing the examinations in Simplified Chinese or Traditional Chinese: Examination proctors correspond in English on examination day and may not have staff available who speak Mandarin or Cantonese. If you encounter any issues on examination day and require support in a language other than English, please contact your regulatory body for support.

Examination Procedures

1. At the beginning of the examination, the examination delivery provider uses visual identification to authenticate a candidate. A valid (non-expired) government-issued photo ID (i.e., passport, driver's license) is required to verify a candidate. The ID is checked by a proctor and the ID number is recorded. CARB-TCMPA reserves the right to photograph candidates and their ID at registration. Candidates are advised to arrive to the examination centre at least 30 minutes before the examination start time to allow time for the registration process.
2. Candidates are not allowed to bring any items into the examination room, including but not limited to writing materials (e.g., pens, pencils, paper); electronic devices (e.g., cell phones, smartwatches, or other technology); personal belongings, including jackets, bags, or any additional clothing beyond what is required for comfort. Notes, books, or any reference materials, including blank paper or electronic and paper dictionaries.
3. Candidates may bring one transparent, label-free water bottle, subject to approval by test centre staff during registration. No other beverages other than water, such as tea, coffee, or electrolyte drinks, are permitted. Beverages may not be allowed at some test venues; confirm with the test centre upon arrival.
4. The test centre will supply candidates with a writing utensil and one piece of blank paper. Whiteboards and any additional writing surfaces are not allowed.
5. Candidates must comply with all test centre policies at all times. Disrespectful behaviour towards test centre staff or failure to follow policies will not be tolerated. Non-compliance will be reported to CARB-TCMPA immediately. Consequences may include removal from the testing centre, cancellation of the exam without a refund, and the examination attempt being recorded.
6. Only approved examination candidates, examiners, and proctors are allowed into the examination rooms. Candidates must not leave an examination room during the examination without an examiners or proctor's permission.
7. Candidates who have requested a washroom break during the examination will be noted by the proctor for the time they have left the room and the time they return. Only one (1) candidate is permitted to use the washroom at any given time, regardless of gender identity. Additional time to complete the examination will not be afforded to these candidates and the timer is not paused during these breaks.

8. Candidates must not convey information in any manner whatsoever to other candidates during and/or after the examination. Any questions or comments candidates may raise during the examinations must be directed to the examiner or the proctor.
9. Upon completing an examination, the testing platform will request candidates to submit their responses.
10. Candidates are not allowed to write notes on their hands or any part of their body before, during or after the examination.

Examination Misconduct

1. If examiners and/or proctors suspect that cheating may have occurred, they may confiscate any materials, as well as other documents or objects or materials that could be used for cheating. The candidates will be asked to leave the examination site. CARB-TCMPA reserves the right to photograph candidates or groups of candidates for later use as evidence and to use monitoring and surveillance technologies to detect and document cheating.
2. Candidates may be asked to change their seats during the examination if they are suspected of cheating.
3. The examiners and/or proctors shall report any suspected cheating to CARB-TCMPA or its designate (herein known as the “head proctor”).
4. The head proctor shall conduct appropriate investigations of the alleged cheating and shall make one of the following decisions:
 - Declare that the occurrence of cheating was not established;
 - Declare that cheating did occur.
5. If the head proctor declares that the occurrence of cheating was not established, the candidate’s score shall be released, if possible, or the candidate shall be permitted to sit the next available examination without charge.
6. Cheating may be declared at any time after a candidate has registered and includes the time after the examination as well as after results have been released.
7. If the head proctor declares that cheating did occur, one or more of the following may occur.
 - The head proctor shall report findings to CARB-TCMPA.
 - CARB-TCMPA may conduct additional forensic data analysis on the examination results.
 - The candidate’s examination results may be invalidated.
 - CARB-TCMPA shall report findings to the regulatory bodies.
 - Regulatory bodies may take additional actions such as barring future access to the examinations, rejecting the candidate’s application for licensure, and/or revoking a candidate’s license to practice.

Before starting the exam, candidates must agree to the Exam Instructions and Candidate Statement of Understanding below.

Exam Instructions

The following exam instructions are presented to candidates before starting the exam. These exam instructions cover the specifics of the assessment as well as a high-level overview of the policies and expectations during the exam session.

- In just a moment, you will be allowed to begin the CARB-TCMPA examination. Before you begin, there is some key information that you need to be aware of.
- No personal items are permitted in the exam room, including but not limited to: cell phones/mobile phones; personal digital assistants (PDA); smart watches or digital watches; hand-held computers, laptops, tablets, e-devices (e.g., iPod, iPad, Galaxy Tablet, Surface Pro, e-readers, e-notebooks); headphones, headsets, or earpieces; smart glasses; calculators; music equipment; pagers; recording devices; cameras of any kind; study materials (e.g., books, notes, blank paper, electronic or paper medical or technical dictionaries); hats (e.g., baseball caps, tuques) and other non-religious head coverings; food or drink, including candy and gum; wallets or purses; firearms or other weapons; bags, coats or jacket, gloves, and scarves.
- You are not permitted to access your belongings at any point in time during the exam, including during a bathroom break.
- In the event you are ill or feel unwell and decide at any point to forfeit your examination, you must notify the proctor immediately and before you leave the examination room.
- There is a countdown clock on the exam interface that will indicate the time remaining in your exam. This is the clock you must judge your time by, not a wall clock or other devices. The exam will shut down automatically once the full 3.5 or 2.5-hours have elapsed whether you have answered all questions or not. Any work submitted up until that point will be saved.
- It is not uncommon for computers to freeze or to experience a technical issue. If this occurs, please notify the proctor immediately and they will address the issue. Please do not panic, all answers up to that point will be saved and any time lost (if the timer does not stop) will be added to your examination time.
- Using any third-party translation software, applications, dictionaries, and other applications is NOT permitted during the exam.
- You can bookmark a question by using the “Bookmark” icon. You can also review and change answers until you click “submit exam” when you are satisfied you are ready to submit.
- You are strongly encouraged to use the washroom before the start of your exam, though you are permitted to take one, 5-minute washroom break during the session. You must notify the proctor that you wish to take a break. The exam will not be paused, and the timer will continue to run while you are away from the computer.
- You are required to read and agree to the ‘Candidate Statement of Understanding’ below. This Statement contains expectations of your conduct regarding this examination both inside today’s session and outside of it, as representatives of the profession. The exam will not be enabled until you agree to the Statement.
- You have 3.5 or 2.5 hours to complete the exam depending on the exam you are writing.

However, if you finish early you may submit at any time. You must notify the proctor when you are ready to submit your exam.

- All technical issues must be reported prior to a candidate ending the session.
- ANY CANDIDATE FOUND IN BREACH OF THE EXAM RULES MAY BE SUBJECT TO DISCIPLINARY ACTION AND THEIR RESULTS MADE NULL AND VOID.

Candidate Statement of Understanding

The following Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) exam is highly confidential. The examination questions are the property of the CARB-TCMPA. Unauthorized disclosure of the examination questions is prohibited under copyright laws. By agreeing to this statement of understanding, you agree to maintain the confidentiality of exam questions, even after writing the exam. This includes not discussing the content with anyone who wrote the exam before you, with you, or who has not written the exam yet.

Please review the following exam rules agreement. Contact the proctor if you have any questions.

- Once you have started your exam, you may not communicate with other people, including but not limited to other test takers, family members, friends or colleagues. Any disruptive, threatening or fraudulent behavior may be grounds for termination of the exam.
- To ensure a high level of security throughout the testing experience, you will be monitored at all times. Both audio and video may be recorded.
- If you wish to take a washroom break or if you experience any problems or distractions or if you have other questions or concerns, you must communicate directly with the proctor at the testing center and the proctor will assist you. The proctor cannot answer questions related to exam functionality or content. If you have concerns about a test question or image, make a note of the item (question) number, if available, in order for the item to be reviewed.
- You must not remove copies of exam questions and/or answers from the examination and may not share, discuss, post or otherwise disseminate the content of the exam (i.e. questions, answers seen, or general content) with anyone. Failure to comply with the above rules, tamper with the computer or if you are otherwise suspected of an exam violation, appropriate action will be taken.
- If you suspect or feel like another candidate is in violation of the exam instructions and/or candidate statement of understanding, you must report the violation to CARB-TCMPA immediately following your exam submission.
- Your results may be canceled if there is a good faith basis to question the validity of the results for any reason, notwithstanding, the absence of any evidence of a candidate's personal involvement in irregular activities. Evidence which may invalidate one's exam results may include, but are not limited to, unusual answer patterns or unusual score increases from one exam to another.

You understand the information provided above and agree to follow those rules in addition to any other program rules you may have agreed to during registration for this exam. If you do not follow the rules or are suspected of cheating or tampering with the computer, this will be reported to CARB-TCMPA. CARB-TCMPA reserves the right to cancel or withhold any examination results when, in the sole opinion of CARB-TCMPA, a testing irregularity occurs; cheating has occurred; there is an apparent discrepancy in, or falsification of, a candidate's identification; a candidate engages in misconduct or plagiarism; or the results are believed to be invalid for any reason.

Note: For more information on invalidation of examination results, please review the [Invalidation of Results Policy](#) available on the CARB-TCMPA website.

After the Examination

Upon examination completion, candidates receive a message on the testing platform that their scores are under review. Candidates have the opportunity to complete a post examination survey. We kindly ask candidates to complete the post-examination survey which takes no more than 5 minutes. Candidate feedback is crucial for CARB-TCMPA to understand the testing experience and identify areas where content, policies, and procedures can be improved.

Examination Scoring and Passing Scores

The *Pan-Canadian Examinations* are scored according to the procedures accepted by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education. Quality control checks are done during and after scoring to ensure score accuracy. For each examination component, the candidate's score is derived from the number of questions answered correctly, and/or partial marks received for multiple-select questions. All questions are worth a maximum of one mark. There is no penalty for incorrect responses or missed questions. To obtain one mark for a multiple-select question, the required number of correct responses will need to be selected. Each component is worth 50% of the examination marks.

The *Pan-Canadian Examinations* are scored by using rigorous methodology that includes matching of examination scores produced by two different statistical packages. Considering the rigour of the scoring process, scoring errors are highly unlikely.

Notification of Results

A candidate must pass the *Pan-Canadian Examinations* to be considered for registration as a TCM Practitioner, Acupuncturist, or Herbalist. To determine candidates' pass/fail status, candidates' total score will be compared to the examination passing score. The total score is the total marks obtained from both the MC component and CC component. The passing score was established through a systematic process that involved judgment of experts regarding

requirements for minimum competence of entry-level TCM Practitioners, Acupuncturists, and Herbalists. For more information on the passing score determination, candidates should refer to the “Examination Development” section of this document.

The status of “pass” is reported for candidates whose total score meets or exceeds the passing score; the status of “fail” is reported for candidates whose total score is below the passing score. Unsuccessful candidates receive an examination performance report that in addition to their total score, provides a breakdown of their examination sub-scores by practice area. These sub-scores are provided for descriptive purposes only. They are less reliable than the total examination score, and therefore, should not be used as a predictor of future examination performance. Unsuccessful candidates should not assume that strong performance in one practice area will automatically occur on their next attempt. Thus, these candidates are recommended to improve their knowledge of all practice areas listed in the *National Competency Profile* before the next examination attempt.

For information on how examination results are communicated to candidates, examination candidates should refer to the website of their provincial regulatory body. In most cases, examination results will be sent to candidates by mail or via a secured registrant portal approximately 8 weeks after examination administration. Examination results will NOT be given over the telephone or by fax for reasons of confidentiality.

Rewriting the Examination

In the event that a candidate fails the first attempt to pass the *Pan-Canadian Examination*, any opportunity to retake the exam is determined by the policy of their provincial regulator. For each retake, candidates must purchase a new exam. The maximum number of retakes depends on the policy set out by their provincial regulator. If unsuccessful after reaching the maximum number of retakes, their provincial regulator may require a candidate to undertake further education or clinical training required by the regulator. For more detail on examination retakes, candidates should refer to the policies of their provincial regulator.

Appeals

An appeal is a request by an examination candidate for reconsideration of the candidate’s examination result issued by the provincial regulatory body. According to the testing standards, examination candidates have the right to appeal their examination result. Access to an independent appeal of examination scores is an important element of due process, fairness, and accountability. Well supported, transparent, and independent appeal mechanisms enhance public confidence in the overall registration process.

A [Request for Nullification \(Appeal\) Form](#) must be submitted following the procedures outlined in the [Withdrawal and Appeal Policy](#). The candidate’s request for an appeal must be supported by documentation that verifies the circumstance that a candidate believes affected their

performance on the examination (e.g., incident filed with the proctor during the examination). Failure to provide the required documentation may cause the candidate's appeal not to be granted.

CARB-TCMPA will not consider complaints regarding the content of the examination or possible responses to examination questions. Thus, the content of the examination is NOT subject to appeal.

The candidate's request for an appeal and the supporting documentation provided will be considered by CARB-TCMPA who makes the final decision on the case. Written notice of CARB-TCMPA's determination shall be provided to the candidate. For more information on examination appeals, candidates should refer to the [CARB-TCMPA website](#).

Privacy

CARB-TCMPA is committed to collecting, using and disclosing the personal information of its examination candidates responsibly and only to the extent necessary to provide effective services. The personal information provided by applicants and candidates is kept confidential and is used solely for the purpose it is collected.

CARB-TCMPA implements practices daily to safeguard candidate's personal information, including the following:

- All parties that use candidate's personal information, including Board governors, service providers and CARB-TCMPA staff have entered in confidentiality agreements with CARB-TCMPA.
- Staff is trained to collect, use, disclose and store information in compliance with the internal privacy policy.
- Computers are password protected.

CARB-TCMPA discloses required personal information to test centres and vendors for the purpose of administration, scoring, and rescoring of the examination. CARB-TCMPA also discloses required personal information to the provincial regulatory bodies that require an examination certificate for processing registration applications.

There is no limit to how long CARB-TCMPA keeps candidate's examination results and personal information required to verify their eligibility and application status. The balance of the candidate's personal information is destroyed by shredding or in case of electronic records, by deleting files on a computer.

Appendix A: Sample Examination Questions

Note: These sample questions are only provided to illustrate the various question types. For the Clinical Case component, these question types are generally associated with a case scenario.

Multiple-Choice Questions

1. Which of the following syndromes is associated with a Slippery (Hua) pulse?
- A. Qi Stagnation
 - B. Yin Deficiency
 - C. Wind-Heat Invasion
 - D. Phlegm Accumulation

Answer: D

Rationale: A Slippery (Hua) pulse indicates Phlegm, Dampness, retention of food or pregnancy.

2. Which of the following organs could be injured with deep perpendicular needle insertion on LR 14 (Qimen)?
- A. lung
 - B. heart
 - C. stomach
 - D. gallbladder

Answer: A

Rationale: Deep perpendicular or oblique insertion is 'prohibited' for LR 14 (Qimen) due to risk of causing a pneumothorax.

Multiple-Select Questions

1. Which of the following syndromes presents with bitter taste in the mouth? (Select 2)
- A. Vigorous flaring of Liver Fire
 - B. Disharmony between Stomach and Gallbladder
 - C. Heart Yin Deficiency and Liver Qi Stagnation
 - D. Kidney and Liver Yin Deficiency causing Empty Heat

Answer: A and B

Rationale: A bitter taste in the mouth is associated with Liver and Gallbladder Fire or Accumulation of Damp-Heat stirred upward by Gallbladder Qi.

2. According to Yin-Yang Theory, which of the following *three* body regions are in relation with Yang? (Select 3)
- A. forehead
 - B. chest
 - C. abdomen
 - D. low back

- E. lateral aspect of the elbow
- F. soles of the feet

Answer: A, D, and E

Rationale: A - head is Yang, body is Yin; B & C – chest and abdomen are Yin; D - back is Yang; E - lateral (outside) is Yang, medial (inside) is Yin. F - Dorsum of feet is Yang, sole is Yin.

Case-based Sample Questions

A 72-year-old diabetic patient complains of an ulcer on their left big toe that they have had for more than two months.

Patient Information:

- low back pain
- chills and cold limbs
- frequent and profuse urine
- feet numbness and night blindness
- Tongue: pale, with scanty coating
- Pulse: Deep (Chen) and Thready (Xi)

1. Which of the following syndromes *most likely* causes this patient's foot ulcer?
 - A. Kidney Qi Deficiency
 - B. Liver Blood Deficiency
 - C. Accumulation of Dampness
 - D. Stagnation of Qi and Blood

Answer: D

Rationale: Diabetes is a chronic disorder that impairs the flow of Channel Qi and Blood, subsequently causing the ulcer.

Appendix B: Code of Conduct for Examinations

Candidates are subject to the Code of Conduct as described below. Candidates who contravene the Code of Conduct may be denied participation, may have results invalidated, denied admission to, and/or retaking the examination. Each candidate, by the act of participating in a *Pan-Canadian Examination*, agrees to abide by the following Code of Conduct.

1. Candidates acknowledge that the examination and the questions therein are the exclusive property of CARB-TCMPA.
2. Candidates acknowledge that they CANNOT remove any part of the examination from the test site, nor can they give or receive assistance from another candidate during the examination.
3. Candidates acknowledge that their behaviour before, during, and after the examination must be such that it does not disturb other candidates. This includes unnecessary questioning of examination policies and procedures, disruptive comments about the examination or other behaviour that, in the opinion of the examination invigilators, could cause anxiety for other candidates.
4. Candidates acknowledge that their participation in any act of cheating, as described below, may be sufficient cause for CARB-TCMPA to terminate their participation, to invalidate the results of their examination or to take any other necessary action (please see the *Examination Misconduct* section above).
5. *Cheating* refers to any act or omission by a candidate that could affect the result of that candidate, another candidate or a potential future candidate. These acts include:
 - a) non-eligible individuals posing as eligible candidates;
 - b) bringing study or reference materials to the test area;
 - c) giving or receiving assistance to or from another candidate during the examination;
 - d) removing or attempting to remove examination content by any means, electronic or otherwise, from the testing site; and
 - e) receiving or giving information about the written component or the clinical component either before or after² the examination. For example, releasing information about questions such as diagnosis or tasks and activities involved in the examination. Note: this includes discussing examination items or other information about the examination with examiners or other candidates after the examinations.

² Debriefing increases understanding of the examination. Information gained in debriefing could act as an unfair advantage to unsuccessful candidates on future examinations. Confidentiality of information should be considered in the same way as confidentiality of patient information; the duty to maintain confidentiality is continuous.

Appendix C: Reference List

Starting in 2021, examination items were developed principally from the texts that are preceded by an asterisk. The practice is to use the editions (e.g., 2nd, 3rd, 4th etc.) of reference books that are generally available to students.

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2. Clinical Practice and Treatment

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*Chen, H., Li, D., Han, C., (2011) Chinese External Medicine, People's Medical Publishing House (ISBN: 978-7-117-14268-7)

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*Flaws, B., Sionneau, P. (2005) The Treatment of Modern Western Medical Diseases with Chinese Medicine 2nd Ed (Boulder, Colorado) Blue Poppy Press (ISBN: 1-891845-20- 9)

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Appendix D: Common Terminology

The following is a non-exhaustive list of common terms used in the examination. The format of these terms is generally written with the English term first followed by Pin Yin in parenthesis. For example, Front Points (Mu Xue) or Front (Mu) Points; Well Points (Jing Xue) or Well (Jing) Points.

To distinguish between TCM and biomedical terminologies, the first letter of TCM terms is capitalized whereas the first letter of biomedical terms is in lower case (e.g. Liver; the TCM Meridian and liver; the biomedical organ).

Diagnostic	Constitution (Ti Zhi) Organ Theories (Zang Xiang) Qi, Blood, Body Fluid, Essence, Spirit (Qi, Xue, Jin Ye, Jing, and Shen) Five Element (Wu Xing) Theory Pathogenesis (Bing Ji) Etiology (Bing Yin) Treatment Principles (Zhi Ze) Prevention (Yu Feng) Health Preservation (Yang Sheng) Root and Brand (Biao Ben)
Assessment and Treatment	Inquiry Diagnostic Methods (Wen Zhen) Palpation Diagnostic Methods (Qie Zhen) Auscultation and Olfaction Diagnostic Methods (Wen Zhen) Inspection Diagnostic Methods (Wang Zhen) Eight Principles Differentiation (Ba Gang Bian Zheng) Five Elements Differentiation (Wu Xing Bian Zheng) Four Levels Differentiation (Wei Qi Ying Xue Bian Zheng) Defensive (Wei) Qi Nutritive (Ying) Blood (Xue) Meridians and collaterals Differentiation (Jing Luo Bian Zheng) Organ Differentiation (Zang Fu Bian Zheng) Pathogenic Factors Differentiation (Bing Yin Bian Zheng) Qi, Blood, Body Fluid Differentiation (Qi Xue Jin Ye Bian Zheng) Qi Blood (Xue) Body Fluid (Jin Ye) Six Stages Differentiation (Liu Jing Bian Zheng) Greater Yang (Tai Yang) Bright Yang (Yang Ming) Lesser Yang (Shao Yang) Greater Yin (Tai Yin)

Acupuncture Specific

Lesser Yin (Shao Yin)
Terminal Yin (Jue Yin)
Triple Energizer Differentiation (San Jiao Bian Zheng)
Prevention and Health Preservation (Yu Fang and Yang Sheng)
Acupuncture Points (Shu Xue)
Meridians and Collaterals (Jing Luo)
Points of the 14-Meridians (Jing Xue / Shi Si Jing Xue)
Extra/Extraordinary Points (Jing Wai Qi Xue)
Five Transporting Points (Wu Shu Xue)
 Well Points (Jing Xue) or Well (Jing) Points or Jing-Well Points
 Spring Points (Ying Xue) or Spring (Ying) Points or Ying-Spring Points
 Stream Points (Shu Xue) or Stream (Shu) Points or Shu-Stream Points
 River Points (Jing Xue) or River (Jing) Points or Jing-River Points
 Sea Points (He Xue) or Sea (He) Points or He-Sea Points
Source Points (Yuan Xue) or Source (Yuan) Points or Yuan-Source Points
Connecting Points (Luo Xue) or Connecting (Luo) Points or Lou-Connecting Points
Cleft Points (Xi Xue) or Cleft (Xi) Points or Xi-Cleft Points
Back Transporting Points (Bei Shu Xue) or Back Transporting (Bei Shu) Xue or Back-Shu Points
Front Points (Mu Xue) or Front (Mu) Points or Front-Mu Points
Lower Sea Points (Xia He Xue) or Lower Sea (Xia He) Points or Lower He-Sea Points
Eight Confluent Points (Ba Mai Jiao Hui Xue)
Eight Influential Points (Ba Hui Xue) or Eight Gathering Points (Ba Hui Xue)
Mother-Child Points (Zi Mu Xue)
Channel Crossing Points (Jiao Hui Xue)
Ah Shi Points (A Shi Xue) or Ah Shi (A Shi) Points
Chinese Manipulation Therapy (Tui Na)
Chinese Massage Therapy (An Mo)
Qi Gong
Tai Ji
Scraping (Gua Sha)
Cupping (Ba Guan)
Moxibustion (Jiu / Ai Jiu)
Warm Needling (Wen Zhen)
Herbology Specific
Four Properties/Nature (Si Qi)
Five Flavours (Wu Wei)
Ascending, Descending, Floating, Sinking Properties (Sheng Jiang Fu Chen)
Channel Tropism (Gui Jing)
processing (Pao Zhi)
Eighteen Incompatibilities (Shi Ba Fan)

TCM and Biomedical

Nineteen Counteractions (Shi Jiu Wei)

Lung Meridian and the lung organ

Heart Meridian and the heart organ

Spleen Meridian and the spleen organ

Liver Meridian and the liver organ

Urticaria (Yin Zhen) and urticaria

Wind-Stroke (Zhong Feng) and stroke

Constipation (Bian Bi) and constipation

Appendix E: Standard Acupuncture Nomenclature

The English Nomenclature of Basic Technical Terms of Acupuncture

Meridian	Jing	經/经
Collateral	Luo	絡/络
Meridian and Collateral	Jing Luo	經絡/经络
Main Meridian	Zheng Jing	正經/正经
Extra Meridian	Qi Jing	奇經/奇经
Meridian Point	Jing Xue	經穴/经穴
Extra/Extraordinary Point	Qi Xue	奇穴/奇穴
Acupuncture Point	Zhen Jiu Xue (Wei)	針灸穴(位)/针灸穴(位)

Standard Nomenclature of Filiform Needles

Needle Handle	Zhen Bing	針柄/针柄
Needle Root	Zhen Gen	針根/针根
Needle Body	Zhen Ti	針體/针体
Needle Tip	Zhen Jian	針尖/针尖

The diameter is measured at the root and the length of the needle is measured from the root to the tip. The unit of measurement is the millimeter.

Standard Nomenclature of Units of Measurement

B-cun (bone proportional cun)	Gudu Fen Cun	骨度分寸/骨度分寸
F-cun (finger cun)	Shouzhi Tongshen Cun	手指同身寸/手指同身寸

Standard Measurements of Six Parts of the Body

- (1) from the upper border of the manubrium to the end of the body of the sternum = 9 B-cun
- (2) from the end of the body of the sternum to the umbilicus = 8 B-cun
- (3) from the Umbilicus to the upper border of the symphysis pubis = 5 B-cun
- (4) from the medial malleolus to the ground = 3 B-cun
- (5) from the great trochanter to the knee joint = 19 B-cun
- (6) from the knee joint to the prominence of lateral malleolus = 16 B-cun

Standard Nomenclature of the ‘Nine Classical Needles’

(1) Shear needle	Chan Zhen	鑱針/铍针
(2) Round-point needle	Yuan Zhen	圓針/圆针
(3) Spoon needle	Chi Zhen	鍤針/鍤针
(4) Lance needle	Feng Zhen	鋒針/锋针
(5) Stiletto needle	Pi Zhen	鉞針/铍针
(6) Round-sharp needle	Yuan Li Zhen	圓利針/圆利针

(7) Filiform needle	Hao Zhen	毫針/毫针
(8) Long needle	Chang Zhen	長針/长针
(9) Big needle	Da Zhen	大針/大针

Standard Nomenclature of Modern Needles

(1) Three-edged needle	San Leng Zhen	三稜針/三棱针
(2) Ring-headed thumbtack needle	Xian Zhen	鉤針/钩针
(3) Intradermal needle	Pi Nei Zhen	皮內針/皮内针
(4) Dermal needle/ Seven-Star/Plum Blossom needle	Pi Fu Zhen/ Qi Xing/Mei Hua Zhen	皮膚針/皮肤针/ 七星梅花針/七星梅花针

Standard Nomenclature of Meridians

The English language name of the 14 Meridians and their alphabetic codes:

1. Lung Meridian	LU
2. Large Intestine Meridian	LI
3. Stomach Meridian	ST
4. Spleen Meridian	SP
5. Heart Meridian	HT
6. Small Intestine Meridian	SI
7. Bladder Meridian	BL
8. Kidney Meridian	KI
9. Pericardium Meridian	PC
10. Triple Energizer Meridian	TE
11. Gallbladder Meridian	GB
12. Liver Meridian	LR
13. Governor Vessel Meridian	GV
14. Conception Vessel Meridian	CV

The nomenclature of the Eight Extra Meridians (Qi Jing Ba Mai):

Governor Vessel (GV)	Du Mai	督脈/督脉
Conception Vessel (CV)	Ren Mai	任脈/任脉
Flush Vessel (FV)	Chong Mai	衝脈/冲脉
Belt Vessel (BV)	Dai Mai	帶脈/带脉
Yin Heel Vessel (Yin HV)	Yin Qiao Mai	陰蹻脈/阴跷脉
Yang Heel Vessel (Yang HV)	Yang Qiao Mai	陽蹻脈/阳跷脉
Yin Link Vessel (Yin LV)	Yin Wei Mai	陰維脈/阴维脉
Yang Link Vessel (Yang LV)	Yang Wei Mai	陽維脈/阳维脉

Lung Meridian of Hand Greater-Yin, LU

Shoutaiyin Feijing Xue

手太陰肺經/手太阴肺经

LU 1	Zhongfu	中府/中府	LU 2	Yunmen	雲門/云门
LU 3	Tianfu	天府/天府	LU 4	Xiabai	俠白/侠白
LU 5	Chize	尺澤/尺泽	LU 6	Kongzui	孔最/孔最
LU 7	Lieque	列缺/列缺	LU 8	Jingqu	經渠/经渠
LU 9	Taiyuan	太淵/太渊	LU 10	Yuji	魚際/鱼际
LU 11	Shaoshang	少商/少商			

Large Intestine Meridian of Hand Bright-Yang, LI

Shouyangming Dachangjing Xue

手陽明大腸經/手阳明大肠经

LI 1	Shangyang	商陽/商阳	LI 2	Erjian	二間/二间
LI 3	Sanjian	三間/三间	LI 4	Hegu	合谷/合谷
LI 5	Yangxi	陽谿/阳溪	LI 6	Pianli	偏歷/偏历
LI 7	Wenliu	溫溜/温溜	LI 8	Xialian	下廉/下廉
LI 9	Shanglian	上廉/上廉	LI 10	Shousanli	手三里/手三里
LI 11	Quchi	曲池/曲池	LI 12	Zhouliao	肘髎/肘髎
LI 13	Shouwuli	手五里/手五里	LI 14	Binao	臂臑/臂臑
LI 15	Jianyu	肩髃/肩髃	LI 16	Jugu	巨骨/巨骨
LI 17	Tianding	天鼎/天鼎	LI 18	Futu	扶突/扶突
LI 19	Kouheliao	口禾髎/口禾髎	LI 20	Yingxiang	迎香/迎香

Stomach Meridian of Foot Bright-Yang, ST

Zuyangming Weijing Xue

足陽明胃經/足阳明胃经

ST 1	Chengqi	承泣/承泣	ST 2	Sibai	四白/四白
ST 3	Juliao	巨髎/巨髎	ST 4	Dicang	地倉/地仓
ST 5	Daying	大迎/大迎	ST 6	Jiache	頰車/颊车
ST 7	Xiaguan	下關/下关	ST 8	Touwei	頭維/头维
ST 9	Renying	人迎/人迎	ST 10	Shuitu	水突/水突
ST 11	Qishe	氣舍/气舍	ST 12	Quepen	缺盆/缺盆
ST 13	Qihu	氣戶/气户	ST 14	Kufang	庫房/库房
ST 15	Wuyi	屋翳/屋翳	ST 16	Yingchuang	膺窗/膺窗
ST 17	Ruzhong	乳中/乳中	ST 18	Rugen	乳根/乳根
ST 19	Burong	不容/不容	ST 20	Chengman	承滿/承满
ST 21	Liangmen	梁門/梁门	ST 22	Guanmen	關門/关门
ST 23	Taiyi	太乙/太乙	ST 24	Huaroumen	滑肉門/滑肉门
ST 25	Tianshu	天樞/天枢	ST 26	Wailing	外陵/外陵
ST 27	Daju	大巨/大巨	ST 28	Shuidao	水道/水道
ST 29	Guilai	歸來/归来	ST 30	Qichong	氣衝/气冲

ST 31	Biguan	髀關/髀关	ST 32	Futu	伏兔/伏兔
ST 33	Yinshi	陰市/阴市	ST 34	Liangqiu	梁丘/梁丘
ST 35	Dubi	犢鼻/犊鼻	ST 36	Zusanli	足三里/足三里
ST 37	Shangjuxu	上巨虛/上巨虚	ST 38	Tiaokou	條口/条口
ST 39	Xiajuxu	下巨虛/下巨虚	ST 40	Fenglong	豐隆/丰隆
ST 41	Jiexi	解谿/解溪	ST 42	Chongyang	衝陽/冲阳
ST 43	Xiangu	陷谷/陷谷	ST 44	Neiting	内庭/内庭
ST 45	Lidui	歷兌/历兑			

Spleen Meridian of Foot Greater-Yin, SP

Zutaiyin Pijing Xue

足太陰脾經/足太阴脾经

SP 1	Yinbai	隱白/隐白	SP 2	Dadu	大都/大都
SP 3	Taibai	太白/太白	SP 4	Gongsun	公孫/公孙
SP 5	Shangqiu	商丘/商丘	SP 6	Sanyinjiao	三陰交/三阴交
SP 7	Lougu	漏谷/漏谷	SP 8	Diji	地機/地机
SP 9	Yinlingquan	陰陵泉/阴陵泉	SP 10	Xuehai	血海/血海
SP 11	Jimen	箕門/箕门	SP 12	Chongmen	衝門/冲门
SP 13	Fushe	府舍/府舍	SP 14	Fujie	腹結/腹结
SP 15	Daheng	大橫/大横	SP 16	Fuai	腹哀/腹哀
SP 17	Shidou	食竇/食窦	SP 18	Tianxi	天谿/天溪
SP 19	Xiongyang	胸鄉/胸乡	SP 20	Zhourong	周榮/周荣
SP 21	Dabao	大包/大包			

Heart Meridian of Hand Lesser-Yin, HT

Shoushaoyin Xinjing Xue

手少陰心經/手少阴心经

HT 1	Jiquan	極泉/极泉	HT 2	Qingling	青靈/青灵
HT 3	Shaohai	少海/少海	HT 4	Lingdao	靈道/灵道
HT 5	Tongli	通里/通里	HT 6	Yinxi	陰郤/阴郤
HT 7	Shenmen	神門/神门	HT 8	Shaofu	少府/少府
HT 9	Shaochong	少衝/少冲			

Small Intestine Meridian of Hand Greater-Yang, SI

Shoutaiyang Xiaochangjing Xue

手太陽小腸經/手太阳小肠经

SI 1	Shaoze	少澤/少泽	SI 2	Qiangu	前谷/前谷
SI 3	Houxi	後谿/后溪	SI 4	Wangu	腕骨/腕骨
SI 5	Yanggu	陽谷/阳谷	SI 6	Yanglao	養老/养老
SI 7	Zhizheng	支正/支正	SI 8	Xiaohai	小海/小海
SI 9	Jianzhen	肩貞/肩贞	SI 10	Naoshu	臑俞/臑俞
SI 11	Tianzong	天宗/天宗	SI 12	Bingfeng	秉風/秉风
SI 13	Quyuan	曲垣/曲垣	SI 14	Jianwaishu	肩外俞/肩外俞
SI 15	Jianzhongshu	肩中俞/肩中俞	SI 16	Tianchuang	天窗/天窗

SI 17 Tianrong 天容/天容
SI 19 Tinggong 聽宮/听宫

SI 18 Quanliao 顙髎/颞髎

Bladder Meridian of Foot Greater-Yang, BL

Zutaiyang Panguangjing Xue

足太陽膀胱經/足太阳膀胱经

BL 1	Jingming	睛明/睛明	BL 2	Cuanzhu (Zanzhu)	攢竹/攒竹
BL 3	Meichong	眉衝/眉冲	BL 4	Qucha (Quchai)	曲差/曲差
BL 5	Wuchu	五處/五处	BL 6	Chengguang	承光/承光
BL 7	Tongtian	通天/通天	BL 8	Luoque	絡卻/络却
BL 9	Yuzhen	玉枕/玉枕	BL 10	Tianzhu	天柱/天柱
BL 11	Dazhu	大杼/大杼	BL 12	Fengmen	風門/风门
BL 13	Feishu	肺俞/肺俞	BL 14	Jueyinshu	厥陰俞/厥阴俞
BL 15	Xinshu	心俞/心俞	BL 16	Dushu	督俞/督俞
BL 17	Geshu	膈俞/膈俞	BL 18	Ganshu	肝俞/肝俞
BL 19	Danshu	膽俞/胆俞	BL 20	Pishu	脾俞/脾俞
BL 21	Weishu	胃俞/胃俞	BL 22	Sanjiaoshu	三焦俞/三焦俞
BL 23	Shenshu	腎俞/肾俞	BL 24	Qihuishu	氣海俞/气海俞
BL 25	Dachangshu	大腸俞/大肠俞	BL 26	Guanyuanshu	關元俞/关元俞
BL 27	Xiaochangshu	小腸俞/大肠俞	BL 28	Panguangshu	膀胱俞/膀胱俞
BL 29	Zhonglushu	中膂俞/中膂俞	BL 30	Baihuanshu	白環俞/白环俞
BL 31	Shangliao	上髎/上髎	BL 32	Ciliao	次髎/次髎
BL 33	Zhongliao	中髎/中髎	BL 34	Xialiao	下髎/下髎
BL 35	Huiyang	會陽/会阳	BL 36	Chengfu	承扶/承扶
BL 37	Yinmen	殷門/殷门	BL 38	Fuxi	浮郤/浮郤
BL 39	Weiyang	委陽/委阳	BL 40	Weizhong	委中/委中
BL 41	Fufen	附分/附分	BL 42	Pohu	魄戶/魄户
BL 43	Gaohuang	膏肓/膏肓	BL 44	Shentang	神堂/神堂
BL 45	Yixi	譙譙/譙譙	BL 46	Geguan	膈關/膈关
BL 47	Hunmen	魂門/魂门	BL 48	Yanggang	陽綱/阳纲
BL 49	Yishe	意舍/意舍	BL 50	Weicang	胃倉/胃仓
BL 51	Huangmen	肓門/肓门	BL 52	Zhishi	志室/志室
BL 53	Baohuang	胞肓/胞肓	BL 54	Zhibian	秩邊/秩边
BL 55	Heyang	合陽/合阳	BL 56	Chengjin	承筋/承筋
BL 57	Chengshan	承山/承山	BL 58	Feiyang	飛揚/飞扬
BL 59	Fuyang	跗陽/跗阳	BL 60	Kunlun	昆侖/昆仑
BL 61	Pucan(Pushen)	僕參/仆参	BL 62	Shenmai	申脈/申脉
BL 63	Jinmen	金門/金门	BL 64	Jinggu	京骨/京骨
BL 65	Shugu	束骨/束骨	BL 66	Zutonggu	足通谷/足通谷
BL 67	Zhiyin	至陰/至阴			

Kidney Meridian of Foot Lesser-Yin, KI

Zushaoyin Shenjing Xue

足少陰腎經/足少阴肾经

KI 1	Yongquan	湧泉/涌泉	KI 2	Rangu	然谷/然谷
KI 3	Taixi	太谿/太溪	KI 4	Dazhong	大鍾/大钟
KI 5	Shuiquan	水泉/水泉	KI 6	Zhaohai	照海/照海
KI 7	Fuliu	復溜/复溜	KI 8	Jiaoxin	交信/交信
KI 9	Zhubin	築賓/筑宾	KI 10	Yingu	陰谷/阴谷
KI 11	Henggu	橫骨/横骨	KI 12	Dahe	大赫/大赫
KI 13	Qixue	氣穴/气穴	KI 14	Siman	四滿/四满
KI 15	Zhongzhu	中注/中注	KI 16	Huangshu	肓俞/盲俞
KI 17	Shangqu	商曲/商曲	KI 18	Shiguan	石關/石关
KI 19	Yindu	陰都/阴都	KI 20	Futonggu	腹通谷/腹通谷
KI 21	Youmen	幽門/幽门	KI 22	Bulang	步廊/步廊
KI 23	Shenfeng	神封/神封	KI 24	Lingxu	靈墟/灵墟
KI 25	Shencang	神藏/神藏	KI 26	Yuzhong	臑中/臑中
KI 27	Shufu	俞府/俞府			

Pericardium Meridian of Hand Terminal-Yin, PC

Shoujueyin Xinbaojing Xue

手厥陰心包經/手厥阴心包经

PC 1	Tianchi	天池/天池	PC 2	Tianquan	天泉/天泉
PC 3	Quze	曲澤/曲泽	PC 4	Ximen	郄門/郄门
PC 5	Jianshi	間使/间使	PC 6	Neiguan	內關/内关
PC 7	Daling	大陵/大陵	PC 8	Laogong	勞宮/劳宫
PC 1	Tianchi	天池/天池	PC 2	Tianquan	天泉/天泉
PC 9	Zhongchong	中衝/中冲			

Triple Energizer Meridian of Hand Lesser-Yang, TE

Shoushaoyang Sanjiaojing Xue

手少陽三焦經/手少阳三焦经

TE 1	Guanchong	關衝/关冲	TE 2	Yemen	液門/液门
TE 3	Zhongzhu	中渚/中渚	TE 4	Yangchi	陽池/阳池
TE 5	Waiguan	外關/外关	TE 6	Zhigou	支溝/支沟
TE 7	Huizong	會宗/会宗	TE 8	Sanyangluo	三陽絡/三阳络
TE 9	Sidu	四瀆/四渎	TE 10	Tianjing	天井/天井
TE 11	Qinglengyuan	清冷淵/清冷渊	TE 12	Xiaoluo	消灤/消泆
TE 13	Naohui	臑會/臑会	TE 14	Jianliao	肩髃/肩髃
TE 15	Tianliao	天髃/天髃	TE 16	Tianyou	天牖/天牖
TE 17	Yifeng	翳風/翳风	TE 18	Chimai(Qimai)	瘻脈/瘻脉
TE 19	Luxi	顛息/颠息	TE 20	Jiaosun	角孫/角孙
TE 21	Ermen	耳門/耳门	TE 22	Erheliao	耳和髃/耳和髃

Gallbladder Meridian of Foot Lesser-Yang, GB

Zushaoyang Danjing Xue

足少陽膽經/足少阳胆经

GB 1	Tongziliao	瞳子髎/瞳子髎	GB 2	Tinghui	聽會/听会
GB 3	Shangguan	上關/上关	GB 4	Hanyan	頷厭/颌厌
GB 5	Xuanlu	懸顛/悬颅	GB 6	Xuanli	懸釐/悬厘
GB 7	Qubin	曲髻/曲髻	GB 8	Shuaigu	率谷/率谷
GB 9	Tianchong	天衝/天冲	GB 10	Fubai	浮白/浮白
GB 11	Touqiaoyin	頭竅陰/头窍阴	GB 12	Wangu	完骨/完骨
GB 13	Benshen	本神/本神	GB 14	Yangbai	陽白/阳白
GB 15	Toulinqi	頭臨泣/头临泣	GB 16	Muchuang	目窗/目窗
GB 17	Zhengying	正營/正营	GB 18	Chengling	承靈/承灵
GB 19	Naokong	腦空/脑空	GB 20	Fengchi	風池/风池
GB 21	Jianjing	肩井/肩井	GB 22	Yuanye	淵腋/渊腋
GB 23	Zhejin	輒筋/辄筋	GB 24	Riyue	日月/日月
GB 25	Jingmen	京門/京门	GB 26	Daimai	帶脈/带脉
GB 27	Wushu	五樞/五枢	GB 28	Weidao	維道/维道
GB 29	Juliao	居髎/居髎	GB 30	Huantiao	環跳/环跳
GB 31	Fengshi	風市/风市	GB 32	Zhongdu	中瀆/中渎
GB 33	Xiyangguan	膝陽關/膝阳关	GB 34	Yanglingquan	陽陵泉/阳陵泉
GB 35	Yangjiao	陽交/阳交	GB 36	Waiqiu	外丘/外丘
GB 37	Guangming	光明/光明	GB 38	Yangfu	陽輔/阳辅
GB 39	Xuanzhong	懸鐘/悬钟	GB 40	Qiuxu	丘墟/丘墟
GB 41	Zulinqi	足臨泣/足临泣	GB 42	Diwuhui	地五會/地五会
GB 43	Xiaxi	俠谿/侠溪	GB 44	Zuqiaoyin	足竅陰/足窍阴

Liver Meridian of Foot Terminal-Yin, LR

Zujueyin Ganjing Xue

足厥陰肝經/足厥阴肝经

LR 1	Dadun	大敦/大敦	LR 2	Xingjian	行間/行间
LR 3	Taichong	太衝/太冲	LR 4	Zhongfeng	中封/中封
LR 5	Ligou	蠡溝/蠡沟	LR 6	Zhongdu	中都/中都
LR 7	Xiguan	膝關/膝关	LR 8	Ququan	曲泉/曲泉
LR 9	Yinbao	陰包/阴包	LR 10	Zuwuli	足五里/足五里
LR 11	Yinlian	陰廉/阴廉	LR 12	Jimai	急脈/急脉
LR 13	Zhangmen	章門/章门	LR 14	Qimen	期門/期门

Governor Vessel / Meridian, GV

Dumai Xue

督脈/督脉

GV 1	Changqiang	長強/长强	GV 2	Yaoshu	腰俞/腰俞
GV 3	Yaoyangguan	腰陽關/腰阳关	GV 4	Mingmen	命門/命门
GV 5	Xuanshu	懸樞/悬枢	GV 6	Jizhong	脊中/脊中
GV 7	Zhongshu	中樞/中枢	GV 8	Jinsuo	筋縮/筋缩
GV 9	Zhiyang	至陽/至阳	GV 10	Lingtai	靈台/灵台
GV 11	Shendao	神道/神道	GV 12	Shenzhu	身柱/身柱
GV 13	Taodao	陶道/陶道	GV 14	Dazhui	大椎/大椎
GV 15	Yamen	瘖門/哑门	GV 16	Fengfu	風府/风府
GV 17	Naohu	腦戶/脑户	GV 18	Qiangjian	強間/强间
GV 19	Houding	後頂/后顶	GV 20	Baihui	百會/百会
GV 21	Qianding	前頂/前顶	GV 22	Xinhui	顛會/凶会
GV 23	Shangxing	上星/上星	GV 24	Shenting	神庭/神庭
GV 25	Suliao	素髖/素髖	GV 26	Shuigou	水溝/水沟
GV 27	Duiduan	兌端/兑端	GV 28	Yinjiao	巔交/颠交

Conception Vessel / Meridian, CV

Renmai Xue

任脈/任脉

CV 1	Huiyin	會陰/会阴	CV 2	Qugu	曲骨/曲骨
CV 3	Zhongji	中極/中极	CV 4	Guanyuan	關元/关元
CV 5	Shimen	石門/石门	CV 6	Qihai	氣海/气海
CV 7	Yinjiao	陰交/阴交	CV 8	Shenque	神闕/神阙
CV 9	Shuifen	水分/水分	CV 10	Xiawan	下脘/下脘
CV 11	Jianli	建里/建里	CV 12	Zhongwan	中脘/中脘
CV 13	Shangwan	上脘/上脘	CV 14	Juque	巨闕/巨阙
CV 15	Jiuwei	鳩尾/鸠尾	CV 16	Zhongting	中庭/中庭
CV 17	Danzhong	膻中/膻中	CV 18	Yutang	玉堂/玉堂
CV 19	Zigong	紫宮/紫宫	CV 20	Huagai	華蓋/华盖
CV 21	Xuanji	璇璣/璇玑	CV 22	Tiantu	天突/天突
CV 23	Lianquan	廉泉/廉泉	CV 24	Chengjiang	承漿/承浆

Standard nomenclature of scalp acupuncture

MS 1	Middle Line of Forehead	Ezhongxian	額中線/额中线
MS 2	Lateral Line 1 of Forehead	Epangxian I	額旁 1 線/额旁 1 线
MS 3	Lateral Line 2 of Forehead	Epangxian II	額旁 2 線/额旁 2 线
MS 4	Lateral Line 3 of Forehead	Epangxian III	額旁 3 線/额旁 3 线
MS 5	Middle Line of Vertex	Dingzhongxian	頂中線/顶中线
MS 6	Anterior Oblique Line of Vertex-Temporal	Dingnie Qianxiexian	頂顛前斜線/顶颞前斜线

MS 7	Posterior Oblique Line of Vertex-Temporal	Dingnie Houxiexian	頂顛後斜線/顶颠后斜线
MS 8	Lateral Line 1 of Vertex	Dingpangxian I	頂旁 1 線/顶旁 1 线
MS 9	Lateral Line 2 of Vertex	Dingpangxian II	頂旁 2 線/顶旁 2 线
MS 10	Anterior Temporal Line	Nieqianxian	顛前線/ 颠前线
MS 11	Posterior Temporal Line	Niehouxian	顛後線/颠后线
MS 12	Upper-Middle Line of Occiput	Zhenshang Zhengzhongxian	枕上正中線/枕上正中线
MS 13	Upper-Lateral Line of Occiput	Zhenshang Pangxian	枕上旁線/枕上旁线
MS 14	Lower-Lateral Line of Occiput	Zhenxia Pangxian	枕下旁線/枕下旁线

THE EXTRA POINTS / EXTRAORDINARY POINTS

(Jing Wai Qi Xue)

M-HN-1	Sishencong	四神聰/四神聪
M-HN-3	Yintang	印堂/印堂
M-HN-4	Shangming	上明/上明
M-HN-6	Yuyao	魚腰/鱼腰
M-HN-8	Qiuhou	球後/球后
M-HN-9	Taiyang	太陽/太阳
M-HN-10	Erjian	耳尖/耳尖
M-HN-13	Yiming	翳明/翳明
M-HN-14	Bitong	鼻通/鼻通
M-HN-18	Jinchengjiang	夾承漿/夹承浆
M-HN-20	Yuye, Jinjin	金津玉液/金津玉液
M-HN-30	Bailao	百勞/百劳
N-HN-19	Jingbi	頸臂/颈臂
N-HN-20	Qianzheng	牽正/牵正
N-HN-54	Anmian	安眠/安眠
M-CA-4	Tituo	提托/提托
M-CA-23	Sanjiaojiu	三角灸/三角灸
M-CA-18	Zigong	子宮/子宫
M-BW-1	Dingchuan	定喘/定喘
M-BW-3	Jiehexue	結核穴/结核穴
M-BW-6	Huanmen	患門/患门
M-BW-12	Weiguanxiashu, Bashu	胃管(腕)下俞, 胰俞/胃管(腕)下俞, 胰俞

M-BW-16	Pigen	痞根/痞根
M-BW-24	Yaoyan	腰眼/腰眼
M-BW-25	Shiqizhuixia	十七椎下/十七椎下
M-BW-34	Huanzhong	環中/环中
M-BW-35	Jiaji, Huatoujiaji	夾脊/夹脊，華佗夾脊/华佗夹脊
M-UE-1	Shixuan	十宣/十宣
M-UE-9	Sifeng	四縫/四缝
M-UE-16	Zhongkui	中魁/中魁
M-UE-19	Yaotongxue	腰痛穴/腰痛穴
M-UE-22	Baxie	八邪/八邪
M-UE-24	Luozhen	落枕/落枕
M-UE-29	Erbai	二白/二白
M-UE-30	Bizhong	臂中/臂中
M-UE-33	Zhongquan	中泉/中泉
M-UE-37	Haiquan	海泉/海泉
M-UE-46	Zhoujian	肘尖/肘尖
M-UE-48	Jianqian, Jianneiling	肩前/肩前，肩內陵/肩内陵
M-LE-1	Lineiting	里內庭/里内庭
M-LE-8	Bafeng	八風/八风
M-LE-11	Duyin	獨陰/独阴
M-LE-13	Lanweixue	闌尾穴/阑尾穴
M-LE-16	Xiyan	膝眼/膝眼
M-LE-23	Dannangxue	膽囊穴/胆囊穴
M-LE-27	Heding	鶴頂/鹤顶
M-LE-34	Baichongwo	百蟲窩/百虫窝

Appendix F: Terminology Related to Tongue Diagnosis

Standard Terminology used for the Examination

考題使用中醫專業術語英漢對照表

Terminology related to Tongue diagnosis

中醫舌診專用術語

Tongue Body	Used in the Exam	She Zhi & She Ti	舌質與舌體
Spirit	spirited/flourishing	You Shen/Rong	有神/榮
	spiritless/ashen	Wu Shen/Ku	无神/枯
Colour	light red	Dan Hong	淡紅
	pale	Dan	淡
	red	Hong	紅
	dark red/crimson	Jiang	絳青
	blue-purple	Qing-Zi	紫老
Shape	rough	Lao	嫩胖
	tender	Nen	大瘦
	enlarged	Pang Da	薄点
	thin	Shou Bo	刺裂
	spotted	Dian	纹齿
	prickly	Ci	印痿
	cracked	Lie Wen	软强
	teeth-marked	Chi Yin	硬歪
Motility	flaccid/loose	Wei Ruan	斜颤
	stiff	Qiang Ying	动吐
	deviated	Wai Xie	弄
	trembling/quivering	Chan Dong	
	protruding and waggling	Tu Nong	短缩
	short and shrunken	Duan Suo	舌下络脉
Sublingual Veins	sublingual veins	She Xia Luo Mai	
Tongue Coating	Used in the Exam	She Tai	舌苔
Colour	white	Bai	白
	yellow	Huang	黄
	gray-black	Hui-Hei	灰黑
Texture	thick	Hou	厚薄
	thin	Bo	潤湿
	moist	Run	滑燥
	wet/watery	Shi	糙
	slippery	Hua	
	dry	Zao	
	rough	Cao	

greasy	Ni	膩
curdy	Fu	腐
peeled	Bo	剝
patchy- peeled/ geographic	Hua Bo / Ditu She	花剝/地圖舌
mirror-like	Guang Bo/Jingmian She	光剝/鏡面舌
true	Zhen	真
false	Jia	假
completed/full	Quan	全
partial/half	Pian	偏
waning	Hou Bian Bo	厚变薄
waxing	Bo Bian Hou	薄变厚

Appendix G: Terminology Related to Pulse Diagnosis

Mai Xiang	脈象	<i>Pulses</i>			
		To be used in exam	Nigel Wiseman	Maciocia	Bob Flaw
Fu	浮	Floating	Floating	Floating	Floating
Chen	沉	Deep	Deep	Deep	Deep
Chi	遲	Slow	Slow	Slow	Slow
Shuo	數	Rapid	Rapid	Rapid	Rapid
Xu	虛	Deficient	Vacuous	Empty	Vacuous
Shi	實	Excessive	Replete	Full	Replete
Hua	滑	Slippery	Slippery	Slippery	Slippery
Se	澀	Choppy	Rough	Choppy	Choppy
Xuan	弦	Wiry	String-like	Wiry	Bowstring
Ru	濡	Soggy	Soggy	Weak-floating	Soggy
Hong	洪	Full	Surging	Full	Surging
Wei	微	Feeble	Faint	Minute	Faint
Xi	細	Thready	Fine	Fine/Thin	Fine
Ruo	弱	Weak	Weak	Weak	Weak
Da	大	Large	Large	Overflowing / Big	---
San	散	Scattered	Scattered	Scattered	Scattered
Jin	緊	Tight	Tight	Tight	Tight
Kou	芤	Hollow	Scallion-stalk		Scallion-stalk
Ge	革	Drum-skin	Drum-skin	Leather	Drum-skin
Lao	牢	Firm	Confined	Firm	Confined
Ji	疾	Racing	Racing	Hurried	Racing
Dong	動	Moving	Stirred	Moving	Stirring
Fu	伏	Hidden	Hidden	Hidden	Hidden
Huan	緩	Moderate	Moderate	Slowed-down	Relaxed
Cu	促	Skipping	Skipping	Hasty	Skipping
Jie	結	Knotted	Bound	Knotted	Bound
Dai	代	Intermittent	Regular interrupted	Intermittent	Regular interrupted
Chang	長	Long	Long	Long	---
Duan	短	Short	Short	Short	Short
You Li	有力	Forceful	Forceful		
Wu Li	無力	Forceless	Forceless		

Appendix H: Index of Materia Medica

(Pin-yin, Chinese and Botanical name)

(含漢語拼音名、中文名及植物學名)

(listed by the alphabetical order of pin-yin name)

(依照漢語拼音的英文字母排序)

A		
Ai Ye	艾葉	<i>Folium Artemisiae Argyi</i>
B		
Ba Ji Tian	巴戟天	<i>Radix Morindae Officinalis</i>
Bai Bian Dou	白扁豆	<i>Semen Dolichoris Album</i>
Bai Bu	百部	<i>Radix Stemonae</i>
Bai Dou Kou	白豆蔻	<i>Fructus Amomi Rotundus</i>
Bai Fu Zi	白附子	<i>Rhizoma Typhonii</i>
Bai Guo	白果	<i>Semen Ginkgo</i>
Bai He	百合	<i>Bulbus Lilli</i>
Bai Hua She She Cao	白花蛇舌草	<i>Herba Hedyotis Diffusae</i>
Bai Ji	白及	<i>Rhizoma Bletillae</i>
Bai Ji Li/Ci Ji Li	白蒺藜/刺蒺藜	<i>Fructus Tribuli</i>
Bai Jiang Cao	敗醬草	<i>Herba Patriniae</i>
Bai Jie Zi	白芥子	<i>Semen Sinapis Albae</i>
Bai Mao Gen	白茅根	<i>Rhizoma Imperatae</i>
Bai Qian	白前	<i>Rhizoma Cynanchi Stauntonii</i>
Bai Shao	白芍	<i>Radix Paeoniae Alba</i>
Bai Tou Weng	白頭翁	<i>Radix Pulsatillae</i>
Bai Wei	白薇	<i>Radix Cynanchi Atrati</i>
Bai Xian Pi	白鮮皮	<i>Cortex Dictamni Radicis</i>
Bai Zhi	白芷	<i>Radix Angelicae Dahuricae</i>
Bai Zhu	白朮	<i>Rhizoma Atractylodis Macrocephalae</i>
Ban Bian Lian	半邊蓮	<i>Herbs Lobeliae Chinesis</i>
Ban Lan Gen	板藍根	<i>Radix Isatidis</i>
Ban Mao	斑蝥	<i>Mylabris</i>
Ban Xia	半夏	<i>Rhizoma Pinelliae</i>
Bei Sha Shen	沙參	<i>Radix Glehniae</i>
Bi Xie	萆薢	<i>Rhizoma Dioscoreae Hypoglaucae</i>
Bian Xu	萹蓄	<i>Herba Polygoni Avicularis</i>

Bie Jia	鳖甲	<i>Carapax Trionycis</i>
Bing Lang	檳榔	<i>Semen Arecae</i>
Bing Pian	冰片	<i>Borneolum Syntheticum</i>
Bo He	薄荷	<i>Herba Menthae</i>
Bo/Bai Zi Ren	柏子仁	<i>Semen Platycladi</i>
Bu Gu Zhi	補骨脂	<i>Fructus Psoraleae</i>

C

Can Sha	蠶砂	<i>Faeces Bombycis</i>
Cang Er Zi	蒼耳子	<i>Fructus Xanthii</i>
Cang Zhu	蒼朮	<i>Rhizoma Atractylodis</i>
Cao Dou Kou	草豆蔻	<i>Semen Alpiniae Katsumadai</i>
Cao Guo	草果	<i>Fructus Tsaoko</i>
Ce Bai Ye	側柏葉	<i>Cacumen Platycladi</i>
Chai Hu	柴胡	<i>Radix Bupleuri</i>
Chan Tui	蟬蛻	<i>Periostracum Cicadae</i>
Che Qian Zi	車前子	<i>Semen Plantaginis</i>
Chen Pi/Ju Pi	陳皮/橘皮	<i>Pericarpium Citri Reticulatae</i>
Chen Xiang	沉香	<i>Lignum Aquilariae Resinatum</i>
Chi Shao Yao	赤芍藥	<i>Radix Paeoniae Rubra</i>
Chi Shi Zhi	赤石脂	<i>Halloysitum Rubrum</i>
Chi Xiao Dou	赤小豆	<i>Semen Phaseoli</i>
Chuan Bei Mu	川貝母	<i>Bulbus Fritillariae Cirrhosae</i>
Chuan Lian Zi	川楝子	<i>Fructus Meliae Toosendan</i>
Chuan Xiong	川芎	<i>Rhizoma Ligustici Chuanxiong</i>
Ci Shi	磁石	<i>Magnetitum</i>

D

Da Fu Pi	大腹皮	<i>Pericarpium Arecae</i>
Da Huang	大黃	<i>Radix et Rhizoma Rhei</i>
Da Ji	大戟	<i>Radix Euphorbiae Pekinensis</i>
Da Ji	大薊	<i>Radix Cirsii Japonici</i>
Da Qing Ye	大青葉	<i>Folium Isatidis</i>
Da Zao	大棗	<i>Fructus Ziziphi Jujibae</i>
Dai Zhe Shi	代赭石	<i>Haematitum</i>
Dan Dou Shi/Chi	淡豆豉	<i>Semen Sojae Praeparatum</i>
Dan Shen	丹參	<i>Radix Salviae Miltiorrhizae</i>
Dan Zhu Ye	淡竹葉	<i>Herba Lophatheri</i>
Dang Gui	當歸	<i>Radix Angelicae Sinensis</i>
Dang Shen	黨參	<i>Radix Condonopsis Pilosulae</i>

Di Bie Chong	地鳖蟲	<i>Eupolyphaga</i>
Di Fu Zi	地膚子	<i>Fructus Kochiae</i>
Di Gu Pi	地骨皮	<i>Cortex Lycii Radicis</i>
Di Long	地龍	<i>Lumbricus</i>
Di Yu	地榆	<i>Radix Sanguisorbae</i>
Ding Xiang	丁香	<i>Flos Caryophylli</i>
Dong Chong Xia Cao	冬蟲夏草	<i>Cordyceps</i>
Dong Gua Pi	冬瓜皮	<i>Exocarpium Benincasae</i>
Dong Kui Zi	冬葵子	<i>Semen Malvae</i>
Du Huo	獨活	<i>Radix Angelicae Pubescentis</i>
Du Zhong	杜仲	<i>Cortex Eucommiae</i>

E

E Jiao	阿膠	<i>Colla Corii Asini</i>
E Zhu	莪朮	<i>Rhizoma Zedoariae</i>

F

Fan Xie Ye	番瀉葉	<i>Folium Sennae</i>
Fang Feng	防風	<i>Radix Ledebouriiellae</i>
Fen Fang Ji	粉防己	<i>Radix Stephaniae Tetrandrae</i>
Feng Mi	蜂蜜	<i>Mel</i>
Fo Shou	佛手	<i>Fructus Citri Sarcodactylis</i>
Fu Hai Shi	海浮石	<i>Pumex</i>
Fu Ling	茯苓	<i>Poria</i>
Fu Pen Zi	覆盆子	<i>Fructus Rubi</i>
Fu Xiao Mai	浮小麥	<i>Semen Triticum Aestivum Levis</i>
Fu Zi	附子	<i>Radix Aconiti Lateralis Praeparata</i>

G

Gan Cao	甘草	<i>Radix Glycyrrhizae</i>
Gan Jiang	乾薑	<i>Rhizoma Zingiberis</i>
Gan Sui	甘遂	<i>Radix Euphorbiae Kansui</i>
Gao Ben	藁本	<i>Rhizoma Ligustici</i>
Gao Liang Jiang	高良薑	<i>Rhizoma Alpiniae Officinarum</i>
Ge Gen	葛根	<i>Radix Puerariae</i>
Ge Jie	蛤蚧	<i>Gecko</i>
Gou Ji	狗脊	<i>Rhizoma Cibotii</i>
Gou Qi Zi	枸杞子	<i>Fructus Lycii</i>
Gou Teng	鉤藤	<i>Ramulus Uncariae cum Uncis</i>
Gu Sui Bu	骨碎補	<i>Rhizoma Drynariae</i>

Gu Ya	谷芽	<i>Fructus Setariae Germinatus</i>
Gua Lou	瓜蒌	<i>Fructus Trichosanthes</i>
Guang Fang Ji	廣防己	<i>Radix Aristolochiae Fangchi</i>
Gui Ban	龜板	<i>Plastrum Testudinis</i>
Gui Zhi	桂枝	<i>Ramulus Cinnamomi</i>

H

Hai Er Cha	孩兒茶	<i>Acacia Catechu</i>
Hai Ge Ke	海蛤殼	<i>Concha Cyclinae</i>
Hai Jin Sha	海金沙	<i>Spora Lygodii</i>
Hai Zao	海藻	<i>Sargassum</i>
Han Lian Cao	旱蓮草	<i>Herba Ecliptae</i>
He Huan Pi	合歡皮	<i>Cortex Albiziae</i>
He Shou Wu	何首烏	<i>Radix Polygoni Multiflori</i>
He Zi	訶子	<i>Fructus Chebulae</i>
Hei Zhi Ma	黑芝麻	<i>Semen Sesami Nigrum</i>
Hong Hua	紅花	<i>Flos Carthami</i>
Hong Teng	紅藤	<i>Caulis Sargentodoxae</i>
Hou Po	厚朴	<i>Cortex Magnoliae Officinalis</i>
Hu Huang Lian	胡黃連	<i>Rhizoma Picrorhizae</i>
Hu Jiao	胡椒	<i>Fructus Piperis Nigri</i>
Hu Po	琥珀	<i>Succinum</i>
Hu Tao Ren	胡桃肉	<i>Semen Juglandis</i>
Hu Zhang	虎杖	<i>Rizoma Polygoni Cuspidati</i>
Hua Jiao	花椒	<i>Pericarpium Zanthoxyli</i>
Hua Shi	滑石	<i>Talcum</i>
Huai Hua	槐花	<i>Flos Sophorae</i>
Huang Bai/Bo	黃柏	<i>Cortex Phellodendri</i>
Huang Jing	黃精	<i>Rhizoma Polygonati</i>
Huang Lian	黃連	<i>Rhizoma Coptidis</i>
Huang Qi	黃耆	<i>Radix Astragali</i>
Huang Qin	黃芩	<i>Radix Scutellariae</i>
Huang Yao Zi	黃藥子	<i>Herba Dioscoreae Bulbiferae</i>
Huo Ma Ren	火麻仁	<i>Fructus Cannabis</i>
Huo Xiang	藿香	<i>Herba Pogostemonis</i>

J

Ji Nei Jin	雞內金	<i>Endothelium Corneum Gigeriae Galli</i>
Ji Xue Teng	雞血藤	<i>Caulis Spatholobi</i>
Jiang Can	僵蠶	<i>Bombyx Batryticatus</i>

Jiang Huang	薑黃	<i>Rhizoma Curcumae Longae</i>
Jiang Xiang	降香	<i>Lignum Dalbergiae Odoriferae</i>
Jie Geng	桔梗	<i>Radix Platycodi</i>
Jin Qian Cao	金錢草	<i>Herba Lysimachiae</i>
Jin Yin Hua	金銀花	<i>Flos Lonicerae</i>
Jin Ying Zi	金櫻子	<i>Fructus Rosae Laevigatae</i>
Jing Jie	荊芥	<i>Herba Schizonepetae</i>
Ju Hua	菊花	<i>Flos Chrysanthemi</i>
Ju He	橘核	<i>Semen Citri Reticulatae</i>
Ju Pi/Chen Pi	橘皮/陳皮	<i>Pericarpium Citri Reticulatae</i>
Jue Ming Zi	決明子	<i>Semen Cassiae</i>

K

Ku Lian Pi	苦楝皮	<i>Cortex Meliae</i>
Ku Shen Gen	苦參根	<i>Radix Sophorae Flavescentis</i>
Kuan Dong Hua	款冬花	<i>Flos Farfarae</i>
Kun Bu	昆布	<i>Thallus Laminariae Eckloniae</i>

L

Lai Fu Zi	萊菔子	<i>Semen Raphani</i>
Lei Gong Teng	雷公藤	<i>Radix Tripterygii Wilfordii</i>
Li Zhi He	荔枝核	<i>Semen Litchi</i>
Lian Qiao	連翹	<i>Fructus Forsythiae</i>
Lian Zi	蓮子	<i>Semen Nelumbinis</i>
Liu Huang	硫黃	<i>Sulfur</i>
Liu Ji Nu	劉寄奴	<i>Herba Artemisiae Anomalaе</i>
Long Dan Cao	龍膽草	<i>Radix Gentianae</i>
Long Gu	龍骨	<i>Os Draconis</i>
Long Yan Rou	龍眼肉	<i>Arillus Longan</i>
Lu Feng Fang	露蜂房	<i>Nidus Vespae</i>
Lu Gan Shi	爐甘石	<i>Galamina</i>
Lu Gen	蘆根	<i>Rhizoma Phargmitis</i>
Lu Hui	蘆薈	<i>Aloe</i>
Lu Rong	鹿茸	<i>Cornu Cervi Pantotrichum</i>

M

Ma Dou Ling	馬兜鈴	<i>Fructus Aristolochiae</i>
Ma Huang	麻黃	<i>Herba Ephedrae</i>
Ma Huang Gen	麻黃根	<i>Radix Ephedrae</i>
Ma Qian Zi	馬錢子	<i>Semen Strychni</i>

Mai Men Dong	麥門冬	<i>Radix Ophiopogonis</i>
Mai Ya	麥芽	<i>Fructus Hordei Germinatus</i>
Man Jing Zi	蔓荊子	<i>Fructus Viticis</i>
Meng Chong	虻蟲	<i>Tabanus</i>
Mang Xiao	芒硝	<i>Natrii Sulfas</i>
Ming Fan	明礬	<i>Alumen</i>
Mo Yao	沒藥	<i>Myrrha</i>
Mu Dan Pi	牡丹皮	<i>Cortex Moutan Radicis</i>
Mu Gua	木瓜	<i>Fructus Chaenomelis</i>
Mu Li	牡蠣	<i>Concha Ostreae</i>
Mu Tong	木通	<i>Caulis Clematidis Armandii</i>
Mu Xiang	木香	<i>Radix Aucklandiae</i>
<hr/>		
N		
Nan Gua Zi	南瓜子	<i>Semen Cucurbitae</i>
Niu Bang Zi	牛蒡子	<i>Fructus Arctii</i>
Niu Huang	牛黃	<i>Calculus Bovis</i>
Niu Xi	牛膝	<i>Radix Achyranthis Bidentatae</i>
Nu Zhen Zi	女貞子	<i>Fructus Ligustri Lucidi</i>
<hr/>		
O		
Ou Jie	藕節	<i>Nodus Nelumbinis Rhizomatis</i>
<hr/>		
P		
Pao Jiang	炮姜	<i>Rhizoma Zingiberis Praeparatum</i>
Pei Lan	佩蘭	<i>Herba Eupatorii</i>
Pi Pa Ye	枇杷葉	<i>Folium Eruobotryae</i>
Pu Gong Ying	蒲公英	<i>Herba Taraxaci</i>
Pu Huang	蒲黃	<i>Pollen Typhae</i>
<hr/>		
Q		
Qian Cao	茜草	<i>Radix Rubiae</i>
Qian Hu	前胡	<i>Radix Peucedani</i>
Qian Shi	芡實	<i>Semen Euryales</i>
Qiang Huo	羌活	<i>Rhizoma seu Radix Notopterygii</i>
Qin Jiao	秦艽	<i>Radix Gentianae Macrophyllae</i>
Qin Pi	秦皮	<i>Cortex Fraxini</i>
Qing Dai	青黛	<i>Indigo Naturalis</i>
Qing Hao	青蒿	<i>Herba Artemisiae Annuae</i>
Qing Pi	青皮	<i>Pericarpium Citri Reticulatae Viride</i>

Qu Mai	瞿麥	<i>Herba Dianthi</i>
Quan Xie	全蠍	<i>Scorpio</i>
<hr/>		
R		
Ren Shen	人參	<i>Radix Ginseng</i>
Rou Cong Rong	肉蓯蓉	<i>Herba Cistanches</i>
Rou Dou Kou	肉豆蔻	<i>Semen Myristicae</i>
Rou Gui	肉桂	<i>Cortex Cinnamomi</i>
Ru Xiang	乳香	<i>Olibanum</i>
<hr/>		
S		
San Leng	三棱	<i>Rhizoma Sparganii</i>
San Qi	三七	<i>Radix Notoginseng</i>
Sang Bai Pi	桑白皮	<i>Cortex Mori</i>
Sang Ji Sheng	桑寄生	<i>Ramulus Taxilli</i>
Sang Piao Xiao	桑螵蛸	<i>Ootheca Mantidis</i>
Sang Shen Zi	桑椹子	<i>Fructus Mori</i>
Sang Ye	桑葉	<i>Folium Mori</i>
Sang Zhi	桑枝	<i>Ramulus Mori</i>
Sha Ren	砂仁	<i>Fructus Amomi</i>
Sha Yuan Zi/Tong Ji Li	沙苑子/潼蒺藜	<i>Semen Astragali Complanati</i>
Shan Dou Gen	山豆根	<i>Radix Et Rhizoma Sophorae Tokinenis</i>
Shan Yao	山藥	<i>Rhizoma Dioscoreae</i>
Shan Zha	山楂	<i>Fructus Crataegi</i>
Shan Zhu Yu	山茱萸	<i>Fructus Corni</i>
She Chuang Zi	蛇床子	<i>Fructus Cnidii</i>
She Gan / Ye Gan	射干	<i>Rhizoma Belamcandae</i>
Shen Qu	神麩	<i>Massa Medicara Fermentata</i>
Sheng Di Huang	生地黃	<i>Radix Rehmanniae</i>
Sheng Jiang	生薑	<i>Rhizoma Zingiberis Recens</i>
Sheng Ma	升麻	<i>Rhizoma Cimicifugae</i>
Shi Chang Pu	石菖蒲	<i>Rhizoma Acori</i>
Shi Di	柿蒂	<i>Calyx Kaki</i>
Shi Gao	石膏	<i>Gypsum Fibrosum</i>
Shi Hu	石斛	<i>Herba Dendrobii</i>
Shi Jue Ming	石決明	<i>Concha Haliotidis</i>
Shi Jun Zi	使君子	<i>Fructus Quisqualis</i>
Shi Liu Pi	石榴皮	<i>Pericarpium Granati</i>
Shi Wei	石葦	<i>Folium Pyrrosiae</i>
Shu Di Huang	熟地黃	<i>Radix Rehmanniae Praeparata</i>
Shui Niu Jiao	水牛角	<i>Cornu Bubali</i>

Shui Zhi	水蛭	<i>Hirudo</i>
Si Gua Luo	絲瓜絡	<i>Retinervus Luffae Fructus</i>
Su Mu	蘇木	<i>Ligum Sappan</i>
Su Zi	蘇子	<i>Fructus Perillae</i>
Suan Zao Ren	酸棗仁	<i>Semen Ziziphi Spinosae</i>
Suo Yang	鎖陽	<i>Herba Cynomorii</i>

T

Tai Zi Shen	太子參	<i>Radix Pseudostellariae</i>
Tan Xiang	檀香	<i>Lignum Santali Albi</i>
Tao Ren	桃仁	<i>Semen Persicae</i>
Tian Hua Fen	天花粉	<i>Radix Trichosanthis</i>
Tian Ma	天麻	<i>Rhizoma Gastrodiae</i>
Tian Men Dong	天門冬	<i>Radix Asparagi</i>
Tian Nan Xing	天南星	<i>Rhizoma Arisaematis</i>
Ting Li Zi	葶藶子	<i>Semen Descurainiae seu Lepidii</i>
Tong Cao	通草	<i>Medulla Tetrapanacis</i>
Tu Fu Ling	土茯苓	<i>Rhizoma Smilacis Glabrae</i>
Tu Si Zi	菟絲子	<i>Semen Cuscutae</i>

W

Wa Leng Zi	瓦楞子	<i>Concha Arcae</i>
Wang Bu Liu Xing	王不留行	<i>Semen Vaccariae</i>
Wei Jiang	煨姜	<i>Roasted Rhizoma Zingiberis</i>
Wei Ling Xian	威靈仙	<i>Radix Clematidis</i>
Wu Bei Zi	五倍子	<i>Galla Chinensis</i>
Wu Gong	蜈蚣	<i>Scolopendra</i>
Wu Jia Pi	五加皮	<i>Cortex Acanthopanax Radicis</i>
Wu Ling Zhi	五靈脂	<i>Faeces Trogopteroni</i>
Wu Mei	烏梅	<i>Fructus Mume</i>
Wu Tou	烏頭	<i>Radix Aconiti Praeparata</i>
Wu Wei Zi	五味子	<i>Fructus Schisandrae Chinensis</i>
Wu Yao	烏藥	<i>Radix Linderae</i>
Wu Zei Gu/Hai Piao Xiao	烏賊骨/海螵蛸	<i>Endoconcha Sepiae</i>
Wu Zhu Yu	吳茱萸	<i>Fructus Evodiae</i>

X

Xi Xian Cao	稀莨草	<i>Herba Siegesbeckiae</i>
Xi Xin	細辛	<i>Herba Asari</i>
Xi Yang Shen	西洋參	<i>Radix Panacis Quinquefolii</i>

Xia Ku Cao	夏枯草	<i>Spica Prunellae</i>
Xian He Cao	仙鶴草	<i>Herba Agrimoniae</i>
Xian Mao	仙茅	<i>Rhizoma Curculiginis</i>
Xiang Fu	香附	<i>Rhizoma Cyperi</i>
Xiang Ru	香薷	<i>Herba Elsholtziae seu Moslae</i>
Xiao Hui Xiang	小茴香	<i>Fructus Foeniculi</i>
Xiao Ji	小薊	<i>Herba Cephalanoploris</i>
Xie Bai	薤白	<i>Bulbus Allii Macrostemis</i>
Xie/Xue Jie	血竭	<i>Resina Draconis</i>
Xie/Xue Yu Tan	血餘炭	<i>Crinis Carbonisatus</i>
Xin Yi Hua	辛夷花	<i>Flos Magnoliae</i>
Xing Ren	杏仁	<i>Semen Armeniacae Amarum</i>
Xiong Huang	雄黃	<i>Realgar</i>
Xu Duan	續斷	<i>Radix Dipsaci</i>
Xuan Fu Hua	旋覆花	<i>Flos Inulae</i>
Xuan Shen	玄參	<i>Radix Scrophulari</i>

Y

Yan Hu Suo	延胡索	<i>Rhizoma Corydalis</i>
Ye Jiao Teng	夜交藤	<i>Caulis Polygoni Multiflori</i>
Yi Mu Cao	益母草	<i>Herba Leonuri</i>
Yi Yi Ren	薏苡仁	<i>Semen Coicis</i>
Yi Zhi Ren	益智仁	<i>Fructus Alpiniae Oxyphyllae</i>
Yin Chai Hu	銀柴胡	<i>Radix Stellariae</i>
Yin Chen Hao	茵陳蒿	<i>Herba Artemisiae Scopariae</i>
Yin Yang Huo	淫羊藿	<i>Herba Epimedii</i>
Ying Su Ke	罌粟殼	<i>Pericarpium Papaveris</i>
Yu Jin	郁金	<i>Radix Curcumae</i>
Yu Li Ren	郁李仁	<i>Semen Pruni</i>
Yu Mi Xu	玉米鬚	<i>Stigma Maydis</i>
Yu Xing Cao	魚腥草	<i>Herba Houttuyniae</i>
Yu Zhu	玉竹	<i>Rhizoma Polygonati Odorati</i>
Yuan Hua	芫花	<i>Flos Genkwa</i>
Yuan Zhi	遠志	<i>Radix Polygalae</i>

Z

Zao Jiao Ci	皂角刺	<i>Spina Gleditsiae</i>
Ze Lan	澤蘭	<i>Herba Lycopi</i>
Ze Xie	澤瀉	<i>Rhizoma Alismatis</i>
Zhe Bei Mu	浙貝母	<i>Bulbus Fritillariae Thunbergii</i>

Zhe Chong	蠨蟲	<i>Eupolyphaga seu Steleophaga</i>
Zhen Zhu Mu	珍珠母	<i>Concha Margaritaeferae</i>
Zhi Ke / Qiao	枳殼	<i>Fructus Aurantii</i>
Zhi Mu	知母	<i>Rhizoma Anemarrhenae</i>
Zhi Shi	枳實	<i>Fructus Aurantii Immaturus</i>
Zhi Zi	梔子	<i>Fructus Gardeniae</i>
Zhu Ling	豬苓	<i>Polyporus Umbellatus</i>
Zhu Ru	竹茹	<i>Caulis Bambusae in Taenia</i>
Zi Cao (Gen)	紫草(根)	<i>Radix Lithospermi</i>
Zi Hua Di Ding	紫花地丁	<i>Herba Viola</i>
Zi Su Ye	紫蘇葉	<i>Folium Perillae</i>
Zi Wan	紫菀	<i>Radix Asteris</i>
Zong Lu Tan	棕櫚炭	<i>Trachycarpi Carbonisatus</i>

Appendix I: List of TCM Formulae

The Pan-Canadian Examinations only test formulae that appear on Appendix I, which are commonly used in English TCM textbooks. We strive to focus on commonly encountered formulae and/or those that could have severe consequences. Not all formulae in this Appendix will be tested on a single examination administration; rather a sample of the formulae in the Appendix will be tested on any one administration.

The following conversions are used in the Pan-Canadian Examinations:

1 jin = 500 grams = 16 liang;

1 liang = 30 grams;

1 qian = 3 grams;

1 fen = 0.3 grams;

1 li = 0.03 grams.³

A

Ai Fu Nuan Gong Wan	Mugwort and Cyperus Uterine-Warming Pill	艾附暖宮丸
An Shen Ding Zhi Wan	Calm the Shen and Settle the Emotion Pill	安神定志丸

B

Ba Zhen Tang	Eight Treasure Decoction	八珍湯
Ba Zheng San	Eight Herb Powder for Rectification	八正散
Bai Du San	Toxin-Vanquishing Powder	敗毒散
Bai He Gu Jin Tang	Lily Bulb Decoction to Preserve the Metal	百合固金湯
Bai Hu Tang	White Tiger Decoction	白虎湯
Bai Tou Weng Tang	Pulsatilla Decoction	白頭翁湯
Bai Zi Yang Xin Wan	Biota Seed Pill to Nourish the Heart	柏子養心丸
Ban Xia Bai Zhu Tian Ma Tang	Pinellia, Atractylodes Macrocephala and Gastrodia Decoction	半夏白朮天麻湯
Ban Xia Hou Po Tang	Pinellia and Magnolia Bark Decoction	半夏厚朴湯
Ban Xia Xie Xin Tang	Pinellia Decoction to Drain the Epigastrium	半夏瀉心湯
Bao He Wan	Preserve Harmony Pill	保和丸
Bao Yin Jian	Yin-Protecting Decoction	保陰煎
Bao Yuan Tang	Preserve the Basal Decoction	保元湯
Bei Mu Gua Lou San	Fritillaria and Trichosanthes Fruit Powder	貝母瓜蒌散
Bei/Bi Xie Fen Qin Yin	Dioscorea Hypoglauca Decoction to Separate the Clear	萆薢分清飲
Bie Jia Jian Wan	Turtle Shell Pills	鱉甲煎丸
Bu Dai Wan	Cloth Sack Pill	布袋丸

³ Bensky, D. et al. (2009). Chinese Herbal Formulas and Strategies (2nd ed.). Eastland Press; Chen, J. K., & Chen, T. (2009). Chinese Herbal Formulas and Applications. Art of Medicine Press, Inc.

Bu Shen Gu Chong Tang	Kidney-Tonifying and Penetrating Vessel-Consolidating Decoction	補腎固沖湯
Bu Yang Huan Wu Tang	Tonify Yang and Restore Five-Tenths Decoction	補陽還五湯
Bu Zhong Yi Qi Tang	Tonify the Middle and Augment the Qi Decoction	補中益氣湯
C		
Cang Er Zi San	Xanthium Powder	蒼耳子散
Chai Ge Jie Ji Tang	Bupleurum and Pueraria Muscle-Releasing Decoction	柴葛解肌湯
Chai Hu Shu Gan San	Bupleurum Liver-Easing Powder	柴胡舒肝散
Chuan Xiong Cha Tiao San	Ligusticum Chuanxiong Powder to Be Taken with Green Tea	川芎茶調散
Ci Zhu Wan	Magnetite and Cinnabar Pill	磁硃丸
Cong Bai Qi Wei Yin	Scallion Decoction with Seven Ingredients	蔥白七味飲
Cong Chi Jie Geng Tang	Scallion, Prepared Soybean, and Platycodon Decoction	蔥豉桔梗湯
D		
Da Bu Yin Wan	Great Tonify the Yin Pill	大補陰丸
Da Bu Yuan Jian	Great Tonify Primal Decoction	大補元煎
Da Chai Hu Tang	Major Bupleurum Decoction	大柴胡湯
Da Cheng Qi Tang	Major Order the Qi Decoction	大承氣湯
Da Ding Feng Zhu	Major Arrest Wind Pearl	大定風珠
Da Huang Fu Zi Tang	Rhubarb and Prepared Aconite Decoction	大黃附子湯
Da Huang Mu Dan Pi Tang	Rhubarb and Moutan Decoction	大黃牡丹皮湯
Da Huang Zhe Chong Wan	Rhubarb and Eupolyphaga Pill	大黃廔蟲丸
Da Jian Zhong Tang	Major Construct the Middle Decoction	大建中湯
Da Qin Jiao Tang	Large Gentian Decoction	大秦艸湯
Da Qing Long Tang	Major Bluegreen Dragon Decoction	大青龍湯
Dai Ge San	Natural Indigo and Cyclina Powder	黛蛤散
Dan Shen Yin	Salvia Beverage	丹參飲
Dan Zhi Xiao Yao San	Moutan and Gardenia Rambling Powder	丹梔逍遙散
Dang Gui Bu Xue Tang	Tangkuei Decoction to Tonify the Blood	當歸補血湯
Dang Gui Liu Huang Tang	Tangkuei and Six-yellow Decoction	當歸六黃湯
Dang Gui Si Ni Tang	Tangkuei Decoction for Frigid Extremities	當歸四逆湯
Dang Gui Yin Zi	Chinese Angelica Decoction	當歸飲子
Dao Chi San	Guide Out the Red powder	導赤散
Di Tan Tang	Phlegm-Expelling Decoction	導痰湯
Di Huang Yin Zi	Rehmannia Decoction	地黃飲子

Ding Chuan Tang	Arrest Wheezing Decoction	定喘湯
Ding Xian Wan	Arrest Seizures Pill	定癇丸
Ding Xiang Shi Di Tang	Clove and Persimmon Calyx Decoction	丁香柿蒂湯
Du Huo Ji Sheng Tang	Angelica Pubescentis and Taxillus Decoction	獨活寄生湯
Du Qi Wan	Capital Qi Pill	都氣丸
E		
E Jiao Ji Zi Huang Tang	Donkey-Hide Gelatin and Egg Yolk Decoction	阿膠雞子黃湯
Er Chen Tang	Decoction of Two Aged (Cured) Drugs	二陳湯
Er Miao San	Two-Marvel Powder	二妙散
Er Xian Tang	Two-Immortal Decoction	二仙湯
Er Zhi Wan	Two Ultimates Pill	二至丸
F		
Fang Feng Tong Sheng San	Ledebouriella Powder that Sagely Unblocks	防風通聖散
Fang Ji Huang Qi Tang	Stephania and Astragalus Decoction	防己黃耆湯
Fei Er Wan	Fat Baby Pill	肥兒丸
Fu Yuan Huo Xue Tang	Revive Health by Invigorate the Blood Decoction	復元活血湯
Fu Zi Li Zhong Tang	Aconite Middle- Regulating Decoction	附子理中湯
G		
Gan Jiang Ren Shen Ban Xia Wan	Ginger, Ginseng and Pinellia Pill	乾姜人參半夏丸
Gan Lu Xiao Du Dan	Sweet Dew Testing Pill to Eliminate Toxin	甘露消毒丹
Gan Mai Da Zao Tang	Licorice Wheat and Jujube Decoction	甘麥大棗湯
Ge Gen Huang Qin	Kudzu, Scutellaria and Coptis Decoction	葛根黃芩黃連湯/ 葛根芩連湯
Huang Lian Tang / Ge Gen Qin Lian Tang		
Ge Xia Zhu Yu Tang	Expelling Stasis Below the Diaphragm Decoction	膈下逐瘀湯
Gu Chong Tang	Stabilize Gushing Decoction	固沖湯
Gu Jing Wan	Stabilize the Menses Pill	固經丸
Gua Lou Xie Bai Bai Jiu Tang	Trichosanthes Fruit, Chinese Chive and Wine Decoction	栝樓薤白白酒湯
Gua Lou Xie Bai Ban Xia Tang	Trichosanthes Fruit, Chinese Chive and Pinellia Decoction	栝樓薤白半夏湯
Gui Lu Er Xian Dan	Tortoise Shell and Two Immortals Pill	龜鹿二仙丹
Gui Pi Tang	Restore the Spleen Decoction	歸脾湯
Gui Shen Wan	Restore the Kidneys Pill	歸腎丸
Gui Zhi Fu Ling Wan	Cinnamon and Poria Pills	桂枝茯苓丸
Gui Zhi Tang	Cinnamon Twig Decoction	桂枝湯
Gun Tan Wan	Vaporize Phlegm Pill	滾痰湯

H

Hai Zao Yu Hu Tang	Sargassum Decoction for the Jade Flask	海藻玉壺湯
Hao Qin Qing Dan Tang	Artemisia Annuua and Scutellaria Decoction to Clear the Gallbladder	蒿芩清膽湯
He Ren Yin	Polygonum Multiflorum Root and Ginseng Decoction	何人飲
Hou Po Wen Zhong Tang	Magnolia Bark Decoction for Warming the Middle	厚朴溫中湯
Hu Qian Wan	Hidden Tiger Pill	虎潛丸
Huai Hua San	Sophora Japonica Flower Powder	槐花散
Huang Lian Jie Du Tang	Coptis Decoction to Relieve Toxicity	黃連解毒湯
Huang Qi Gui Zhi Wu Wu Tang	Astragalus and Cinnamon Twig Five- Substance Decoction	黃耆桂枝五物湯
Huang Tu Tang	Yellow Earth Decoction	黃土湯
Hui Yang Jiu Ji Tang	Restore and Revive the Yang Decoction from Revised Popular Guide	回陽救急湯
Huo Luo Xiao Ling Dan	Effective Chanel-Activating Elixir	活絡效靈丹
Huo Xiang Zheng Qi San	Agastache Powder to Rectify the Qi	藿香正氣散
J		
Ji Chuan Jian	Benefit the River (Flow) Decoction	濟川煎
Ji Sheng Shen Qi Wan	Kidney Qi Pill from Formulas to Aid the Living	濟生腎氣丸
Jia Jian Wei Rui Tang	Modified Polygonatum Odoratum Decoction	加減葳蕤湯
Jia Wei Xiang Su San	Augmented Cyperus and Perilla Leaf Powder	加味香蘇散
Jian Pi Wan	Strengthen the Spleen Pill	健脾丸
Jiao Ai Tang	Donkey-Hide Gelatin and Mugwort Decoction	膠艾湯
Jin Gui Shen Qi Wan	Kidney Qi Pill from the Golden Cabinet	金匱腎氣丸
Jin Ling Zi San	Melia Toosendan Powder	金鈴子散
Jin Shui Liu Jun Jian	Six-Gentleman of Metal and Water Decoction	金水六君煎
Jin Suo Gu Jing Wan	Metal Lock pill to Stabilize the Essence	金鎖固精丸
Jing Fang Bai Du San	Schizonepeta and Ledebouriella Powder to Overcome Pathogenic Influences	荊防敗毒散
Jiu Wei Qiang Huo Tang	Nine-Herb Decoction with Notopterygium	九味羌活湯
Jiu Xian San	Nine Immortals Powder	九仙散
Ju He Wan	Tangerine Seed Pill	橘核丸
Ju Pi Zhu Ru Tang	Tangerine Peel and Bamboo Shavings Decoction	橘皮竹茹湯
Ju Yuan Jian	Lift the Source Decoction	舉元煎

Juan Bi Tang K	Remove Painful Obstruction Decoction	蠲痺湯
Ke Xue Fang	Coughing of Blood Formula	咳血方
Kong Sheng Zhen Zhong Dan L	Confucius Memory-Storing Pill	孔聖枕中丹
Leng Xiao Wan	Cold Wheezing Pill	冷哮丸
Li Zhong Wan	Regulate the Middle Pill	理中丸
Lian Po Yin	Coptis and Official Magnolia Bark Beverage	連朴飲
Lian Qiao Bai Du San	Forsythia Reduce Toxin Powder	連翹敗毒散
Liang Di Tang	Rehmannia and Lycia Radicis Decoction	兩地湯
Liang Fu Wan	Galangal and Cyperus Pill	良附丸
Liang Ge San	Cool the Diaphragm Powder	涼膈散
Ling Gan Wu Wei Jiang Xin Tang	Poria, Licorice, Schisandra, Ginger, and Asarum Decoction	苓甘五味薑辛湯
Ling Gui Zhu Gan Tang	Poria, Cinnamon Twig, Atractylodes Macrocephala and Licorice Decoction	苓桂朮甘湯
Ling Jiao Gou Teng Tang	Antelope Horn and Uncaria Decoction	羚羊鉤藤湯
Liu Jun Zi Tang	Six-Gentleman Decoction	六君子湯
Liu Mo Tang	Six Milled Herb Decoction	六磨湯
Liu Wei Di Huang Wan	Six-Ingredient Pill with Rehmannia	六味地黃丸
Liu Yi San	Six to One Powder	六一散
Long Dan Xie Gan Tang	Gentiana Longdancao Decoction to Drain the Liver	龍膽瀉肝湯
M		
Ma Huang Tang	Ephedra Decoction	麻黃湯
Ma Xing Shi Gan Tang	Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction	麻杏石甘湯
Ma Zi Ren Wan	Hemp Seed Pill	麻子仁丸
Mai Men Dong Tang	Ophiopogonis Decoction	麥門冬湯
Mai Wei Di Huang Wan	Ophiopogon Tuber, Chinese Magnoliavin and Rehmannia Pill	麥味地黃丸
Mu Li San	Oyster Shell Powder	牡蠣散
Mu Xiang Bin Lang Wan	Aucklandia and Betel Nut Pill	木香檳榔丸
N		
Nei Bu Huang Qi Tang	Internal Tonify Astragalus Decoction	內補黃耆湯
Niu Bang Jie Ji Tang	Burdock Decoction for Releasing Muscles	牛蒡解肌湯
Nuan Gan Jian	Warm the Liver Decoction	暖肝煎
P		
Ping Wei San	Calm the Stomach Powder	平胃散

Pu Ji Xiao Du Yin Q	Benefit Decoction to Eliminate Toxin	普濟消毒飲
Qi Fu Yin	Seven Blessing Decoction	七福飲
Qi Ju Di Huang Wan	Lyceum Fruit, Chrysanthemum and Rehmannia Pill	杞菊地黃丸
Qi Li San	Seven-Thousandths of a Tael Powder	七厘散
Qi Wei Bai Zhu San	Seven-Ingredients Powder with Atractyodes Macrocephala	七味白朮散
Qian Zheng San	Lead to Symmetry Powder	牽正散
Qiang Huo Sheng Shi Tang	Notopterygium Decoction to Overcome Dampness	羌活勝濕湯
Qin Jiao Bie Jia San	Gentiana Qinjiao and Soft-Shelled Turtle Shell Powder	秦艽鱉甲散
Qing Chang Yin	Clear the Intestines Decoction	清腸飲
Qing Gu San	Cool the Bones Powder	清骨散
Qing Hao Bie Jia Tang	Artemisia Annuua and Soft-Shelled Turtle Shell Decoction	青蒿鱉甲湯
Qing Jin Jiang Huo Tang	Metal-Clearing and Fire-Descending Decoction	清金降火湯
Qing Jing San	Clear the Menses Powder	清經散
Qing Luo Yin	Clear the Collaterals Decoction	清絡飲
Qing Qi Hua Tan Wan	Clear the Qi and Transform Phlegm Pill	清氣化痰丸
Qing Shu Yi Qi Tang	Clear Summer-heat and Augment the Qi Decoction	清暑益氣湯
Qing Wei San	Clear the Stomach Powder	清胃散
Qing Wen Bai Du Yin	Clear Epidemics and Overcome Toxins Decoction	清瘟敗毒散
Qing Ying Tang	Clear the Nutritive Level Decoction	清營湯
Qing Zao Jiu Fei Tang	Eliminate Dryness and Rescue the Lung Decoction	清燥救肺湯
R		
Ren Shen Ge Jie San	Ginseng and Gecko Powder	人參蛤蚧散
Ren Shen Wu Wei Zi Tang	Ginseng and Schisandra Decoction	人參五味子湯
Ren Shen Yang Rong (Ying) Tang	Ginseng Decoction to Nourish the Nutritive Qi	人參養榮(營)湯
S		
San Jia Fu Mai Tang	Three Shells Decoction to Restore the Pulse	三甲復脈湯
San Miao Wan	Three-Marvel Pill	三妙丸
San Ren Tang	Three-Nut Decoction	三仁湯
San Zi Yang Qin Tang	Three Seed Decoction to Nourish One's Parents	三子養親湯

Sang Ju Yin	Mulberry Leaf and Chrysanthemum Decoction	桑菊飲
Sang Piao Xiao San	Mantis Egg-Case powder	桑螵蛸散
Sang Xing Tang	Mulberry Leaf and Apricot Kernel Decoction	桑杏湯
Sha Shen Mai Men Dong Tang	Glehnia and and Ophiopogon Decoction	沙參麥冬湯
Shao Fu Zhu Yu Tang	Drive Out Blood Stasis in the Lower Abdomen Decoction	少腹逐瘀湯
Shao Yao Tang	Peony Decoction	芍藥湯
She Gan Ma Huang Tang	Belamcanda and Ephedra Decoction	射干麻黃湯
Shen Fu Tang	Ginseng and Prepared Aconite Decoction	參附湯
Shen Ling Bai Zhu San	Ginseng, Poria, and Atractylodes Macrocephala Powder	參苓白朮散
Shen Tong Zhu Yu Tang	Drive out Blood Stasis from a Painful Body Decoction	身痛逐瘀湯
Sheng Hua Tang	Generation and Transformation Decoction	生化湯
Sheng Ma Ge Gen Tang	Cimicifuga and Kudzu Decoction	升麻葛根湯
Sheng Mai San	Generate the Pulse powder	生脈散
Sheng Xian Tang	Raise the Sinking Decoction	升陷湯
Sheng Yu Tang	Sage-Like Healing Decoction	聖愈湯
Shi Hu Ye Guang Wan	Dendrobium Pill for Night Vision	石斛夜光丸
Shi Hui San	Ten Partially-Charred Substances Powder	十灰散
Shi Pi Yin	Bolster the Spleen Decoction	實脾飲
Shi Quan Da Bu Tang	All-Inclusive Great Tonifying Decoction	十全大補湯
Shi Xiao San	Sudden Smile Powder	失笑散
Shou Tai Wan	Fetus-Longevity Pill	壽胎丸
Si Jun Zi Tang	Four-Gentleman Decoction	四君子湯
Si Miao Wan	Four-Marvel Pill	四妙丸
Si Miao Yong An Tang	Four-Valiant Decoction for Well Being	四妙勇安湯
Si Mo Tang	Four Milled Herb Decoction	四磨湯
Si Ni San	Frigid Extremities Powder	四逆散
Si Ni Tang	Frigid Extremities Decoction	四逆湯
Si Shen Wan	Four-Miracle Pill	四神丸
Si Sheng Wan	Four Fresh Pill	四生丸
Si Wu Tang	Four-Substance Decoction	四物湯
Su Zi Jiang Qi Tang	Perilla Fruit Decoction for Directing Qi Downward	蘇子降氣湯
Suan Zao Ren Tang	Sour Jujube Decoction	酸棗仁湯
Suo Quan Wan	Shut the Sluice Pill	縮泉丸

T

Tai Shan Pan Shi San	Powder that Gives the Stability of Mount Tai	泰山磐石散
Tai Yuan Yin	Fetus Original Qi Decoction	胎元飲
Tao He Cheng Qi Tang	Peach Pit Decoction to Order the Qi	桃核承氣湯
Tao Hong Si Wu Tang	Four-Substance Decoction with Safflower and Peach Pit	桃紅四物湯
Tao Hua Tang	Peach Blossom Decoction	桃花湯
Tian Ma Gou Teng Yin	Gastrodia and Uncaria Decoction	天麻鉤藤飲
Tian Tai Wu Yao San	Top-Quality Lindera Powder	天台烏藥散
Tian Wang Bu Xin Dan	Emperor of Heaven's Testing Pill to Tonify the Heart	天王補心丹
Tiao Wei Cheng Qi Tang	Regulate the Stomach and Order the Qi Decoction	調胃承氣湯
Ting Li Da Zao Xie Fei Tang	Descurainia and Jujube Decoction to Drain the Lungs	葶藶大棗瀉肺湯
Tong Qiao Huo Xue Tang	Unblock the Orifices and Invigorate the Blood Decoction	通竅活血湯
Tong Xie Yao Fang	Important Formula for Painful Diarrhea	痛瀉要方
W		
Wan Dai Tang	End Discharge Decoction	完帶湯
Wei Jing Tang	Reed Decoction	葦莖湯
Wei Ling Tang	Calm the Stomach and Poria Decoction	胃苓湯
Wen Dan Tang	Warm the Gallbladder Decoction	溫膽湯
Wen Jing Tang	Warm the Menses Decoction	溫經湯
Wen Pi Tang	Warm the Spleen Decoction	溫脾湯
Wu Ji San	Five Accumulation Powder	五積散
Wu Bi Shan Yao Wan	Incomparable Dioscorea Pill	無比山藥丸
Wu Ling San	Five-Ingredient Powder with Poria	五苓散
Wu Mei Wan	Mume Pill	烏梅丸
Wu Mo Yin Zi	Five Milled-Herb Drink	五磨飲子
Wu Pi Yin	Five-Peel Decoction	五皮飲
Wu Wei Xiao Du Yin	Five Ingredient Decoction to Eliminate Toxin	五味消毒飲
Wu Zhu Yu Tang	Evodia Decoction	吳茱萸湯
X		
Xi Huang Wan	Rhinoceros Bezoar Pill	犀黃丸
Xi Jiao Di Huang Tang	Rhinoceros Horn and Rehmannia Decoction	犀角地黃湯
Xian Fang Huo Ming Yin	Immortals' Formula for Sustaining Life	仙方活命飲
Xiang Sha Liu Jun Zi Tang	Six-Gentleman Decoction with Aucklandia and Amomum	香砂六君子湯

Xiao Chai Hu Tang	Minor Bupleurum Decoction	小柴胡湯
Xiao Cheng Qi Tang	Minor Order the Qi Decoction	小承氣湯
Xiao Feng San	Eliminate Wind Powder	消風散
Xiao Huo Luo Dan	Minor Invigorate the Channels Testing Pill	小活絡丹
Xiao Ji Yin Zi	Small Thistle Drink	小薊飲子
Xiao Jian Zhong Tang	Minor Construct the Middle Decoction	小建中湯
Xiao Qing Long Tang	Minor Blue-green Dragon Decoction	小青龍湯
Xiao Ru Wan	Reduce Infantile Stagnation Pill	消乳丸
Xiao Xian Xiong Tang	Minor Decoction (for Pathogens) Stuck in the Chest	小陷胸湯
Xiao Yao San	Rambling Powder	逍遙散
Xiao Ying Jian	Minor Nourishing Decoction	小營煎
Xie Bai San	Drain the White Powder	瀉白散
Xie Huang San	Drain the Yellow Powder	瀉黃散
Xin Jia Xiang Ru Yin	Newly Augment Mosla Decoction	新加香薷飲
Xing Su San	Apricot Kernel and Perilla Leaf Powder	杏蘇散
Xuan Fu Dai Zhe Tang	Inola and Hematite Decoction	旋覆代赭湯
Xue Fu Zhu Yu Tang	Drive Out Stasis in the Mansion of Blood Decoction	血府逐瘀湯
Y		
Yang He Tang	Yang-Heartening Decoction	陽和湯
Yang Yin Qing Fei Tang	Nourish the Yin and Clear the Lungs Decoction	養陰清肺湯
Yi Gong San	Extraordinary Merit Powder	異功散
Yi Guan Jian	Linking Decoction	一貫煎
Yi Huang Tang	Change Yellow Discharge Decoction	易黃湯
Yi Yi Fu Zi Bai Jiang San	Coicis, Prepared Aconite, and and Patrinia Powder	薏苡附子敗醬散
Yi Yi Ren Tang	Coicis Decoction	薏苡仁湯
Yi Yin Jian	One-Yin Decoction	一陰煎
Yin Chen Hao Tang	Artemisiae Yinchenhao Decoction	茵陳蒿湯
Yin Qiao San	Honeysuckle and Forsythia Powder	銀翹散
You Gui Wan	Restore the Right (Kidney) Pill	右歸丸
You Gui Yin	Restore the Right (Kidney) Decoction	右歸飲
Yu Nu Jian	Jade Woman Decoction	玉女煎
Yu Ping Feng San	Jade Windscreen powder	玉屏風散
Yu Ye Tang	Jade Fluid Decoction	玉液湯
Yu Zhen San	True Jade Powder	玉真散
Yue Bi Jia Zhu Tang	Maid servant From Yue Decoction plus Atractylodes	越婢加朮湯
Yue Hua Wan	Moonlight Pill	月華丸
Yue Ju Wan	Escape Restraint Pill	越鞠丸

Yue Ying Jian Z	Blood-Restraining Decoction	約營煎
Zai Zao San	Renewal Powder	再造散
Zeng Ye Tang	Increase the Fluids Decoction	增液湯
Zhen Gan Xi Feng Tang	Sedate the Liver and Extinguish Wind Decoction	鎮肝熄風湯
Zhen Ren Yang Zang Tang	True Man's Decoction to Nourish the Organs	真人養臟湯
Zhen Wu Tang	True Warrior Decoction	真武湯
Zhi Bai Di Huang Wan	Anemarrhena, Phellodendron and Rehmannia Pill	知柏地黃丸
Zhi Dai Fang	Discharge-Stopping Formula	止帶方
Zhi Gan Cao Tang	Honey-Fried Licorice Decoction	炙甘草湯
Zhi Shi Dao Zhi Wan	Unripe Bitter Orange Pill to Guide out Stagnation	枳實導滯丸
Zhi Shi Xiao Pi Wan	Unripe Bitter Orange Pill to Reduce Focal Distention	枳實消痞丸
Zhi Shi Xie Bai Gui Zhi Tang	Unripe Bitter Orange, Chinese Garlic, and Cinnamon Twig Decoction	枳實薤白桂枝湯
Zhi Sou San	Stop Coughing Powder	止嗽散
Zhi Zhu Wan	Unripe Bitter Orange and Atractylodes Pill	枳朮丸
Zhong Man Fen Xiao Wan	Separate and Reduce Fullness in the Middle Pill	中滿分消丸
Zhu Ling Tang	Polyporus Decoction	豬苓湯
Zhu Sha An Shen Wan	Cinnabar Pill to Calm the Spirit	硃砂安神丸
Zhu Ye Shi Gao Tang	Lophatherus and Gypsum Decoction	竹葉石膏湯
Zi Sheng Wan	Nourish Life Pill	資生丸
Zuo Gui Wan	Restore the Left (Kidney) Pill	左歸丸
Zuo Gui Yin	Restore the Left (Kidney) Decoction	左歸飲
Zuo Jin Wan	Left Metal Pill	左金丸

Appendix J: List of Biomedicine Conditions

	Infectious & Parasitic Diseases
1	bacillary dysentery
2	cholera
3	epidemic encephalitis
4	leptospirosis
5	malaria
6	mumps
7	schistosomiasis
8	typhoid fever
9	viral hepatitis
	Respiratory Diseases
10	bronchial asthma
11	bronchitis
12	pneumococcal pneumonia
13	pneumothorax
14	primary bronchopulmonary carcinoma
15	pulmonary tuberculosis
	Cardiovascular Diseases
16	chronic heart failure
17	chronic lung cardiopathy
18	hypertension
19	ischemic heart disease
20	panic attack
21	rheumatic fever
22	rheumatic heart disease
23	viral myocarditis
	Gastrointestinal Diseases
24	acute pancreatitis
25	chronic gastritis
26	gastrointestinal ulcers
27	hepatocirrhosis
28	primary hepatic carcinoma
29	stomach carcinoma
30	ulcerative colitis
	Urinary System Diseases
31	chronic glomerulonephritis
32	chronic renal failure
33	urinary tract infection

	Hematological Diseases
34	aplastic anemia
35	leukemia
36	leukopenia & agranulocytosis
37	thrombocytopenic purpura
	Endocrine Diseases
38	diabetes
39	hyperthyroidism
	Nervous System Diseases
40	acute cerebrovascular diseases
41	epilepsy
42	facial paralysis
43	Guillain-Barre syndrome
44	Meniere's disease
45	neurosis
46	sciatica
47	trigeminal neuralgia
	Acute clinical conditions
48	acute poisoning
49	bleeding
50	acute coma
51	organic phosphate insecticide poisoning
52	shock
53	stroke
54	trauma

Appendix K: List of TCM Conditions

Internal Medicine	Nei Ke	內科
Abdominal Mass	Ji Ju	積聚
Abdominal Pain	Fu Tong	腹痛
Atrophy-Flaccidity	Wei Zheng	痿証
Bleeding Disorders	Xue Zheng	血証
Chest Impediment	Xiong Bi	胸痹
Common Cold	Gan Mao	感冒
Constipation	Bian Bi	便秘
Consumptive Disease	Xu Lao	虛勞
Consumptive Thirst	Xiao Ke	消渴
Convulsive Syndromes	Jing Zheng	癇証
Cough	Ke Sou	咳嗽
Depressive Disorder / Depression	Yu Zheng	郁証
Diarrhea	Xie Xie	泄瀉
Dizziness and Vertigo	Xuan Yun	眩暈
Drum Distension/Ascites	Gu Zhang	臌脹
Dysentery	Li Ji	痢疾
Dysphagia Occlusion Syndrome	Ye Ge	噎膈
Dyspnea	Chuan Zheng	喘証
Edema	Shui Zhong	水腫
Epigastric Pain	Wei Tong	胃痛
Epilepsy	Xian Zheng	癇証
Fainting/Syncope	Jue Zheng	厥証
Goiter	Ying	瘰癧
Headache	Tou Tong	頭痛
Hiccoughing And Belching	E Ni	呃逆
Hypochondrial Pain	Xie Tong	脅痛
Impediment/Painful Obstructive Syndrome	Bi Zheng	痹証
Impotence	Yang Wei	陽痿
Insomnia	Bu Mei	不寐
Intestinal Parasites	Chong Zheng	蟲証
Internal Damage Fever	Nei Shang Fa Re	內傷發熱
Ischuria/Urine Retention	Long Bi	癃閉
Jaundice	Huang Dan	黃疸
Lumbago	Yao Tong	腰痛

Lung Distention	Fei Zhang	肺脹
Malaria	Nue Ji	瘧疾
Manic-Depression	Dian Kuang	癲狂
Palpitation	Xin Ji	心悸
Phlegm/Sputum Fluid	Tan Yin	痰飲
Pulmonary Abscess	Fei Yong	肺癰
Pulmonary Atrophy	Fei Wei	肺痿
Pulmonary Tuberculosis	Fei Lao	肺癆
Seminal Emission	Yi Jing	遺精
Spontaneous Sweats, Night Sweats	Zi Han Dao Han	自汗盜汗
Stranguria	Lin Zheng	淋証
Tinnitus and Deafness	Er Ming Er Long	耳鳴耳聾
Vomiting	Ou Tu	嘔吐
Wheezing Syndrome	Xiao Zheng	哮証
Stroke	Zhong Feng	中風
External Medicine	Wai Ke	外科
Acne	Fen Ci	粉刺
Acute Mastitis (Ru Yong)	Ru Yong	乳癰
Alopecia Areata	You Feng	油風
Anal Fissure	Gang Lie	肛裂
Bedsore	Ru Chuang	褥瘡
Boil	Ding	疔
Breast Cancer	Ru Yan	乳岩
Breast Lump	Ru Pi	乳癖
Carbuncle	Yong	癰
Chloasma	Huang He Ban	黃褐斑
Contact Dermatitis	Jie Chu Xing Pi Yan	接觸性皮炎
Digital Gangrene	Tuo Ju	脫疽
Gout	Tong Feng	痛風
Drug Rash	Yao Wu Xing Pi Yan	藥物性皮炎
Eczema	Shi Chuang	濕瘡
Erysipelas	Dan Du	丹毒
Fever Blister /Herpes Simplex	Re Chuang	熱瘡
Furuncle	Jie	癰
Goiter	Ying	瘰
Hemorrhoid	Zhi Chuang	痔瘡
Herpes Zoster	She Chuan Chuang	蛇串瘡
Male Sterility	Nan Xing Bu Yu	男性不育
Multiple Abscesses	Liu Zhu	流注
Neurodermatitis	Niu Pi Xuan	牛皮癬

Phlegmon	Feng Wo Zhi Yan	蜂窩織炎
Prostatic Hyperplasia	Qian Lie Xian Zeng Sheng	前列腺增生
Prostatitis	Qian Lie Xian Yan	前列腺炎
Pruritus of the Skin	Feng Sao Yang	風瘙癢
Psoriasis	Bai Bi / Yin Xie Bing	白疔 / 銀屑病
Rosacea	Jiu Zao Bi	酒糟鼻
Scrofula	Luo Li	癰癤
Sebaceous Cyst	Zhi Liu	脂瘤
Shank Ulcer	Lian Chuang	臙瘡
Sun Rash	Ri Shai Chuang	日曬瘡
Tinea	Xuan	癬
Urticaria	Yin Zhen	癩疹
Varicose Veins	Jin Liu	筋瘤
Vitiligo	Bai Bo Feng	白駁風
Warts	You	疣
Gynecology	Fu Ke	婦科
Abdominal Masses	Zheng Jia	癥瘕
Amenorrhea	Bi Jing	閉經
Bleeding During Pregnancy, Unstable Pregnancy	Tai Lou, Tai Dong Bu An	胎漏, 胎動不安
Dysmenorrhea	Tong Jing	痛經
Early Menstrual Period	Yue Jing Xian Qi	月經先期
Infertility	Bu Yun Zheng	不孕症
Insufficient Breastmilk	Que Ru	缺乳
Intermenstrual Bleeding	Jing Jian Qi Chu Xue	經間期出血
Irregular Menstrual Cycle	Yue Jing Shi Tiao	月經失調
Late Menstrual Period	Yue Jing Hou Qi	月經後期
Leukorrhagia	Dai Xia	帶下
Lochiorrhea	Chan Hou E Lu Bu Jue	產後惡露不絕
Menorrhagia	Yue Jing Guo Duo	月經過多
Menstrual Breast Aching	Jing Xing Ru Fang Zhang Tong	經行乳房脹痛
Menstrual Edema	Jing Xing Fu Zhong	經行浮腫
Menstrual Headache	Jing Xing Tou Tong	經行頭痛
Menstrual Hematemesis and Epistaxis	Jing Xing Tu Niu	經行吐衄
Menstrual Mental Disorder	Jing Xing Qing Zhi Yi Chang	經行情志異常
Menstrual Oral Ulcer	Jing Xing Kou Mi	經行口糜
Metrorrhagia And Metrostaxis	Beng Lou	崩漏
Miscarriage	Zhui Tai, Xiao Chan, Hua Tai	墜胎, 小產, 滑胎
Morning Sickness	Ren Shen E Zu	妊娠惡阻

Prolonged Period	Jing Qi Yuan Chang	經期延長
Menopausal Syndrome	Geng Nian Qi Zong He Zheng	更年期綜合征
Postpartum Abdominal Pain	Chan Hou Fu Tong	產後腹痛
Postpartum Convulsion	Chan Hou Jing Zheng	產後癇証
Postpartum Dizziness	Chan Hou Xuan Yun	產後眩暈
Postpartum Fever	Chan Hou Fa Re	產後發熱
Postpartum Retention of Urine	Chan Hou Pai Niao Yi Chang	產後排尿異常
Scanty Period	Yue Jing Guo Shao	月經過少
Uterine Prolapse	Yin Ting	陰挺
Pediatrics	Er Ke	兒科
Anorexia	Yan Shi	厭食
Asthma	Xiao Chuan	哮喘
Chicken Pox	Shui Dou	水痘
Common Cold	Gan Mao	感冒
Convulsions	Jing Feng	驚風
Cough	Ke Sou	咳嗽
Diarrhea	Xie Xie	泄瀉
Enuresis	Yi Niao	遺尿
Epilepsy	Xian Zheng	癇症
Erysipelas	Chi You Dan	赤游丹
Fetal Jaundice	Tai Huang	胎黃
Food Retention	Ji Zhi	積滯
Intestinal Parasitic Worms	Chang Dao Chong Zheng	腸道蟲証
Malnutrition	Gan Zheng	疳証
Measles	Ma Zhen	麻疹
Mumps	Zha Sai	疳腮
Pneumonia	Fei Yan Chuan Sou	肺炎 喘嗽
Purpura	Zi Dian	紫癍
Five intellectual and five physical development disability	Wu Chi Wu Ruan	五遲五軟
Rubella	Feng Sha	風痧
Scarlatina	Dan Sha	丹痧
Sweating	Han Zheng	汗証
Thrush	E Kou Chuang	鵝口瘡
Whooping Cough	Dun Ke	頓咳
Infantile Edema	Xiao Er Shui Zhong	小兒水腫
Orthopedics and Traumatology	Gu Shang Ke	骨傷科
Achilles Tendon Injury	Gen Jian Sun Shang	跟腱損傷
Acute Lumbar Muscle Sprain	Yao Bu Niu Cuo Shang	腰部扭挫傷

Bone Fracture	Gu Zhe	骨折
Calcaneodynia	Gen Tong Zheng	跟痛症
Carpal Tunnel Syndrome	Wan Guan Zong He Zheng	腕管綜合症
Cervical Spondylosis	Jing Zhui Bing	頸椎病
Frozen Shoulder	Jian Guan Jie Zhou Wei Yan	肩關節周圍炎
Degenerative Spondylitis	Tui Xing Xing Ji Zhui Yan	退行性脊椎炎
Ganglionic Cyst	Jian Qiao Nang Zhong	腱鞘囊腫
Joint Dislocation	Guan Jie Tuo Wei	關節脫位
Knee Joint Collateral Ligament Injury	Xi Guan Jie Ren Dai Sun Shang	膝關節韌帶損傷
Lumbar Muscle Strain	Yao Ji Lao Sun	腰肌勞損
Meniscal Injury	Ban Yue Ban Sun Shang	半月板損傷
Myofasciitis of the Back	Bei Bu Ji Jin Mo Yan	背部肌筋膜炎
Prolapse of Lumbar Intervertebral Disc	Yao Zhui Jian Pan Tu Chu	腰椎間盤突出
Piriformis Syndrome	Li Zhuang Ji Zong He Zheng	梨狀肌綜合症
Sprained Ankle	Huai Guan Jie Niu Cuo Shang	踝關節扭挫傷
Iliotibial Tract Injury	Qia Jing Shu Sun Shang	髂脛束損傷
Sprained Wrist and Hand	Shou Wan Niu Cuo Shang	手腕扭挫傷
Strained Neck	Lao/Luo Zhen	落枕
Temporomandibular Joint Dysfunction	Nice Xia He Guan Jie Gong Neng Zhang Ai	顳下頷關節功能障礙
Tennis Elbow	Gong Gu Wai Shang Ke Yan	肱骨外上髁炎
Ophthalmology and Otorhinolaryngology	Yan Ke he Er Bi Hou Ke	眼科和耳鼻喉科
Blepharospasm	bao lun zhen tiao	胞輪振跳
Blue-Eye Blindness	qing mang	青盲
Dry Eyes Syndrome	gan yan zheng	乾眼症
Loss of voice	shi yin	失音
Mouth Sores	kou chuang	口瘡
Nasal Bleeding	bi niu	鼻衄
Nasal Congestion	bi zhi	鼻塞
Nearsightedness	jin shi	近視
Purulent Ear	ting er	聾耳
Red, Swollen and Sore Eyes	mu chi zhong tong	目赤腫痛
Round Corneal Nebula	yuan yi nei zhang	圓翳內障
Sore Swollen Throat	yan hou zhong tong	咽喉腫痛
Strabismus	xie shi	斜視
Stye	zhen yan	針眼
Sudden Blindness	bao mang	暴盲

Tearing syndrome	lei yi zheng	淚溢症
Tinnitus and Deafness	er ming er long	耳鳴耳聾
Toothache	ya tong	牙痛
Turbid Nasal Discharge	bi yuan	鼻淵
Upper Eyelid Droop	shang bao xia chui	上胞下垂