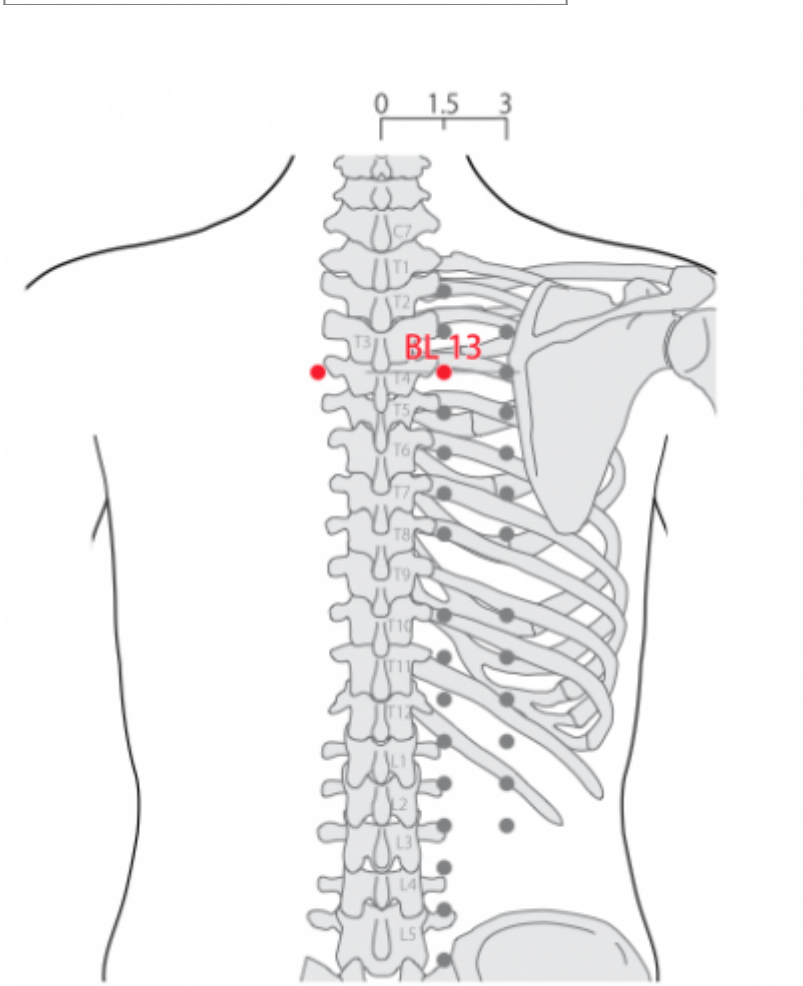
Table des matières

1. Dénomination 1
1.1. Traduction 1
1.2. Origine 2
1.3. Explication du nom 2
1.4. Noms secondaires 2
1.5. Romanisations 2
1.6. Autres langues asiatiques 2
1.7. Code alphanumérique 2
2. Localisation 3
2.1. Textes modernes 3
2.2. Textes classiques 4
2.3. Rapports et coupes anatomiques 4
2.4. Rapports ponctuels 5
3. Classes et fonctions 5
3.1. Classe ponctuelle 5
3.2. Classe thérapeutique 5
4. Techniques de stimulation 7
5. Indications 8
5.1. Littérature moderne 8
5.2. Littérature ancienne 8
5.3. Associations 10
5.4. Revues des indications 11
6. Etudes cliniques et expérimentales 11
6.1. Insuffisance cardiaque 11
6.2. Rhinite allergique 11
6.3. Toux 11
6.4. Asthme 12
6.5. Bronchite chronique 13
6.6. Pneumonie 16
6.7. Pression partielle d’oxygène au niveau ponctuel 16
7. Références complémentaires 17

13V Feishu 肺俞［肺俞］

prononciation 13v-feishu.mp3

articles connexes: - 12V - 14V - Méridien -



WHO 2009

1. Dénomination

1.1. Traduction

肺輸 ***Fèishū***	Point qui répond au poumon (Nguyen Van Nghi 1971) Point correspondant au Poumon (Pan 1993) Creux du poumon (Lade 1994) *Bei shu* du poumon (Laurent 2000)	Back *Shu* point of the lung (Zhang Rui-Fu 1985)

- Zhou Mei-sheng 1984 : *fei* lung; the gas for fire expanding and contracting in the lung *shu* pivot; convey.
- *Fei* : Poumon (Pan 1993), (Ricci 1555) : poumon (Guillaume 1995) ; *Fei* représente les plantes rameuses qui ne se dressent pas, mais qui rampent, divisant leurs rameaux à l'infini. La

recatégorisation par *Rou* (K 130) clé des éléments organiques définit le *Zang* Poumon dont les éléments se subdivisent vers le bas (trachée, bronches souches, bronches, bronchioles...) (Laurent 2000).
- *Shu* : transporter (Pan 1993), (Ricci 4462) : transporter, offrir (Guillaume 1995) ; transporter, faire écouler... Cf. *Naoshu* 10IG (Laurent 2000).

1.2. Origine

- Jia Yi Jing A Classic of Acupuncture and Moxibustion (Zhang Rui-Fu 1985)
- Ling shu, chapitre « *Bei shu* » (Guillaume 1995).

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Feishu* This point leads to the lung, in which gas expands and contracts providing for the burning of fire, it is used to treat diseases caused by too much heat and the abnormal function of respiration.
- Lade 1994 : le nom fait référence à l'action de régulation de ce point sur le Poumon. Creux suggère un récipient ou un moyen de transport par lequel passe le *Qi* circulant de l'Organe. Les point “Creux” peuvent à la fois refléter et traiter une dysharmonie de l'Organe. Tous les points “Creux” ne sont pas associés à un Organe ; ils peuvent aussi être associés à un méridien (V-14, *jue yin shu*) ou à un tissu (V-17, *ge shu*).

1.4. Noms secondaires

Sānjiāo zhījiān 三焦之间［三焦之間］(1)	Laurent 2000

1. 3° intervalle du *Sanjiao*

1.5. Romanisations

- (EFEO et autres)
- (Wade-Giles et autres)

1.6. Autres langues asiatiques

- (viet)
- (cor)
- (jap)

1.7. Code alphanumérique

- VE13, 13V, 13VE (Vessie)
- BL13, B13, Bladder 13 = B13 (Bladder)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : A une distance et demie de la ligne médiane postérieure à hauteur de Chenn Tchu (12VG) au-dessus de la 3e vertèbre dorsale.
- Roustan 1979 : à 1,5 distance en dehors de l'extrémité de l'apophyse épineuse de la troisième vertèbre dorsale.
- Lu HC 1985 : **Location-1**: 1.5 *cuns* laterally from the lower end of spinous process of 3rd thoracic vertebra. **Location-2**: On a level with the space between the spinous process of 3rd and 4th thoracic vertebrae, 1.5 *cuns* laterally from the posterior median line. **How-to-locate-1**: Locate this point 1.5 *cuns* laterally from the depression below the 5th thoracic vertebra. **How-to-locate-2**: Let the patient lie on stomach, locate this point 1.5 *cuns* on the side of *Shenzhu* = D12, below the 3rd thoracic vertebra.
- Zhang Rui-Fu 1985 : 1.5 *cun* lateral to the midpoint between the spinous processes of T3 and T4.
- Deng 1993 : Sur le dos, au-dessous de l'apophyse épineuse de la troisième vertèbre dorsale, à 1,5 *cun* de la ligne médiane postérieure.
- Pan 1993 : *Feishu* est situé à 1,5 distance du point *Shenzhu* (12VG), sur la ligne horizontale qui passe au-dessous de l'apophyse épineuse de la troisième vertèbre dorsale.
- Guillaume 1995 : À 1,5 distance en dehors du processus épineux de la troisième vertèbre thoracique, dans le troisième espace intercostal.
- Laurent 2000 : Sur le dos, à 1,5 *cun* en dehors de la troisième épineuse dorsale, dans le 3° espace intercostal.
- WHO 2009: In the upper back region, at the same level as the inferior border of the spinous process of the third thoracic vertebra (T3), 1.5 B-*cun* lateral to the posterior median line.
- Liu HT, Liu YL, Song ST, Ma TM. [Methods for Accurately Locating “Feishu” (BL 13) in Rats]. Acupuncture Research. 2015;329-30. [184486].

  > “Feishu” (BL 13) is a commonly used acupoint in experimental study,'but its definite position has not been described in current books about acupoints. In the'present paper, the authors introduced three methods for determining the anatomical location of “Feishu” (BL 13) acupoint in rats. The Wistar rats (200 ± 20) g were anesthetized with 10% chloral hydrate first, and then, fixed at the prone position. The highest point of the spinous process of the second thoracic vertebra was used as the marker for positioning the spinal vertebra. The point, 7 mm lateral to the site below the spinous process of the 3rd thoracic vertebra is just the “Feishu” (BL 13). In order to determine the 3rd thoracic vertebra, three methods are recommended to be adopted: 1) finding the 5th thoracic vertebra process parallel to the inferior angle of the scapula first, then going upwards to find the 3rd thoracic vertebra , 2) finding the 1st thoracic vertebra along the 1st rib, then going downward to find the 3rd thoracic vertebra, and 3) taking the 6th lumbar vertebra (parallel to the hip-joint) as the bone-marker and going upward to find the 3rd thoracic vertebra. When “Feishu” (BL 13) punctured, a filiform needle was straight inserted into the skin, then downward to the subcutaneous tissue, muscular layer (including the trunk cutaneous muscle, trapezius muscle, broadest muscle of back, serratus muscle of back, atalanto-longest muscle, longest muscle of neck, longest muscle of thorax, lumbar longest muscle, the medial part of the longest muscle, cervico-spinal muscle of back-, semispinal muscle of neck, biventer cervicis, and multifidus muscles) about 6 mm in depth.

Items de localisation

- *Feishu*, 13V
- *Shenzhu*, 12VG
- Apophyse épineuse de T3

- Ligne médiane postérieure

2.2. Textes classiques

- Ling Shu : De chaque côté de la troisième vertèbre, et à 3 *cun* l'un de l'autre (Deng 1993).
- Jia Yi : ""below the third vertebra, each 1.5 *cun* to the side (A Classic of Acupuncture and Moxibustion in Zhang Rui-Fu 1985). Au-dessous de la troisième vertèbre et à 1,5 *cun* de la ligne médiane (Deng 1993).
- Shen Ying : Au-dessous de la troisième vertèbre et à 2 *cun* de la colonne vertébrale (Deng 1993).
- Deng 1993 : comme l'énoncé "à 3 *cun* l'un de l'autre" inclut la colonne vertébrale, les deux points sont bien à 1,5 *cun* de chaque côté de la ligne médiane postérieure. *Feishu* (V13) est donc localisé sur le dos, au-dessous de l'apophyse épineuse de la troisième vertèbre dorsale, et à 1,5 *cun* de la ligne médiane postérieure.

2.3. Rapports et coupes anatomiques

- Roustan 1979 : branches des 3ème artère et veine intercostalis, rami dorsales du 3ème nerf thoracicus.
- Zhang Rui-Fu 1985: *Blood vessels*: transverse cervical artery, posterior branch of the posterior intercostal artery and vein. *Nerves*: dorsal rami of the thoracic spinal nerve, suprascapular nerve, accessory nerve
- Deng 1993 : Peau—tissu sous-cutané—muscle trapèze—muscle rhomboïde—muscle dentelé postérieur et supérieur—muscle érecteur épineux. Dans la couche superficielle, on trouve les branches cutanées internes des branches postérieures des troisième et quatrième nerfs thoraciques, et les branches cutanées internes des branches dorsales des artères et des veines intercostales postérieures correspondantes. Dans la couche profonde, on trouve les branches musculaires des branches postérieures des troisième et quatrième nerfs thoraciques, et les branches ou tributaires des branches dorsales des artères et des veines intercostales postérieures qui s'y rattachent.
- Guillaume 1995 : Artère cervicale transverse, branche postérieure de l'artère et de la veine intercostales postérieures. Rameau médial de la branche dorsale de T3, nerf supra-scapulaire, nerf accessoire.

- Mi Jinghua et al. [Anatomic Structure of Feishu Point and Study on Safe Manipulation]. Shanghai Journal of Acupuncture and Moxibustion. 1988;2:31-2. [53587].
- Chen Yi-Guo, Du Rui-Qing, Cheng Ze-Dong, et al . [Study on Correlativity between the Intervertebral of Feishu (BL 13) and Dachangshu (BL 25) in Mechanics]. Chinese Acupuncture and Moxibustion. 2004;24(3):197. [130067].

> Objective To study the internal special link between Feishu (BL 13) and Dachangshu (BL 25) in mechanics. Methods The relative data obtained from MRI and computer temography scanning were transmitted into computer to build the spinal model. With the help of software of "ANALYSIS" (the finite element analysis) , the mechanical experiment was conducted. The correlativity between the two points was investigated. The adjacent intervertebral discs were chosen as the controls. Results In both the single force trial and the double forces trials, the experimental results suggested that relations between the two relative acupoints were significantly different from the relation between the intervertebral discs, with equivalency, equiponderance of stress distribution and thorough linear regression relation between the two acupoints. Conclusion There is an internal special relation between the two acupoints with exterior-interior relation in vertebral mechanics, so as to prove that the theory on correlation of interior-exterior acupoints in acupuncture is scientific.

2.4. Rapports ponctuels

3. Classes et fonctions

3.1. Classe ponctuelle

- Nguyen Van Nghi 1971 : Point spécifique de dispersion de l'énergie Yang des poumons. Fait partie du groupe des points de dispersion de l'énergie Yang des cinq organes cités dans So Ouenn (chapitre 32) et dans Nei King (chapitre 51). Les autres points sont : Taé Tchou (11V), Sinn Iu (15V), Ko Iu (17V), Kann lu (18V), Pi Iu (20V) et Chenn Iu (23V). Nei King : « Lorsqu'il y a perturbation de l'énergie avec ventre ballonné, borborygmes, poitrine gonfle avec difficulté pour respirer (asthme), il faut puncturer le Tchong Fou (1P) et Inn Menn (2P). Si on appuie du doigt sur ces points, et sur le *Fei shu*, le malade sent que l'énergie remonte, et si l'on appuie plus fort, il se sent soulagé. »
- Pan 1993, Guillaume 1995 : point *Shu* du dos correspondant au Poumon.
- Laurent : Ce point, comme tous les points nommés *Shu* qui vont suivre, a pour fonction d'activer, de mettre en mouvement, de faire circuler, voire de purger l'énergie du viscère auquel il se rapporte (Cf. points *Mu* et *Shu* dans l'ouvrage précédent “la théorie des *Jingluo*”).

3.2. Classe thérapeutique

- Roustan 1979 : abaisse la chaleur et traite le poumon.
- Zhang Rui-Fu 1985: dissipating pathogenic wind and heat, ventilating the lung and impelling the flow of qi, nourishing yin and dissipating pathogenic heat, promoting the flow of qi and regulating the nutrient system.
- Guillaume 1995 : *Feishu* disperse le vent, purifie le Poumon, dégage le Poumon, régularise le *Qi*, nourrit le *Yin*, purifie la chaleur, tonifie le *Qi*, harmonise le souffle nourricier-*Ying qi*. Selon le Tai yi shen zhen, *Feishu* disperse le vent et élimine la chaleur, ouvre l'orifice du Poumon-*Fei qiao*, harmonise le *Ying* et le *Wei*.
- Laurent 2000 : Traite les vides ou les plénitudes du Poumon, réduit la toux et l'asthme.

- Zhao Ningxia et al. [Changes of Pulmonary Function in Health People after Acupuncture of Feishu Point]. Acupuncture Research. 2000;25(4):290. [88196].

  > Objective: To study the effect of acupuncture of Feishu (BL 13) on the pulmonary function in healthy people. Methods: Forty cases of healthy male students between 20 and 22 years old were subjected into this study. FVC (forceful vital capacity), FEV1 (forceful expiratory volume of 1 second), MMF (maximal mid-expiratory flow volume), PEFR (peak expiratory flow rate), V (volume) 75, V50, V25 were measured ten minutes before and after acupuncture by using 2120 Pulmonary Function Detector made in USA. Results: FVC raised significantly after acupuncture of Feishu (BL 13)(P< 0. 05). The rest indexes hadn't any significant changes (P >0. 05). Conclusion: It suggests that acupuncture of Feishu (BL 13) can raise FVC in normal people.

- Ji Bao-Qin, Li Jian, Zhao Ning-Xia, et al. [Pulmonary Function Changes of 80 Healthy Young People after Acupuncture or Moxibustion Treatment on Feishu]. Journal of Nanjing University of Traditional Chinese Medicine (Natural Science). 2002;18(3):174. [102809].

  > OBJECTIVE :To explore into die effect of acupuncture and moxibustion on the pulmonary function of healthy people. METHOD : 80 healthy males ranging from 20 to 22 in age were divided randomly into an acupuncture group of 40 people and a moxibustion group of 40 people, and the vital capacity (FVC), forced expiratory volume (FEV1.0), maximal mid - expiratory flow (MMF), MEF maximal expiratory flow (PEFR) and

the maximal expiratory flow rate at 75%, 50% and 25% vital capacity (V75, V50, V25) were measured 10 minutes before and after acupuncture or moxibustion treatment. RESULT After acupuncture or moxibustion treatment, FVC and FEV1.0 of both groups increased markedly (P < 0.05). FVC in the acupuncture group was markedly higher than in the moxibustion group (P < 0.05). MMF and V25 in the moxibustion group decreased markedly (P < 0.05). CONCLUSION :Acupuncture and moxibustion on Feishu in healthy people decreases the resistance in the major airway and increases the vital capacity, suggesting that the smoke from the burning of moxa wools causes the contraction of the minor airway and leads to obstructive changes

.

- Li Jian, Ji Baoqin, Zhao Zongxia et al. [Influence of Moxibustion on Acupoint Feishu on Pulmonary Function of Healthy Adults]. Shaanxi Journal of Traditional Chinese Medicine. 2002;23(4):346. [104106].
- Zhao Ningxia, Guo Ruilin, Ren Qinyou, et al. [Effects of Acupuncture of Feishu (BL 13) and Nonpoint on Pulmonary Function]. Chinese Acupuncture and Moxibustion. 2003;23(8):461. [118963].

  ABSTRACT Objective To compare effects of acupuncture of Feishu (BL 13) and nonpoint on the pulmonary function. Methods : Eighty healthy male students aged between 20 and 22 years were randomly divided into 2 groups, and forceful vita1 capacity (FVC), forceful expiratory volume of 1 second (FEV 1.0, FEV 1.0%, maximal mid-expiratory flow volume (MMF), peak expiratoiy flow rate (PEFR), V75□V50□V25 were detected 10 min before and after acupucture by a 2120 Pulmonary Function Detector made in USA. Results : After acupuncture of Feishu (BL 13) FVC raised significantly (P<0.05), and after acupuncture of nonpoint all of the indexes had not any significant changes (P>0.05). Conclusion : Acupuncture of Feishu (BL 13) can, but nonpoint can not raise FVC in healthy persons.

- Zhao Ningxia, Guo Ruilin, Ren Qinyou, Ji Baoqin, Li Jian. Effects of Acupuncture at Feishu (BL 13) and Nonmeridian-Nonacupoint on Pulmonary Function. European Journal of Integrated Eastern and Western Medicine. 2005;3(4):28. [142017].

  Studies have indicated that acupuncture at Feishu(BL 13) can improve pulmonary function, and cure many acute and chronic diseases in the respiratory system, but few studies about effects of acupuncture at Feishu (BL 13) and nonmeridian-nonacupoint on pulmonary functions in healthy persons are found at home and abroad. In the present paper, effects of acupuncture at Feishu(BL 13) and a nonmeridian-nonacupoint on pulmonary function in healthy persons were compared for exploring the mechanism of Feishu(BL 13) in treatment of diseases of the respiratory system.

- Zhao Ning-Xia, Guo Rui-Lin, Ren Qin-You, et al. [Changes of Pulmonary Function in Healthy People after Moxibustion of Feishu, Baihui and Shenque Acupoints]. Acupuncture Research. 2003;28(4):273. [126614].

  Objective: To study the effects of moxibustion on pulmonary function in healthy people. Methods: One hundred and twenty cases of healthy male students ranging in age from 20 to 22 years were enrolled in this study and evenly randomized into Feishu (BL 13), Baihui (GV 20) and Shenque (CV 8) groups. Mild moxibustion was applied to these acupoints, 5–10 min for each of them, once daily and 5 times altogether. Changes of forceful vital capacity (FVC), forceful expiratory volume of 1 second (FEV1), FEV1.o%, maximal mid-expiratory flow volume (MMF), peak expiratory flow rate (PEFR) , maximal expiratory flow rate at 75 % , 50 % and 25 % vital capacity (V75, V50 and V25) before and after moxibustion treatment were detected by using 2120 Pulmonary Function Detector. Results : After moxibustion of Feishu (BL 13), FVC raised significantly (P G 0.05) , and the rest indexes had not any significant changes (P >0. 05). The values of FVC, FEV1, MMF, FEV1.0 % , PEFR, V75, V50 and V25 had not any significant changes after moxibustion of both Baihui (GV 20) and Shenque (CV 8) (P > 0.05) . Conclusion : Moxibustion of Feishu (BL 13) can raise FVC in normal people, while moxibustion of Baihui (GV 20) and Shenque (CV 8) has no obvious effect on the pulmonary function.

4. Techniques de stimulation

Acupuncture	Moxibustion	Source
Selon Jia yi jing, puncturer à 0,3 distance, laisser l'aiguille le temps de 7 expirations, disperser dès l'obtention du *Deqi*. Selon Zhen quan, puncturer à 0,5 distance, laisser l'aiguille le temps de 7 expirations	Selon Zhen quan, appliquer 100 cônes de moxa, selon Ming xia, appliquer 3 cônes de moxa	Zhen jiu ju ying (Guillaume 1995)
Oblique insertion 0.3 — 0.6 *cun* inferiorly, or toward the spine 0.5 — 1.0 *cun*	5 — 10 cones, or 10 — 20 minutes with moxa roll.	Zhang Rui-Fu 1985
Puncture inclinée entre 0,5 et 0,8 distance de profondeur	Cautérisation avec 3 à 5 cônes de moxa, moxibustion pendant 5 à 10 minutes	Guillaume 1995
Piqûre perpendiculaire à 0,5-1 distance Piqûre sous-cutanée du haut vers le bas à 1-2 distances	Cautériser 3-5 fois, chauffer 5-15 minutes	Roustan 1979
Piqûre perpendiculaire ou oblique de 0,5 à 1 *cun*	Moxas : 3 à 7 ; chauffer 30 à 60 mn	Laurent 2000

Durée de la puncture

- Zhang Yaxi et al. [Study on Time-Effect Relation in Acupuncture of Feishu Point Improving Pulmonary Function]. Chinese Acupuncture and Moxibustion. 1997;17(10):581. [69047].

> In the present paper, improving effects of different needle-retained periods on pulmonary function in patients of diseasses of the respiratory system were investigated when acupuncture was given at Feishu Point (BL 13). Results indicated that acupuncture of Feishu point could improve markedly pulmonary function. The acupuncture effect was seen when the needle was retained for 20 min and it was the most obvious when the needle was retained for 40 min, but it reduced to some extent when the needle retained for 60 min. It is suggested that different needle-retained periods have different improving effects on pulmonary function.

Traduction espagnole : Zhang Yaxi Et Al. Estudio sobre la relacion tiempo-efecto en acupuntura en el punto Feishu (V13) para mejoraar la funcion pulmonar. Enerqi. 1998;1:15-7.[73335].

> A través de la acupuntura en el punto feishu (v 13)con diferentes tiempos de retencion de la aguja, se comprobo el efecto terapéutico en la mejoria de la funcion pulmonar de los pacientes con enfermedades del sistema respiratorio. Los resultados indicaron que la acupuntura en el punto feishu (v 13)puede mejorar marcadamentela funcion pulmonar.El efecto acupuntural se verifico cuando el tiempo deretencion de la aguja era de 20 minutos,aumentando dicho efecto cuando era de 40 minutos,encambio el efecto sufrio una reduccion cuando la aguja se retenia durante 60 minutos. Esto demostro que los diferentes tiempos deretencion de la aguja tienen diferentes efectos sobre la mejoria de la funcion pulmonar.

Sensation de puncture

- Roustan 1979 : sensation locale de gonflement.
- Selon Zi sheng jing, à chaque fois qu'il y a dyspnée et asthme, la pression de *Feishu* est toujours douloureuse (Guillaume 1995).

Sécurité

- Roustan 1979, Guillaume 1995 : Ne pas piquer trop profondément.

- avoid deep insertion (Zhang Rui-Fu 1985)
- Selon Su wen, si on atteint le Poumon (lors de la puncture), le sujet meurt en 3 jours, il tousse lorsqu'il bouge ; certains disent qu'il meurt en 5 jours (Guillaume 1995).

5. Indications

Classe d'usage	★★	point majeur

5.1. Littérature moderne

- Nguyen Van Nghi 1971 : Point à puncturer dans les affections pulmonaires par la technique de lu-Mo (lu des poumons : Fei lu (13V) ; Mo des poumons : Tchong Fou (1P). Point à puncturer principalement dans les cas de toux, rhinorrhée, tuberculose, plénitude de la poitrine, respiration courte, dorsalgie.
- Roustan 1979 : bronchite, suffocation intermittente, pneumonie, transpiration nocturne. Hémoptysie, toux, dyspnée, affections de la gorge, épilepsie, gonflement du cou.
- Zhang Rui-Fu 1985: cough, asthma, fever, symptoms of consumptive disease, night sweats, hemoptysis, diabetes, flaccid paralysis, chest pain and fullness, urticaria.
- Lade 1994 :
    - Régularise et tonifie le Poumon (surtout le *Qi*), régularise le Réchauffeur Supérieur, tonifie le *Qi* Ancestral, fait diffuser le *Qi* du Poumon, élargit et décontracte la poitrine, disperse le Vent, le Vent-Froid, le Vent-Sécheresse, le Vent-Chaleur et le Froid, transforme les Glaires, les Glaires-Froid, les Glaires-Humidité et les Glaires-Chaleur, clarifie la Chaleur, libère l'extérieur, et stimule la transpiration. Indications : syndrome de consomption avec soif du Réchauffeur Supérieur, syndrome de “vapeur des os”, syndrome atrophique dû à la Chaleur du Poumon, démence, convulsions, abcès du Poumon, tuberculose pulmonaire, pleurésie, asthme, bronchite, urticaire, fièvre récurrente, transpirations spontanées, transpirations nocturnes, insomnie, toux, hémoptysie, raideur du cou et du dos, et lombalgie. Note: Vapeur des os : *gu zheng* : chaleur qui se produit à l'intérieur et qui est difficile à éliminer. Cette affection est caractérisée par des transpirations spontanées, de la chaleur des joues, des paumes des mains et des plantes des pieds, et une sensation de fièvre intermittente, alors même qu'on n'objective aucune élévation de la température du corps. Ces troubles sont parfois en relation avec des problèmes émotionnels et en général attribués à un vide du *Yin*.
    - Fait descendre le *Qi* Rebelle. Indications : obstruction douloureuse de la gorge, plenitude de la poitrine avec difficulté

ä respirer, et vomissements.

- Guillaume 1995 : Atrophie du Poumon avec altération de l'état général (tuberculose), chaleur des os avec fièvre ondulante, transpiration subite, plénitude du thorax avec souffle court, vomissement de sang, expectoration sanglante, toux, dyspnée, abcès du poumon, folie-*dian kuang*, ictère, *Bi* de la gorge, *Qi* goitreux ; bronchite, asthme bronchique, coqueluche, pneumonie, abcès du poumon, tuberculose pulmonaire, pleurésie, névralgie intercostale, prurit cutané.

5.2. Littérature ancienne

- Jia yi jing : « Chaleur du *Qi* du Poumon, impossibilité de s'allonger à cause de la dyspnée, toux,

reflux du *Qi*, vomissement de glaires, dyspnée, souffle rapide, plénitude thoracique, spasmes des flancs, difficulté à respirer, frissons, pouls tendu en peau de tambour, présence de chaleur au niveau du diaphragme et à l'intérieur du thorax, distension thoracique avec inappétence, absence de transpiration, douleur de la colonne lombaire », « Distension des Poumons-*fei zhang* », « Folie-*dian* avec crainte du vent, frissons fréquents, impossibilité de parler, exacerbation en présence du froid, chaleur du corps, agitation-*kuang zou* avec tendance à vouloir se tuer, révulsion oculaire avec baisse de la vue, convulsions-*chi zong* et pleurs, perte de connaissance » (Guillaume 1995).

- Qian jin yao fang : « *Bi* de la gorge, reflux de *Qi* avec toux, hypersialorrhée », « Souffle court et impossibilité de parler », « Froid du Poumon », « Douleur intra-thoracique », « Vomissements de sang, crachats sanglants », « Suintement d'eau (transpiration) », « Ictère », « Convulsions de type Poumon-*fei xian* », « Goitre-*ying*, reflux du *Qi* vers le haut avec souffle court » (Guillaume 1995).
- Qian yi fang : « Inquiétude avec reflux de *Qi* vers le haut », « Vent du Poumon avec insuffisance du souffle, enflure des quatre membres, dyspnée, plénitude thoracique », « Transpiration subite, accès de fièvre et de frissons, crainte du froid » (Guillaume 1995).
- Ishimpo : Sensation de fièvre et de frissons ; impossibilité de se reposer ou de se coucher à cause de la difficulté à respirer ; toux et reflux de *Qi* ; nausée et bouche écumeuse ; halètement ; distension thoracique ; raideur dorsale aiguë ; inappétence ; baisse de la vision ; spasmes ; yeux larmoyants ; perte de conscience qui ressemble à la mort et incapacité de reconnaître les gens (Guillaume 1995).
- Sheng hui long : « Convulsions-*dian xian* », « Vomissement par reflux avec tension thoracique, raideur de la colonne vertébrale, accès de fièvre et de frissons avec inappétence, myalgies, prurit cutané, chaleur des os-*gu zheng*, toux », « Atrophie du Poumon avec dyspnée, toux, crachats sanglants, plénitude du thorax et des flancs », « Dos de tortue de l'enfant (cyphose) » (Guillaume 1995).
- Tong ren : « État de vide et d'inquiétude avec bouche sèche » (Guillaume 1995).
- Zi sheng jing : « Dyspnée ou asthme-*xiao chuan* », « Amas et accumulation-*ji ju* » (Guillaume 1995).
- Shennong jing : « *Feishu* traite la toux, les vomissements de sang, les crachats hémoptoïques, la chaleur des os-*Gu zheng*, le surmenage par vide-*xu lao*, faire 14 cônes de moxa » (Guillaume 1995).
- Yu long fu : « Associé à *Fenglong*- 40E, il traite la toux » (Guillaume 1995).
- Bai zheng : « Associé à *Tiantu*- 22VC, il traite la toux quinteuse » (Guillaume 1995).
- Qian kun sheng yi : « Associé à *Taodao*- 13VG, *Shenzhu*- 12VG, *Gaohuang*- 43V, il traite la faiblesse avec blessure-*xu sun*, les Cinq Surmenages-*wu lao*, les Sept Blessures-*qi shang* » (Guillaume 1995).
- Zhen jiu ju ying : *Qi* goitreux-*ying qi*, ictère, tuberculose-*lao ji*, sécheresse de la bouche et de la langue, chaleur de surmenage-*lao re* avec reflux de *Qi*, raideur et douleur de la colonne lombaire, frissons et fièvre avec dyspnée et plénitude thoracique, faiblesse et inquiétude, chaleur des os-*gu zheng* qui se transmet par les cadavres (épidémique), atrophie du Poumon-*fei wei*, toux, myalgie avec prurit cutané, vomissement, tension thoracique avec inappétence, agitation-*kuang zou* avec tendance à vouloir se tuer, déformation du dos, atteinte du Poumon par le vent-*fei zhong feng*, sensation de plénitude du thorax avec souffle court en décubitus dorsal, sensation d'inquiétude et de chaleur intra-thoracique avec transpiration, maladie des cent toxiques, vomissement aqueux après le repas, dos de tortue de l'enfant. » Zhang Zhongjing dit :« Lorsque les méridiens *Taiyang* et *Shaoyang* sont malades ensemble, avec raideur douloureuse de la nuque, vertige, parfois nouure thoracique et sensation de masse au-dessous du Cœur, il faut piquer sur *Taiyang*, *Feishu*- 13V et *Ganshu*- 18V. » (Guillaume 1995).
- Yi xue ru men : « Plénitude et douleur intra-thoracique, cyphose comparable à un dos de tortue, raideur de la colonne vertébrale avec distension thoracique, *Qi* goitreux, vomissement, reflux

de *Qi* vers le haut, frissons et fièvre avec inappétence, douleur de la chair et prurit cutané, maladie épidémique avec chaleur des os-*gu zheng*, toux, dyspnée, souffle court dans les cent maladies. » (Guillaume 1995).

- Da cheng : Reprend intégralement la citation du Zhen jiu ju ying (Guillaume 1995).
- Lei jing tu yi : « Les Cinq Surmenages-*wu lao*, maladies qui se transmettent à partir des cadavres (épidémiques), chaleur des os-*gu zheng*, vent des Poumons avec atrophie des Poumons, toux, vomissement, reflux de *Qi* vers le haut avec dyspnée, sensation de plénitude, vide et faiblesse avec anxiété, bouche sèche, éblouissements ; plénitude thoracique avec absence de transpiration, raideur douloureuse de la colonne lombaire, cyphose dorsale en dos de tortue, frissons et fièvre avec tuméfaction goitreuse-*ying qi* et ictère. Ce point disperse la chaleur des Cinq Organes, son rôle est comparable à celui des point *shu* des Cinq Organes. » « Selon Qian jin, *Fei shu* traite les vomissements de sang et les crachats sanglants, le reflux de *Qi* vers le haut, la toux par reflux, le *Bi* de la gorge il faut faire un nombre de moxa en fonction de l'âge. Il traite aussi le souffle court avec impossibilité de parler, appliquer l00 moxas. Il traite l'hypersialorrhée, faire des moxas sur *Feishu*- 13V, *Sanyinjiao*- 6Rte, dont le nombre est fonction de l'âge. En cas de tuméfaction goitreuse-*yin qi* avec reflux de *Qi* vers le haut et souffle court, faire 100 moxas. En cas de transpiration nocturne, fièvre, frissons, crainte du froid, faire des moxas dont le nombre est fonction de l'âge et puncturer à 0,3 distance de profondeur. » (Guillaume 1995).
- Tai yi shen zhen : « Toux dyspnéisante avec glaires, atrophie du Poumon-*fei wei*, chaleur des os-*gu zheng* et toux de type tuberculeux, nausée et vomissement avec angoisse, sécheresse de la bouche, éblouissement, raideur douloureuse de la colonne lombaire, cyphose dorsale. » (Guillaume 1995).

5.3. Associations

Indication	**Association**	**Source**
Transpiration subite	**13V** + 7Rn + 45V	Shen jiu jing lun (Guillaume 1995)
Grippe avec toux	**13V** + 7P + 4GI	Si ban jiao cai zhen jiu xue (Guillaume 1995)
Toux	**13V** + 12V	Zhen jiu ju ying-Xing zheng zi yao ge (Guillaume 1995)
Toux	**13V** + 22VC	Bai Zhen Fu (Roustan 1979), Zhen jiu ju ying-Bai zheng fu (Guillaume 1995)
Toux	**13V** + 40E	Yu long jing-Yu long ge (Guillaume 1995)
Dyspnée	**13V** + 15VC	Zhi Shen Jing (Roustan 1979)
Dyspnée, toux, insuffisance de *Qi* et les différentes maladies	**13V** + 23V	Qian jin (Guillaume 1995)
Bronchite asthmatiforme	**13V** + 17VC + 1P + 6MC + *Fei Re* (PN98)	Roustan 1979
Bronchite chronique	**13V** + 14VG + 43V (cautériser ou chauffer)	Roustan 1979, Shanghai zhen jiu xue (Guillaume 1995)
Tuberculose pulmonaire, toux, asthme	**13V** + 12V + 1P + 22VC + 17VC + 5P	Zhen jiu xue jian bian (Guillaume 1995)
Abcès du Poumon avec expectoration purulo-sanguinolente	**13V** + 45V	Shi yi de xiao fang (Guillaume 1995)
Hémoptysie	**13V** + 17V + 5P + 9P + 10P	Zhong hua zhen jiu xue (Guillaume 1995)

Indication	Association	Source
Douleur thoracique	**13V** + 2P + 1P + 1Rte + 14F + 47V + 7MC	Zi sheng jing (Guillaume 1995)

5.4. Revues des indications

6. Etudes cliniques et expérimentales

6.1. Insuffisance cardiaque

- Wang Jing, Zeng Yong-Lei, Wang Jie. [Clinical Study on Moxibustion at Feishu (BL 13) and Xinshu (BL 15) for Chronic Heart Failure]. Shanghai Journal of Acupuncture and Moxibustion. 2012;31(2):91. [175479].

  Objective To observe the treatment effect of moxibustion plus Western medication in treating chronic heart failure. Method Sixty patients were randomized into a control group and a treatment group, 30 in each. The control group was intervened by routine Western medication, and the treatment group was intervened by mild moxibustion at bilater Feishu (BL 13) and Xinshu (BL 15) by moxa stick in addition to the Western medication, 20 mmn for each acupoint, once a day, and 4-week moxibustion treatment was given in total. The clinical effect and the involved indexes of heart function were compared between the two groups after treatment. Result The total effective rate was 76.7% in the control group, versus 90.0% in the treatment group, and the result in the treatment group was markedly superior to that in the control group (P<0.05); both groups had obvious improvement in terms of FIR, CO and LVEF after treatment (P<0.0i), and the results of FIR, CO. and LVEF in the treatment group were significantly better than that! n the control group (P< 0.0!),and the improvement of the above terms in the treatment group was also better than that in the control group. Conclusion Compared with single Western medication treatment, combined moxibustion and Western medication obtains better treatment result in managing chronic heart failure.

6.2. Rhinite allergique

- Zhou Zhi-Hua, Li Yong-Tang, Wu Zhou-Hong, Dian Xiao-Ying. [Randomized Control Study of Liquid Knife Needle Lysis and Electrical Triple Needling at Point Feishu (BL13) in Treating Allergic Rhinitis]. Shanghai Journal of Acupuncture and Moxibustion. 2010;29(1):19. [178941].

  Objective To compare tlie efficacies and safeties of two therapies, Iiquid knife needle lysis and electrical triple needling at point Feishu(BL13) in the clinical symptoms and signs in treating allergic rhinitis patients and investigate if liquid knife iieedle lysis at point Feishu(BL13) has its superiority in therapeutic effect and safety. Methods Two hundred allergic rhinitis patients rneeting the inclusioii criteria were given liquid knife needle lysis and electrical triple needling at point Feishu(BL13), respectively. A11 of them were treated once every 6 days, 5 times as a course. A follow-up was performed 6 months later to eva1uate the therapeutic effects and adverse reactions and cornpare the efficacies and safeties between the two groups. Results and conclusion The cure rate and total efficacy rate of liquid knife needle lysis for allergic rhinitis were 69% and 97%, respectively. Its therapeutic effect is superior to that of electrica1 triple needling. It can correct imniune dysfunction and does not cause an adverse reaction.

6.3. Toux

- Fan Jie. [Applying Chinese Drug on Feishu Points to Treat 47 Cases of Child Cough]. Hubei Journal of Traditional Chinese Medicine. 1993;2:35. [37827].
- Lu Rangzhu, Wu Shicao, Zhu Canghong, et al. [Observation of Infantile Tussis Treated with

Kechuankang Pasting on Feishu Points.]. Journal of External Therapy of TCM. 2003;12(3):32. [121431].

6.4. Asthme

- Lewis GBH et al. Acupuncture at Points Yangchi and Waiguan Compared with the Established Points Feishu and Dazhui in the Therapy of Asthma. American Journal of Acupuncture. 1993;21(3):241-5. [57190].

  In this study two acupoints not traditionally prescribed for asthma, Yangchi (SJ 4), and Waiguan (SJ 5) were compared to the classically prescribed points Feishu (Bl 13) and Dazhui (GV 14). Respiratory parameters and acute ventilatory responses to acupuncture in 20 chronic asthmatic patients were assessed including respiratory frequency, tidal volume, peak inspiratory flow rate, etc. The results suggest that the Sanjiao points should be considered when choosing points for treating asthma. The author proposes possible explanations for the results from both the perspectives of traditional Chinese theory and Western physiology.

- Lin YY, Wang YP, Lu HY, Guo XC , Liu X, Wu CB, Xu YH. Plasma Pharmacokinetics and Lung Distribution of Tetrahydropalmatine after Topical Application of Cold Asthma Recipe Extract: Feishu (BL 13) versus Non-Feishu Acupoint. J Ethnopharmacol. 2014;153(2):454-60. [177446].

  ETHNOPHARMACOLOGICAL RELEVANCE: Acupoint application of cold asthma recipe (CAR) was a traditional Chinese medicine (TCM) method, widely used as an alternative medicine for clinical prevention of the common winter diseases of asthma and bronchitis. Tetrahydropalmatine (THP) was a main active ingredient of CAR extract. The aim of this study is to compare plasma pharmacokinetics and lung distribution of THP between Feishu (FS) acupoint (BL 13) and Non-Feishu (NFS) acupoint application of CAR extract by ultra performance liquid chromatography-tandem mass spectrometry (UPLC-MS/MS). MATERIALS AND METHODS: The extract of CAR was topically administrated in FS and NFS acupoint of rats for plasma pharmacokinetics, and topically administrated in FS and NFS acupoint of mice for lung distribution. The plasma and lung homogenates were pretreated by protein precipitation with acetonitrile. Chromatographic separation was performed on an ACQUITY UPLC BEH C18 column with a mobile phase consisted of 0.1% formic acid in acetonitrile and 0.1% formic acid in water. The detection was accomplished by multiple-reaction monitoring (MRM) scanning in the positive electrospray ionization (ESI(+)) mode. All pharmacokinetic parameters were estimated by non-compartmental analysis.RESULTS: A sensitive, accurate and precise UPLC-MS/MS method was successfully established for determination of THP in 100 μL plasma and lung homogenate. The lower limit of quantification (LLOQ) of THP was 0.05 ng/mL and 0.072 ng/mL, respectively. The pharmacokinetic results manifested that THP was absorbed and eliminated slowly in plasma. Additionally, it was found that there was significantly higher amount of THP absorbed into blood and lung after FS acupoint application compared to NFS acupoint application. CONCLUSIONS: Both of the rat plasma pharmacokinetics and mice lung distribution of THP could support that FS acupoint application of CAR extract has greater advantages of absorption into the blood circulation and distribution in target tissue over NFS acupoint application. The results might be helpful in providing a rational explanation for why the TCM chose the acupoint application and elucidating the underlying mechanism of this treatment.

- Zou X, Zhu J, Kang XZ, Hu WY, Wang K, Peng ZJ, Fu Y, Zi XF. [Comparison of Therapeutic Effects Between Acupoint-Injection and Intramuscular-Injection of Bacillus Calmette-Guerin Polysaccharide Nucleic Acid for Bronchial Asthma]. Acupuncture Research. 2015;40(1):65-9.[183150].

  OBJECTIVE: To observe the curative effect of acupoint-injection and intramuscular-injection of Bacillus Calmette-Guerin (BCG) Polysaccharide Nucleic Acid for bronchial asthma. METHODS: Sixty patients with bronchial asthma were equally randomized into acupoint-injection group and intramuscular-injection group. For patients of the acupoint-injection group, 2 mL of BCG was injected into bilateral Feishu (BL 13, 1 mL for one side) once per day in the first 15 days, and once every other day in the rest 2.5 months except weekends. Intramuscular-injection was conducted at the lateral sites of the left or right buttock, 2 mL/time for each site, and the injection frequency was the same to that of the acupoint-injection. The therapeutic effect was assessed according to the standards of Guide Principles for Clinical Research of New Chinese

Herbal Drugs (2002) and Asthma Group of Breathing Diseases of China Medical Association (2008). Changes of FEV 1 (forced expiratory volume in the first second)/FVC (forced vital capacity) and PEF% (peak expiratory flow) were detected using a pulmonary function detector. Serum IgA, IgM, IgG and IgE contents were assayed by using an autonomic biochemical analyzer. RESULTS: After 3 months' treatment, the scores of patients' symptoms and signs and serum IgE and IgG levels were significantly decreased in both muscular-injection and acupoint-injection groups (P<0.01), while asthma controlled test (ACT) scores FEV 1/FVC% and PEF% values were considerably increased in both groups compared to pre-treatment in the same one group (P<0.01). The effects of acupoint-injection were markedly superior to those of the intramuscular-injection in reducing clinical symptom-sign score, and serum IgE content, and in up-regulating ACT score, FEV 1/FVC% and PEF% levels (P<0.05, P<0.01). There were no significant differences in serum IgG, IgA and IgM levels between the two groups 3 months following the treatment (P>0.05). CONCLUSION: Acupoint-injection of BCG polysaccharide nucleic acid can effectively improve bronchial asthma patients' clinical symptoms and sings and pulmonary function, which may be closely associated with its function in down-regulating serum IgE and IgG levels

.

6.5. Bronchite chronique

- Liang Yan , Li Li-Chun , Zhou Wei , et al. [Effects of Acupuncture on Feishu (BL 13) and 'Four-Flower' Points on Immunoglobulins of the Elderly Patients with Chronic Bronchitis in Lag Phase]. Shanghai Journal of Acupuncture and Moxibustion. 2014;33(1):38. [184669].

  Objective To observe the effect of acupuncture on Feishu (BL 13) and 'four-flower' points [Geshu (BL 17) and Danshu (BL 1 9)] on immunoglobulins of the elderly patients with chronic bronchitis in lag phase. Method Method Sixty patients were randomized into a treatment group and a control group, 30 in each group. In addition to the basic treatments given to both groups, the treatment group was also intervened by acupuncture on Feishu (BL 13) and 'four-flower' points, and the control group was by oral administration of Mi Lian Chuan Bei Pi Pa Gao. The immunoglobulin levels were determined by using the enzyme-linked immunosorbent assay before and after treatment. Result The treatment group achieved significant changes in the immunoglobulin levels (IgA, IgM, IgG) after treatment (P<CO.05). After treatment, the treatment group was significantly different from the control group in comparing the immunoglobulin levels (P<C0.05). Conclusion Acupuncture on Feishu (BL 13) and 'four-flower' points can enhance the immunoglobulin levels of the elderly patients with chronic bronchitis in lag phase.

- Zhang XF, Zhu J, Geng WY, Zhao SJ, Jiang CW, Cai SR, Cheng M, Zhou CY, Liu ZB. Electroacupuncture at Feishu (BL13) and Zusanli (ST36) Down-Regulates the Expression of Orexins and their Receptors in Rats with Chronic Obstructive Pulmonary Disease. J Integr Med. 2014;12(5):417-24. [177430].

  OBJECTIVE: Inflammation and lung function decline are the main pathophysiological features of chronic obstructive pulmonary disease (COPD). Acupuncture can improve lung function in patients with COPD, but the underlying mechanisms are not well understood. Orexins (OXs), which are found in peripheral plasma, are neuropeptides that regulate respiration and their levels are related to COPD. Therefore, we hypothesized that acupuncture might alter OXs, reduce lung inflammation and improve lung function in COPD. METHODS: COPD was induced in rats by exposure to cigarette smoke for 8 weeks and injecting with lipopolysaccharide twice. Electroacupuncture (EA) was performed at Feishu (BL13) and Zusanli (ST36) for 30 min/d for 2 weeks. Rat lung function and morphology were assessed after EA. The levels of tumor necrosis factor-α (TNF-α) and interleukin-1β (IL-1β) in bronchoalveolar lavage fluid (BALF) and orexin A and B levels in the lung tissue were detected by enzyme-linked immunosorbent assay. OX receptor mRNA levels and immunopositive cells were assessed with real-time polymerase chain reaction and immunohistochemical methods, respectively. The relationships among lung function, cell factors, and OX levels were analyzed by Pearson correlation analyses. RESULTS: Compared with the control group, lung function was significantly decreased in the rats with COPD (P<0.05). There were increases in TNF-α and IL-1β levels in BALF (P<0.05 and P<0.01, respectively), orexin A level in lung tissue (P<0.01; but not orexin

B) and mRNA expressions of OX (OXR1) and OX 2 (OXR2) in lung tissue (P<0.05 and P<0.01, respectively); the integrative optical densities (IODs) of both receptors were greater in the COPD group (P<0.05). For rats with COPD subjected to EA, lung function was improved (P<0.05). There were notable decreases in TNF-α and IL-1β levels (P<0.05 and <0.01, respectively) in BALF. Orexin A, but not orexinB, levels in lung tissue also decreased (P<0.01), as did mRNA expression of OX1R and OX2R in lung tissue (P<0.05 and P<0.01, respectively). Receptor IODs were also reduced after EA treatment (P<0.05). Furthermore, orexin A levels and ratio of forced expiratory volume in 0.3 s to forced vital capacity were strongly negatively correlated (P<0.01), and orexin A was positively correlated with TNF-α and IL-1β (P<0.001 and P<0.05, respectively). CONCLUSION: EA at Zusanli and Feishu improved lung function of rats with COPD and had an anti-inflammatory effect, which may be related to down-regulation of OXA and its receptors.

- He Fang, He Xu-Feng , Mai Jing-Yin. [Combination of Ginger Moxibustion on Feishu (BL13) and Compound Methoxyphenamine for Chronic Obstructive Pulmonary Disease at Remission Stage: A Report of 46 Cases]. Shanghai Journal of TCM. 2013;47(6):54. [180165].

  Objective To observe the clinical effects of ginger moxibustion on Feishu combined with compound Methoxyphenamine capsules on clinical symptoms and lung function in patients with chronic obstructive pulmonary disease(COPD).Methods Ninety-three patients with COPD were randomly divided into two groups: the moxibustion group (46 cases) which was treated by Feishu (BL13)ginger moxibustion and compound Methoxyphenamine capsules, and the control group (47 cases) which was treated by compound Methoxyphenamine capsules, with the course of six weeks. The main symptoms (including cough, expectoration and wheezing) and pulmonary functions (including FEV1, FEV 1,FVC and FEV1/FVC) were evaluated. Results after treatment, the symptoms of cough and wheezing in moxibustion group were improved significantly than that of the control group (P c 0. 05).The FEV1 and FEV1/FVC were improved significantly in moxibustion group (P c O. 05) , which were different from that of the control group (P sz O. 05). No significant difference was found in the indexes related to pulmonary functions (P > 0. 05). Conclusion Combined ginger moxibustion on Feishu (BL13) and compound Methoxyphenamine can improve the symptoms of cough and wheezing in patients with COPD.

- Li R, Li WJ, Cai YN, Li ZG, Luo Q, Zhou MJ, Li CX, Li FH, Liu MF. [Effects of Moxibustion at Feishu (BL 13) and Gaohuang (BL 43) on Expression of TGF-Beta1 in the Bleomycin -Induced Pulmonary Fibrosis]. Chinese Acupuncture and Moxibustion. 2005;25(11):790-2. [124435].

  OBJECTIVE: To explore the mechanism of moxibustion arresting the pulmonary fibrosis and provide experimental basis for prevention and treatment of pulmonary fibrosis with acupuncture and moxibustion. METHODS: One hundred and forty SD rats were randomly assigned to 4 groups: a blank group, a model group, a moxibustion group and a prednisone group, 35 rats in each group. The 3 groups expect the blank group were injected with bleomycin via trachea to induce experimental pulmonary fibrosis model, and 7 days after modeling, they were treated with moxibustion at bilateral Feishu (BL 13) and Gaohuang (BL 43), 3 cones each point, once each day, 10 days constituting one therapeutic course with an interval of one day between courses. After 3 courses, all rats were killed and expressions of TGF-beta1mRNA were detected with PCR method. RESULTS: The content of TGF-beta1mRNA in the pulmonary tissue in the moxibustion group and the prednisone group was significantly lower than the model group (P < 0.01), and there was no significant difference between the moxibustion group and the prednisone group (P > 0. 05). CONCLUSION: Both moxibustion at Feishu (BL 13) and Gaohuang (BL 43), and prednisone treatment can significantly suppress the expression of TGF-beta1mRNA in the pulmonary tissue in the rat of bleomycin-induced pulmonary fibrosis.

- Li Rong, Yan Zhi-Yong, Tang Yong, et al. [Course of Development of Moxibustion on Points Feishu (BL 13), Gaohuangshu (BL 43), Geshu (BL 17) and Danshu (BL 19) for Treatment of the Consumptive Lung Disease (Interstitial Pulmonary Fibrosis)]. Chinese Acupuncture and Moxibustion. 2004;24(6):429. [129408].

  Objective To provide history literature and TCM theories for acupuncture and moxibustion treatment of the consumptive lung disease (interstitial pulmonary fibrosis). Methods Collect the reports of moxibustion on Feishu (BL 13), Gaohuangshu (BL 43), Geshu (BL 17) and Danshu (BL 19) for treatment of the consumptive lung disease or corresponsive syndromes, adopt systematically inductive method to trace back the history course of the therapy, and make systematization, classification, brief comment and review, and grap the quintessence of the main methodology. Conclusion Moxibustion on the above points for treatment of the

consumptive lung disease has a long history, with a definite therapeutic effect, so, it should be deeply studied.

- Li Rong, Yan Zhi-,Yong, Li Wen-Jun, et al. [Effect of Moxibustion at Feishu (BL 13) and Gaohuang (BL 43) on BLMa5,-Induced Interstitial Pulmonary Fibrosis in Rats]. Chinese Acupuncture and Moxibustion. 2004;24(3):204. [130069].

  Objective To investigate the effect of moxibustion at “Feishu” (BL 13) and “Gaohuang” (Bl, 43) on bleomycin-induced pulmonary fibrosis and provide scientific basis for prevention and treatment of pulmonary fibrosis with acupuncture and moxibustion. Methods SD rats were randomly assigned to 4 groups, a control group, a model group, a moxibustion therapy group and a prednisone therapy group. The control group was injected with normal saline via trachea, and the other 3 groups were injected with bleomycin via trachea to induce the experimental pulmonary fibrosis rat model. Pulmonary pathological changes in each group were investigated on the day 7, 14 and 28 after treatment respectively, and pulmonary coefficients were compared among the groups on the day 28. Results The pulmonary coefficients in the moxibustion therapy group and the prednisone therapy group significantly reduced (P <0. 01) and pathological examinations of the lung tissue revealed that the alveolitis and pulmonary fibrosis alleviated significantly. Conclusion Moxibustion at “Feishu” and “Gaohuang” has a certain effect in prevention and treatment of bleomycin-induced pulmonary fibrosis.

- Li Rong . [TCM Theoretical and Therapeutic Basis of Moxibustion at Points Feishu and Gaohuangshu on Pulmonary Fibrosis]. Liaoning Journal of TCM. 2004;31(4):291. [131146].

  Objective : To explore the TCM theoretical and therapeutic basis of moxibustion at points Feishu and Gaohuangshu on pulmonary fibrosis (PF, pulmonary flaccidity), and to provide TCM theoretical support for further prevention and treatment of acupuncture & moxibustion on refractory PF. Methods : The relevant historical literatures from Qin & Han Dynasty to Qing Dynasty, modern reports on treatment of acupuncture on visceral fibrosis and other literatures concerned were retrieved. In the following, systematic inductive approach of differentiated scientific methods was used to trace back its origin, history and to master the core of theory, essence and basis of therapeutic method. Then, it was followed by arrangement, classification, sorting, analysis and discussion. Conclusion : It was the first systematical tracking and comprehensively summarized research on the TCM theoretical and therapeutic basis of treatment of acupuncture & moxibustion on pulmonary flaccidity (PF). And it was concluded that The TCM theoretical and therapeutic basis of moxibustion at points Feishu and Gaohuangshu on pulmonary flaccidity (PF) was the classical doctrine and original theory of treatment on collateral diseases on the basis of Treating Obstructive Symptoms by Tonification.

- Li Rong, Zhou Mi-Juan, Li Cui-Xia, et al. [(Influence of Moxibustion of “Feishu” (BL 13) and “Gaohuangshu” (BL 43) on the Regulation of THL / TH2 Cytokines in BLMa5-Induced Pulmonary Fibrosis Rats]. Acupuncture Research. 2005;30(3):164. [135842].

  Objectives: To observe the effect of moxibustion of “Feishu” (BL 13) and “Gaohuangshu” (BL 43) on the balance of T helper1/T helper2 (Th1/Th2) cytokines in BLMA5-induced pulmonary fibrosis rats, and to explore its underlying mechanism. Methods: Twenty-four SD rats were evenly randomized into control, model, moxibustion, and medication groups. Pulmonary fibrosis model was established by injection of Bleomycin via trachea (5 mg/kg). Moxibustion (3 cones/acupoint) was applied to bilateral “Feishu”(BL 13) and “Gaohuangshu”(BL 43) , once daily, with 10 days being a therapeutic course and an interval of one day, 3 courses altogether. Rats of medication group were fed with Prednisone (2.5 mg/kg) , once daily and continuously for 30 days. At the end of experiments, the rats were killed for taking out the left mid-lung tissues to be processed into homogenate samples. Cytokines such as IL-2, IL-12, IL-4 and IL-5 were detected with enzyme linked immunosorbent assay according to instructions of reagent kits. Results: In comparison with control group, IL-2 and IL-12 contents of the lung tissue were significantly lower, while IL-4 and IL-5 considerably higher in model group (P< 0. 01) ; whereas compared with model group, IL-2 and IL-12 contents were significantly higher (P< O. 05,0. 01), IL-4 and IL-5 levels significantly lower in moxibustion and medication group (P< 0. 01). No significant differences were found between moxibustion group and medication group in the 4 indexes (P >0.05). It indicated that in BLMA5-induced pulmonary fibrosis rats, Thl cytokines IL-2 and IL-12 levels in the lung tissue decreased markedly, and Th2 cytokines IL-4 and IL-5 levels increased abnormally, both moxibustion and Prednisone could regulate changes of Thl and Th2 cytokines. Conclusion: Moxibustion of “Feishu” (BL 13) and “Gaohuangshu” (BL 43) can taise the con-tents of Th1 cytokines (IL-2 and IL-12) and lower those of Th2 cytokines (IL-4 and IL-5), suggesting that

moxibustion induced balance between Thl and Th2 cytokines may contribute to its action in resisting pulmonary fibrosis.

6.6. Pneumonie

- Wang Hong-yan, Zhao Qin, Li Peng-fei, Su Qing-lun,Wang Ping. [Effect on Immune Function and Clinical Efficacy of Cupping on Feishu, Pishu and Shenshu in the Treatment of Children Suffering from Mycoplasma Pneumonia] Journal of Clinical Acupuncture and Moxibustion. 2015;31(7):48. [188062].

  Objective : To observe the influence of immune function and clinical efficacy of cupping on Feishu, Pishu and Shenshu(BLI 3,20 and 23)in the treatment of children suffering from mycoplasma pneumonia. Methods :60 children patients were randomly divided into two groups. The control group receivecl the traditional westem medicine including anti-infection , relieving cough and reducirig sputum and nebulizer treatnient ; while the treatment group added cupping on BLI 3 ,20 and 23 on the basis of the therapy in the control group. Then compare two groups according to disappearing time of coughing and lung' s rale , and the influence on patients' imn3une function. Results : The indexes'humora1 immunity:There was no difference of the leveis of IgA and IgG in two groups before and after treatment, and there was a statistically significant difference of the levels of IgM in the treatment group before and after treatment (P < 0. 05). The indexes of cell immunity: There was no statistical difference of the proportion of CD3 + cells in two groups before and after treatment. There was a statistically significant difference of the proportion of CD3+CD4 +,CD3+ CD8' and CD4+/CD8' cells in the treatment group before and after treatment (P<0.05).Inflammatory indexes: there was a statistically significant difference of the levels of hs-CRP in two groups before and after treatmet(P <O. 05).The indexes of clinical evaluation: there was a statistically significant difference of disappearing time on coughing and lung's rale in two groups before and after treatmet(P <0. 05).Conclusion: The therapy of cupping on BLI3 ,20 and 23 for treating mycoplasma pneumonia in ehildren can obviousiy shorten the time of treatment and improve children'simmune function. This therapy is worth promoting.

6.7. Pression partielle d’oxygène au niveau ponctuel

- Meng Xuang-Wen, Li Chao-Qun, Guo Yi. [Effect of Cupping at Dazhui (GV14) on the Partial Pressure of Oxygen of Left Feishu (BL13) and its Adjacent Non-Acupoint in Healthy Adults]. Shanghai Journal of Acupuncture and Moxibustion. 2012;31(4):274. [175529].

  Objective To observe the effect of cupping therapy on the partial pressure of oxygen in the local tissues of acupoint, and to explore the mechanism of its effect on energy metabolism. Method The self-made complex transducer of oxygen partial pressure and intelligent four-channel oxygen partial pressure detector were adopted for successive and dynamic monitoring, to observe the effect of cupping at Dazhui (0V14) on the partial pressure of oxygen of left Feishu (BL13) and its adjacent non-acupoint in healthy human subjects. Result The oxygen partial pressure of the left Feishu at the time points from 5 mmn to 20 mmn after cupping were different from that at the initial 5 mill and the 5 mmn of cupping; the oxygen partial pressure of the adjacent non-acupoint had no significant differences at various time points (P>0.05). During the initial 5 mm and the 5 mmn of cupping, the oxygen partial pressure of the left Feishu was significantly different from that of the adjacent non-acupoint (P<0.05). Conclusion After 5-minute cupping at Dazhui, the oxygen partial pressure in the tissues of left Feishu decreased with time, and slightly increased 20 mmn after removal of the cup. Cupping at Dazhui may cause increased oxygen consumption and accelerated energy metabolism at the left Feishu. While the oxygen partial pressure at the adjacent non-acupoint did not show significant change with time. It is possible that the oxygen content of the left Feishu is higher than that of the adjacent non-acupoint. It showed significant energy metabolism at the Left Feishu after cupping.

7. Références complémentaires

From:
http://www.wiki-mtc.org/ - **Encyclopédie des sciences médicales chinoises**

Permanent link:
http://www.wiki-mtc.org/doku.php?id=acupuncture:points:points%20des%20meridiens:vessie:13v

Last update: **03 Feb 2022 14:40**