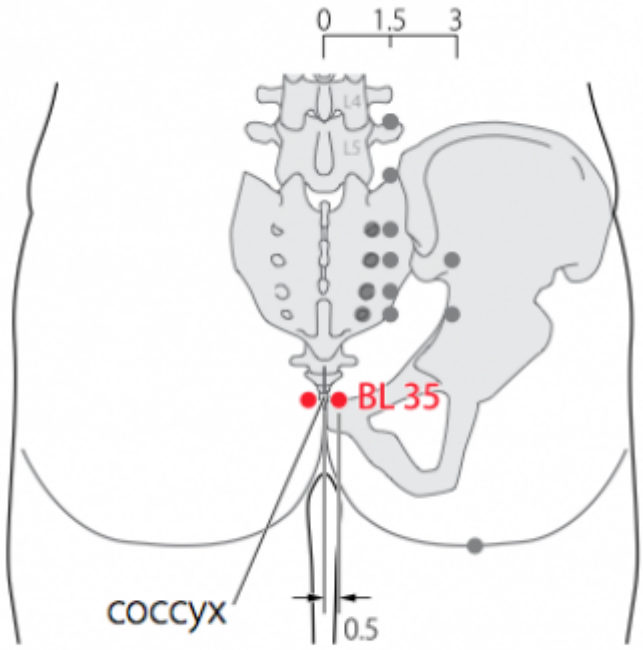
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35V Huiyang 会阳［會陽］

prononciation huiyang.mp3

articles connexes: - 34V - 36V - Méridien de la vessie -



WHO 2009

1. Dénomination

1.1. Traduction

会阳［會陽］***Huìyáng***	Réunion de lang (Nguyen Van Nghi 1971) Rencontre des *Yàng* (Pan 1993, Lade 1994) Réunion des *yang* (Laurent 2000)

- Zhou Mei-sheng 1984 : *hui* meet. *yang yang* Meridian; *yang* energy
- *Hui* : rencontre (Pan 1993); (Ricci 2254) : se réunir, réunion, rencontrer, association (Guillaume 1995) ; à l'origine réunir *he*, 合, une multitude 彡. Puis les paroles *yue* 曰 qu'on se dit à la porte 田 en se réunissant *ji* A , par extension : réunion... (Laurent 2000).
- *Yang* : de *Yin* et *Yang* (Pan 1993); (Ricci 5650) du couple Yin-Yang (Guillaume 1995) ; Cf. *Yangxi* 5GI (Laurent 2000).

1.2. Origine

- Jia yi jing (Guillaume 1995).

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Huiyang* This point is the place where the yin energy and yang energy of the lower Jiao meet.
- Lade 1994 : le nom évoque la localisation du point, proche de VG-1, où le *Yang Qi* a tendance s'amasser à la base du rachis. VC-1 (*hui yin*), ou “Réunion du *Yin*”, est le complément de ce point.
- Laurent 2000 : ce point réunit le *Zutaiyang* et le *Dumai* d'où son appellation “réunion des *Yang*”.

1.4. Noms secondaires

Lìjī **利机［利機］(1)**	Jia yi jing (Guillaume 1995)

1. *Li* (Ricci 3005) : aigu, pointu, tranchant / *Ji* (Ricci 395) : force motrice, machine, mécanisme ; Pièce pointue (coccyx) (Laurent 2000).

1.5. Romanisations

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

1.6. Autres langues asiatiques

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

1.7. Code alphanumérique

- VE35, 35V, 35VE (Vessie)
- BL35, B35, Bladder 35 (Bladder)
- UB35 (Urinary bladder)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : A une distance et demie de la ligne médiane postérieure à hauteur du point Tchiang Tsiang (1VG).
- Roustan 1979 : sur l'horizontale passant par le haut du coccyx, 0,5 distance en dehors de la ligne médiane postérieure.
- Lu HC 1985 : Location-1 : On the lateral-upper side of the coccyx, 5 *fens* laterally from the

median line. Location-2 : On a level with the sacral angle, 5 *fens* away from the posterior median line. How-to-locate-1 : Let the patient lie on back, and locate this point below B34, about 5 *fens* on the superior-lateral side of the coccyx.
- Deng 1993 : Sur le sacrum, à 0,5 *cun* de la pointe du coccyx.
- Pan 1993 : *Huiyang* se trouve au niveau de l'articulation sacro-coccygienne, à 0,5 distance de la ligne médiane du dos, c'est-à-dire du Vaisseau gouverneur qui remonte le long de la colonne vertébrale en partant de la pointe du coccyx. Le Vaisseau gouverneur est un grand méridien *Yang*.
- Guillaume 1995 : À 0,5 distance de la ligne médiane postérieure, à côté du sommet du coccyx.
- Laurent 2000 : à 0,5 *cun* de la ligne médiane postérieure, en dehors de la pointe du coccyx.
- WHO 2009 : In the buttock region, 0.5 B-*cun* lateral to the extremity of the coccyx. Note: The subject may be in prone position or knee-chest position. BL35 is located at the soft depression lateral to the extremity of the coccyx.

Items de localisation

2.2. Textes classiques

- Jia Yi : De chaque côté du coccyx (Deng 1993).
- Ru Men : A 1,5 *cun* du coccyx (Deng 1993).
- Xun Jing : De chaque côté de *Changqiang* (DM1) et à 1,5 *cun* à l'extérieur de la colonne vertébrale (Deng 1993).
- Jin Jian : Au-dessous de *Xialiao* (V34), à 0,5 *cun* du coccyx (Deng 1993).
- Deng 1993 : on situe ce point de chaque côté du coccyx. La localisation de Xun Jing est légèrement inférieure et trop en dehors, et donc inacceptable. La définition donnée dans Jin Jian, “à 0,5 *cun* du coccyx”, est conforme à celle de Jia Yi et c'est elle qui prévaut aujourd'hui. *Huiyang* (V35) se trouve sur le sacrum, à 0,5 *cun* de l'extrémité du coccyx.

2.3. Rapports et coupes anatomiques

- Deng 1993 : Peau—tissu sous-cutané—muscle grand fessier—tendon du muscle élévateur de l'anus. Dans la couche superficielle, on trouve le nerf moyen de la fesse. Dans la couche profonde, on trouve les branches ou tributaires de l'artère et de la veine fessières inférieures, et le nerf fessier inférieur.
- Guillaume 1995 : Branche inférieure des artères et des veines sacrées latérales. Branche dorsale de S5 et nerf coccygien.

2.4. Rapports ponctuels

3. Classes et fonctions

3.1. Classe ponctuelle

- Pan 1993 : le point *Huiyang* est le lieu où se rencontrent le méridien *Zutaiyang* Vessie et le Vaisseau gouverneur. Tous deux sont des méridiens Yang, d'où le nom de ce point.

3.2. Classe thérapeutique

- Guillaume 1995 : *Huiyang* élimine l'humidité et la chaleur du Foyer inférieur.
- Laurent 2000 : le *dumai* pénètre la fesse à ce point. Régularise les intestins, traite le Foyer Inférieur, sépare le pur (*qing*) de l'impur (*zhuo*), réduit les écoulements (leucorrhées, spermatorrhées).

4. Techniques de stimulation

Acupuncture	Moxibustion	Source
Selon Tong ren, puncturer à 0,8 distance	Appliquer 5 cônes de moxa	Zhen jiu ju ying (Guillaume 1995)
Puncture perpendiculaire entre 1 et 1,5 distance de profondeur	Cautérisation avec 3 à 7 cônes de moxa, moxibustion pendant 5 à 15 minutes	Guillaume 1995
Piquer perpendiculairement à 1-1,5 distance	Cautériser 3-7 fois, chauffer 10-20 minutes	Roustan 1979
Piqûre perpendiculaire de 1 à 1,5 *cun*	Moxas : 7; chauffer 15 à 20 mn	Laurent 2000

Sensation de puncture

Sécurité

5. Indications

Classe d'usage	-	point mineur

5.1. Littérature moderne

- Nguyen Van Nghi 1971 : algoménorrhée, leucorrhée, priapisme, hémorroïdes.
- Roustan 1979 : lombalgie cataméniale, leucorrhée, diarrhée, hémorroïdes.
- Lade 1994 : Clarifie la Chaleur et transforme la Chaleur-Humidité (surtout du Réchauffeur Inférieur). Indications : troubles dysentériques, lombalgie pendant les règles, leucorrhée, impuissance, transpiration des organes génitaux, hémorroïdes, douleur du coccyx, et diarrhée.
- Guillaume 1995 : Douleur abdominale, diarrhée liquide, diarrhée dysentériforme, présence de sang dans les selles, impuissance, leucorrhées, douleur des membres inférieurs.

5.2. Littérature ancienne

- Jia yi jing : Présence de froid et de chaleur dans les Intestins, diarrhée abondante avec présence de sang dans les selles » (Guillaume 1995).
- Ishimpo : Froid dans les Cinq Organes et dans l'abdomen ; diarrhée liquide ; présence de sang dans les selles (Guillaume 1995).
- Tong ren : « Hémorroïdes chroniques avec vide de *Qi yang*, transpiration de la région génitale » (Guillaume 1995).
- Zhen jiu ju ying : froid de l'abdomen, *Qi* de chaleur, *Qi* du froid, diarrhée, hémorroïdes chroniques, diarrhée avec présence de sang dans les selles, vide et insuffisance de Q*i yang*,

transpiration et humidité de la région génitale (Guillaume 1995).
- Yi xue ru men : « Présence de froid dans l'abdomen, diarrhée liquide et diarrhée dysentériforme, présence de sang dans les selles, hémorroïdes chroniques, vide de Yang avec transpiration de type *Yin* » (Guillaume 1995).
- Da cheng : « Froid de l'abdomen, diarrhée liquide consécutive au *Qi* froid ou au *Qi* chaleur, présence de sang dans les selles, insuffisance de *Qi yang*, transpiration de la région génitale, hémorroïdes chroniques » (Guillaume 1995).
- Xun jing : « Insuffisance de *Qi yang* chez l'homme, impuissance ; pertes blanches et rouges, douleur lombaire et des membres inférieurs pendant les règles » (Guillaume 1995).
- Lei jing tu yi : « Présence de *Qi* froid dans l'abdomen, diarrhée, stagnation au niveau de l'Intestin avec présence de sang dans les selles, hémorroïdes chroniques, vide et insuffisance de *Qi yang*, transpiration et humidité de la région génitale » (Guillaume 1995).

5.3. Associations

Indication	Association	Source
Hémorroïdes, transpiration et prurit génital	**35V** + 1VG + 4VC + 3VC + 57V	Zhen jiu xue jian bian (Guillaume 1995)

5.4. Revues des indications

- Chen Yuelai. The Anatomical Physiology and Clinical Application of the Points Huiyang and Zhonglushu. Journal of Traditional Chinese Medicine. 2002;22(3):180. [106000]. Traduction italienne dans Chen Yuelai. Anatomofisiologia E Applicazione Clínica Del Punti Huiyang E Zhonglushu. Rivista Italiana Di Medicina Tradizionale Cinese. 2003;93(3):34. [119455].

6. Etudes cliniques et expérimentales

6.1. Dysfonction urinaire

- Zheng Huitian. [Treatment of Urinary Dysfunction by Needling Points Huiyang [35V] and Zhonglushu [29V] and Approach to its Mechanism]. Shanghai Journal of Acupuncture and Moxibustion. 1993;12(2):64. [38608].

6.2. Incontinence d’urine

- Liu Zhishun et al. [Analysis of the Curative Effect of Electro-Acupuncture at Cliao and Huiyang Points to Treat Senile Urinary Incontinence]. Shanghai Journal of Acupuncture and Moxibustion. 1998;17(3):14. [68598].

  > Using the diagnostic standard formulated by International Association of Control Urine and Excrement, systematic observed the clinical effect of electro-acupuncture at Ciliao and HuiYang points to treat senile urinary incontinence, randomly set up routine acupuncture controlled group. The result showed that the electroacupuncture group immediately took effect (after treated one time, the effective rate was 60%), had high curative rate (73%) and short course of treatment. The curative effect of electroacupuncture group was obviously superior than that of controlled group. By statistical analysis, the difference was very significant (P<0. 01).

- Chen Yuan-Xiao, Ma Rui-Jie. [Clinical Observation of Electroacupuncture at Huiyang (BL35) and

Zhongliao (BL33) plus Scalp Acupuncture for Female Stress Urinary Incontinence]. Shanghai Journal of Acupuncture and Moxibustion. 2015;34 (12):1159. [187521].

> Objective To observe the clinical efficacy of electroacupuncture at Huiyang (BL35) and Zhongliao (BL33) plus scalp acupuncture in treating female stress urinary incontinence (SUT), for providing clinical evidence in the treatment of SUI. Method Ninety eligible female SUI patients were randomized into an observation group and a control group. The observation group was intervened by electroacupuncture at Huiyang and Zhongliao plus scalp acupuncture, while the control group was asked to practice contracting anus. The urine leakage degree, residual urine volume in bladder and clinical efficacy were compared. Result After treatment, there was a significant difference in comparing urine leakage degree between the two groups (P<0. 05); there was a significant between-group difference in comparing the residual urine volume (PeO. 05); the cured and markedly-effective rate was 62. 2% in the observation group versus 35. 6% in the control group, and the difference was statistically significant (PeO. 05). Conclusion Electroacupuncture at Huiyang and Zhongliao plus scalp acupuncture can produce a more significant clinical efficacy compared with rehabilitation training in treating female SUT.

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6.3. Incontinence urine et selles neuropathique

- Yang Tao, Liu Zhishun and Liu Yuanshi. Electroacupuncture at Ciliao and Huiyang [35V] for Treating Neuropathic Incontinence of Defecation and Urination in 30 Cases. Journal of TCM. 2003;23(1):53. [112939]. Traduction italienne Yang Tao ed altri. Elettroagopuntura su Ciliao e Huiyang per trattare l'incontinenza fecale e urinaria neuropatica in 30 casi. Rivista Italiana di Medicina Tradizionale Cinese. 2004;95(1):62. [131508].

  > Clinically, incontinence of defecation and urination induced by cerebral and spinal injury is an intractable disease. Since 1997 the authors have treated 30 cases of the disease with electroacupuncture (EA) at point Ciliao (BL 32) and Huiyang (BL 35). This is reported as follows.

6.4. Rétention urinaire du paraplégique

- Zhou LY, Li J, Li CM, Yu ZG, Zhang WL, Zheng M, Meng QG, Wang FY, Sheng ZG. [Observation on Therapeutic Effect of Electroacupuncture at Points Baliao and Huiyang (BL 35) on Retention of Urine Induced by Spinal Cord Injury]. Chinese Acupuncture and Moxibustion. 2006;26(4):237-9. [125822].

  > OBJECTIVE: To explore a more effective therapy for retention of urine induced by spinal cord injury. METHODS: Eighty-four cases were randomly divided into a treatment group of 46 cases and a control group

of 38 cases. The treatment group were treated with electroacupuncture at Baliao and Huiyang (BL 35), and the control group with electroacupuncture at acupoints routinely selected. RESULTS: The total effective rate and the cured rate were 82.6% and 43.5% in the treatment group and 63.2% and 23.7% in the control group respectively, with a very significant difference between the two groups (P < 0. 01). CONCLUSION: Electroacupuncture at Baliao and Huiyang (BL 35) has obvious therapeutic effect on retention of urine induced by spinal cord injury.

6.5. Rétention d'urine du post-partum

- Liu Hua et al. [Postpartum Retention of Urine Treated with “Zhiwudaojiu” in 103 Cases (Midnight-Noon-Mortar-Pounding) at Huiyang (BL35). Chinese Acupuncture and Moxibustion. 1994;14(5):11. [53932]. The article presents the treatment of 103 cases of postpartum retention of urine with Ziwudaojiu method at point Huiyang (BL35). A control study was also carried out on 10 cases treated by urethral catheterization. The result showed that the therapeutical effect in the treated group was remarkably superior to that in the control group (P<0. 01) and the method exhibited quick effectiveness without untoward effect and discomfort to patients.
- Li Ling et al. 103 Cases of Postpartum Uroschesis treated by Acupuncture at Huiyang Point. Journal of TCM. 1996;16(3):198-200. [56833]. Traduction italienne dans Ling L et al. 103 casi di uroschesi post-partum trattati con agopuntura nel punto huiyang. Rivista Italiana di Medicina Tradizionale Cinese. 1997;69(3):58-9. [58804].

  La ritenzione di urina dopo il parto è un fatto che si manifesta frequentemente nella pratica ginecologica. Possono essere adottati molto metodi di cura con risultati certi. Fra questi viene usata spesso l'applicazione del catetere uretrale. Ma le pazienti sono spesso restie a tale applicazione poichè possono insorgere uretriti e urocistiti, inoltre il catetere deve essere applicato ripetutamente per dei risultati duraturi. Gli autori, hanno ottenuto dei risultati terapeutici soddisfacenti nel trattamento di 103 casi di uroschesi post-partum tramite agopuntura in huiyang (BL 35). I risultati sono riportati qui di seguito.

6.6. Prostatite expérimentale

- Chen Yuelai et al. [Experimental Study on the Effect of Electroacupuncture of “Huiyang” and “Zhonglushu” on Urodynamics in Nonbacterial Prostatitis Rats.]. Acupuncture Research. 2001;26(2):127. [95640].

6.7. Prostatite chronique

- Yang Ming-Yue , Ying Jiang , Li Jun-Xian , et al. [Clinical Observation of Electroacupuncture at Baihuanshu (BL30) and Huiyang (BL35) for Chronic Prostatitis]. Shanghai Journal of Acupuncture and Moxibustion. 2014;33(10):913. [184818].

  Objective To observe the therapeutic efficacy of electroacupnncture at Baihuanshu (BL3O) and Huiyang (BL35) for chronic prostatitis. Method Ninety patients were divided into an acupuncture-medication group and a Chinese medication group, 45 in each group, to respectively receive electroacupuncture at Baihuanshu and Huiyang plus oral adrninistration of Chinese medication, and single Chinese medication treatment, 4 weeks as a treatment course. The therapeutic efficacy was evaluated by adopting the Chronic Prostatitis Symptom Jndex by National Institutes of Health (NIH-CPSJ). Result The general score of N1}I-CPSJ dropped in both groups after intervention (P'0.05), while the decrease in the acupuncture-medication group was more significant (P< 0.05), and it had a significantly higher therapeutic efficacy than the Chinese medication group (P< 0.05). Conclusion Electroacupuncture at Baihuanshu and Huiyang can significantly

improve the symptoms of chronic prostatitis, and it's superior to oral administration ofChinese medicationmcomparing the clinical efficacy.

- Ying Jian, Li Jun-Xian, Wang Si-You, et al. [Clinical Observation of Electroacupuncture at Baihuanshu (BL30) and Huiyang (BL35) for Chronic Abacterial Prostatitis]. Shanghai Journal of Acupuncture and Moxibustion. 2014;33(12):1102. [184858].

  Objective To observe the clinical efficacy of electroacupuncture at Baihuanshu (BL30) and Huiyang (BL35) in treating chronic abacterial prostatitis. Method Sixty patients with chronic abacterial prostatitis were divided into a treatment group (n=30) and a control group (n=30), respectively to receive electroacupuncture plus Chinese herbal medicine and Chinese herbal medicine alone. Result After intervention, the scores of National Institutes of Health-Chronic Prostatitis symptom index (NIH-CPS) dropped in both treatment and control groups, while the decrease was more significant in the treatment group (P<0.05); the pain or discomfort score from the NIH-CPS dropped in both groups, while the decrease was more marked in the treatment group (P<0.05). Conclusion Electroacupuncture and Chinese herbal medicine both are effective in treating chronic abacterial prostatitis, and electroacupuncture plus Chinese herbal medicine can produce a more significant efficacy than Chinese herbal medicine alone.

6.8. Prostatite chronique et douleur pelvienne chronique

- Zhou M, Yang M, Chen L, Yu C, Zhang W, Ji J, Chen C, Shen X, Ying J. The effectiveness of long-needle acupuncture at acupoints BL30 and BL35 for CP/CPPS: a randomized controlled pilot study. BMC Complement Altern Med. 2017 May 12;17(1):263. Zhou-002

  BACKGROUND: The chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is one of the commonest chronic inflammatory diseases in adult men, for which acupuncture has been used to relieve related symptoms. The present study aimed to evaluate the therapeutic effect of the long-needle acupuncture on CP/CPPS. METHODS: A randomized traditional acupuncture-controlled single blind study was conducted on 77 patients who were randomized into long-needle acupuncture (LA) and traditional acupuncture (TA) groups. The patients received six sessions of acupuncture for 2 weeks and a follow-up was scheduled at week 24. The primary outcome was measured by the total National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) score at week 2. Four domains of the NIH-CPSI (urination, pain or discomfort, effects of symptoms, and quality of life) and the clinical efficacy score served as the secondary outcome. RESULTS: The total NIH-CPSI score at week 2 and week 24 was significantly improved in the LA group compared with the TA group. LA significantly improved urination, pain or discomfort, the effects of symptoms, and the quality of life at week 2 and week 24 and patients undergoing LA treatment had a higher clinical efficacy score. CONCLUSION: Needling at the BL30 and BL35 using LA benefits patients with CP/CPPS.

6.9. Dysfonction érectile

- Shan Yonghua et la. [Treatment of 75 Cases of Astysia [dysfonction érectile] by Deep Needling in Zhonglushu [29V] and Huiyang [35V]]. Chinese Acupuncture and Moxibustion. 1991;11(6):11. [64778].

  The author treated 75 cases of astysia using acupuncture needling in Zhonglushu (U.B. 29) and Huiyang (U.B. 35), 49 cases were cured (65.33%), 21 were improved (28%) and 2 failed, so the total effective rate was 93.33%. This method only prescribes few points but can obtain the effectiveness in 1 course or 2 courses of treatment.

7. Références complémentaires

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